

PATIENT PRESENTING CLINICAL SIGNS

Lillie Zebrowski History: Hx of cardiac murmur grade III/VI. Previous echo done 5/10/2021 (attached), stage B1 valv. dz. Pet exhibited cyanosis upon pre-medication for dentistry at that time. Hypertension. Current meds: Enalapril 5mg, 1.5 tab bid, Theophylline 100mg bid.

SPECIES Abnormal PE/Chem/CBC/UA Results: No recent bw (O declined) other than 4dx.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED American Eskimo

SEX Spayed Female

AGE 10 years

WEIGHT 36 lbs

The echocardiogram in this patient demonstrated enlarged **left atrial** size based on 3 different LA measurement methods. Complete filling of the left atrium was noted on color flow assessment of the mitral valve. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable insufficiency. The **left ventricle** presented thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. Minor **tricuspid** insufficiency was noted. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of infiltrative disease was visible. The cranial **mediastinum** and **pericardial** regions were free of masses in the visible window.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Long Valley AH

REFERRING VET

Dr. Lentis

INVOICE

94212

DATE

11/30/21

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC PARAMETERS	VMAX (m/s)	VMAX (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	5.5	1.57	1.45	1.7	30	58	0.48
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC PARAMETERS	(BPM)	VMAX (m/s)	MAX (m/s)		2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	120	1.31	1.09	36 lbs	3.68	4.03	



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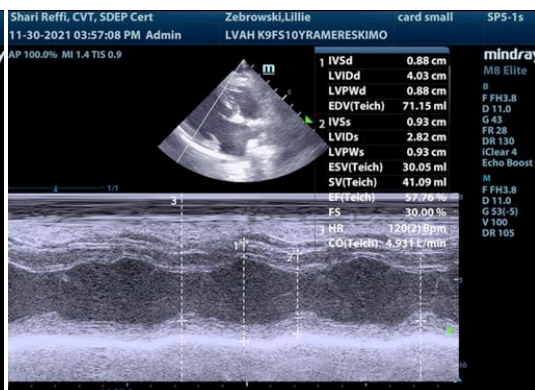
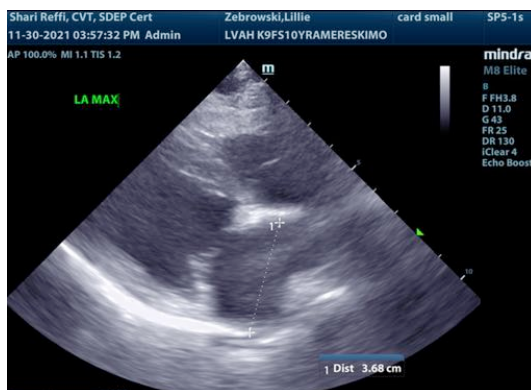
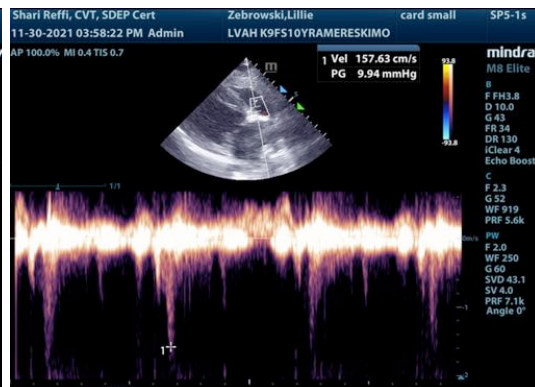
ULTRASONOGRAPHIC FINDINGS

Mildly increased volume overload noted compared to the prior echocardiogram.

Stage B2 valvular disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend treatment of ace inhibitor +/- Amlodopine to reach systolic blood pressure less than 160. I recommend Pimobendan at 0.3 mg/kg b.i.d. given the progression to stage B2 valvular disease. If anesthesia is to be performed there is mild anesthetic risk with Torbutrol premed, Propofol induction and Isoflurane maintenance is the suggested protocol with adequate oxygenation throughout the procedure and limiting the duration of the procedure to essential time. A recheck echocardiogram is recommended in 3-6 months.





