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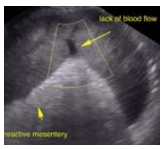
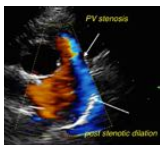
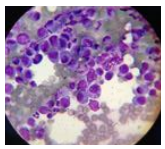
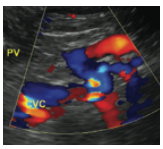

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1-800-838-4268 info@sonopath.com

PATIENT

Finnegan Srdinsek

SPECIES

Canine

BREED

Miniature Poodle

SEX

Neutered male

AGE

14 ½ years

WEIGHT

3.73 kgs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kaitlyn Varga

HOSPITAL NAME

Shuswap VC

REFERRING VET

Dr. Buker

INVOICE

42366

DATE

11/7/22

PRESENTING CLINICAL SIGNS

History: Progressive clinical signs of heart disease. Owner reports respiratory changes mostly at night. Intermittent coughing. Had been on Pimobendan 0.3mg/kg PO q 12hrs long term (June 2021), recently added furosemide which helped with respiratory changes.
Abnormal PE/Chem/CBC/UA Results: Grade 5/6 holosystolic heart murmur. Strong, synchronous femoral pulses. Weight loss- 200grams in 1 month. No pulmonary crackles noted on auscultation today. BP= 124/83, MAP= 86

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. There was slight prolapse of the anterior mitral valve leaflet noted. Doppler indicated measurable insufficiency. The **left ventricle** presented normal 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. **Tricuspid** valvular assessment demonstrated adequate linear morphology. 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.

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT			1.15	1.6	50	80	0.1
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT** (kg)	**LA** 2D short axis Base view (cm)	**LVIDd** Avg; 2D and m-mode short axis (cm)	**LVIDs** Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT		1.2	0.9	3.73 kg	2.5	2.34	

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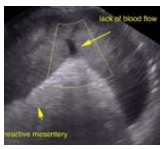
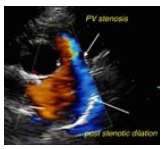
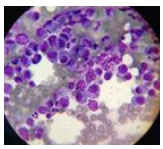
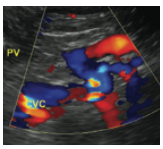

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Liver

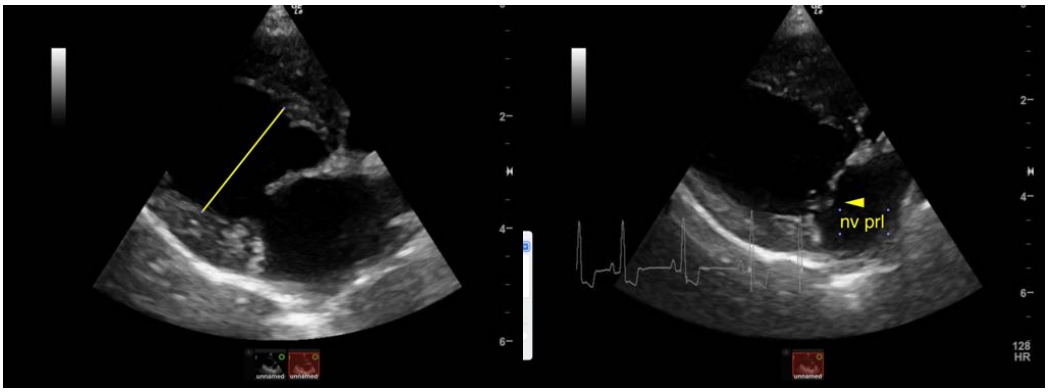
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