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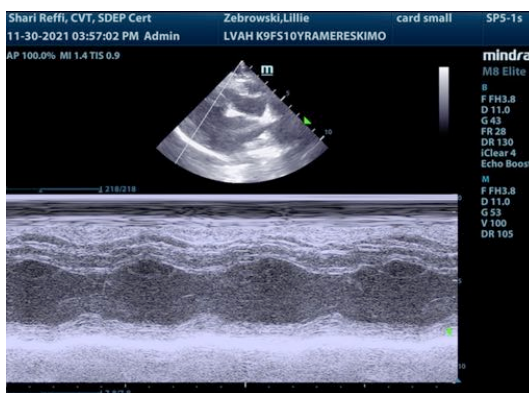
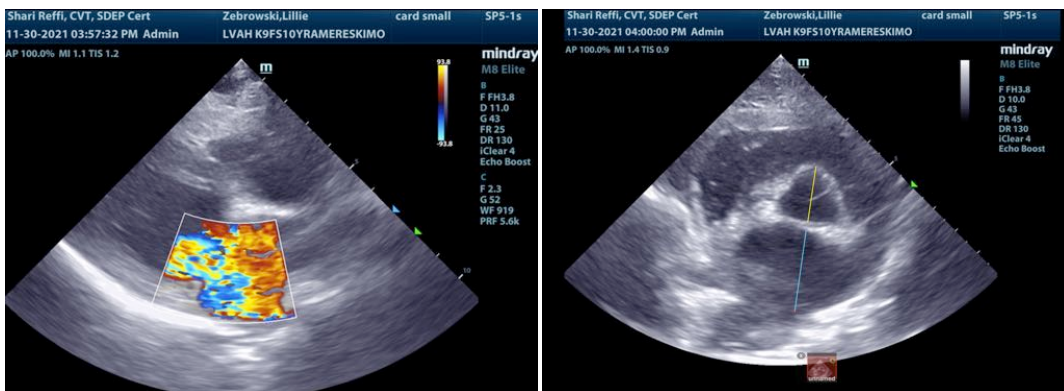
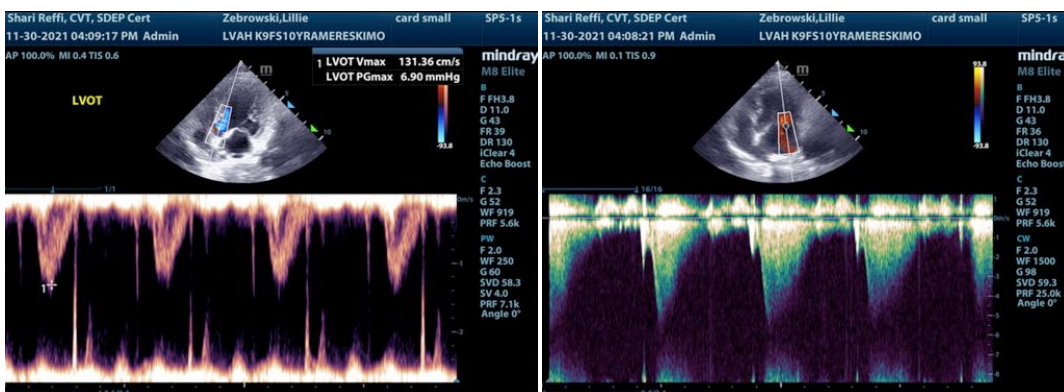
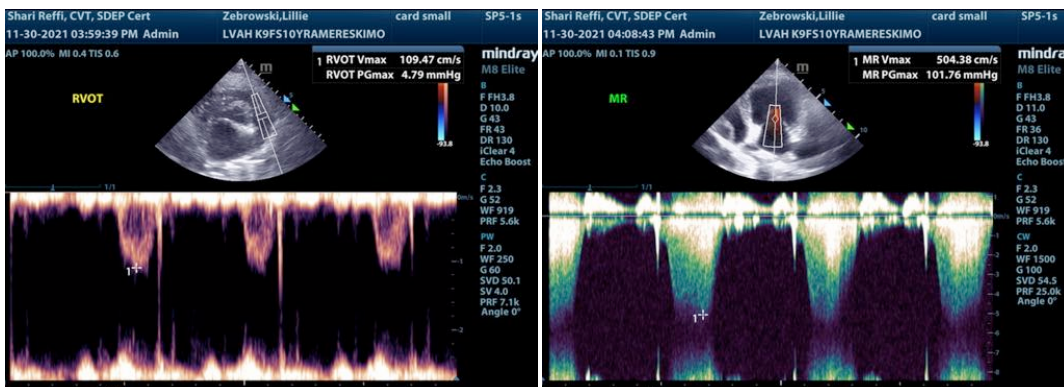
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the



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image/video clips provided.

Lillie Zebrowski

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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Info@SonoPath.com

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