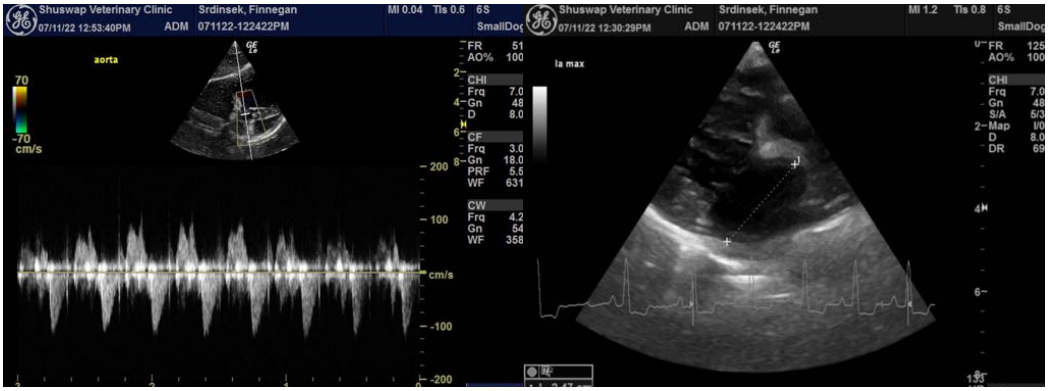
ULTRASONOGRAPHIC FINDINGS

Slight mitral valve insufficiency, currently compensated.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It is difficult to say what the echo parameters were prior to medication in this patient. However, the chamber sizes appear to be normal at this time and the patient is compensating. I recommend continuation of the current protocol. Recheck is recommended in 6 months or earlier if murmur grade increases. If the patient is having respiratory signs at this time it would not be related to cardiac disease as no volume overload is noted at this point. However, the Lasix therapy may be assisting primary respiratory disease and not treating cardiac pathology.





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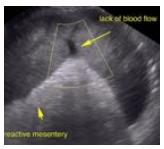
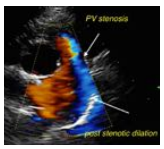
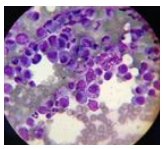
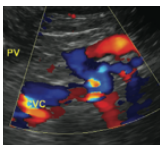

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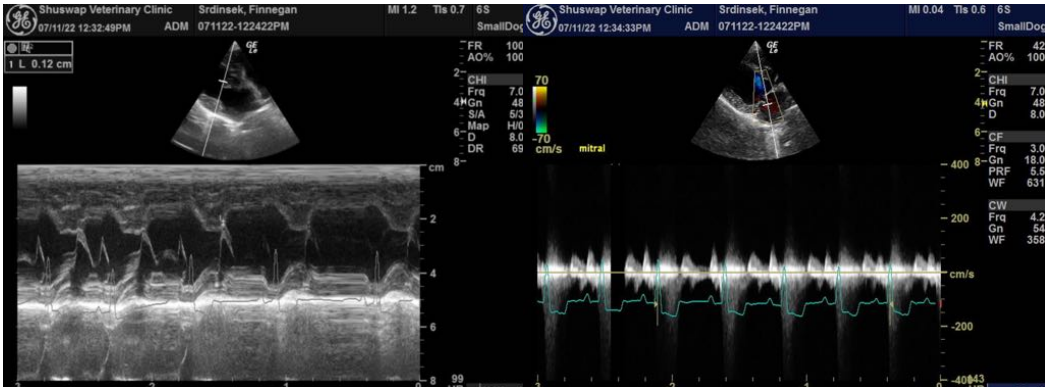

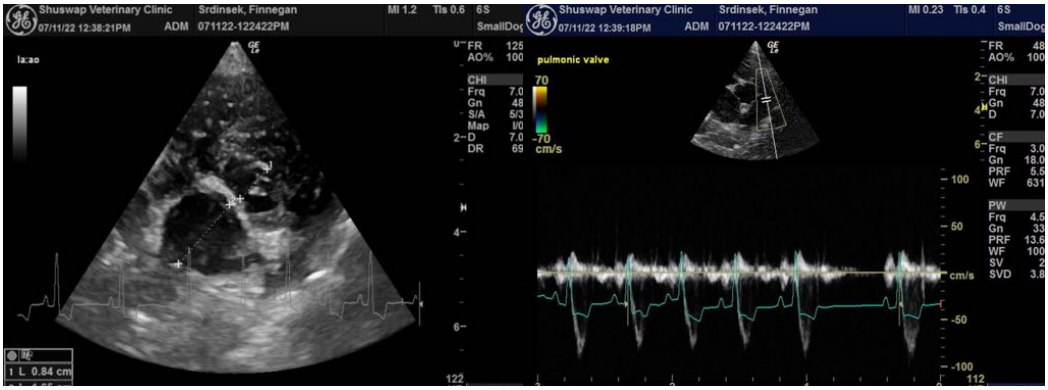

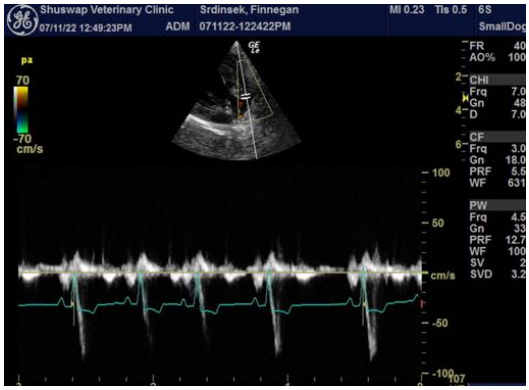

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com