



**PATIENT**

Gabby Eatrides

**SPECIES**

Canine

**BREED**

Miniature Poodle

**SEX**

Spayed Female

**AGE**

13 years

**WEIGHT**

5.7 kg

**PRESENTING CLINICAL SIGNS**

History: Chronic valvular disease. Last echo 9/10/20 (invoice 15419). Recent coughing/hacking. No exercise intolerance. Periods of "legs giving out", last 20 secs, wobbly and sways.  
 Abnormal PE/Chem/CBC/UA Results: Grade 5/6 right and left apical heart murmur. MM pink, Lungs clear. Chest rads pending

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

The echocardiogram in this patient demonstrated enlarged **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. Prolapse of the anterior mitral valve leaflet was noted. 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. **Tricuspid** insufficiency was noted and measured 3.2 m/sec. 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**

Dr. Gumley

**HOSPITAL NAME**

Cedarview AH

**REFERRING VET**

Dr. Gumley

**INVOICE**

94600

**DATE**

12/14/21

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	5.39	3.2	1.96	2.0	51	84	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				
PATIENT	138	1.0		5.7	3.62 max	3.18	



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**ULTRASONOGRAPHIC FINDINGS**

Mitral and tricuspid insufficiency. Mitral valve prolapse.

Early pulmonary hypertension.

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Canine

Advanced stage B2 valvular disease. Concern for emerging C1.

**BREED**

Miniature Poodle

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend initiating Pimobendan at 0.3 mg/kg b.i.d., Spironolactone at 1-2 mg/kg b.i.d. and Lasix at 1-2 mg/kg b.i.d. If systolic pressure is > 160 then ace inhibitor therapy is indicated. A recheck echocardiogram is recommended in 2 weeks. Cough suppressants such as Hycodan or similar can be considered. Guarded long term prognosis. Assessment of the hepatic veins is warranted upon recheck to assess if any hepatic vein dilation is present owing to right-sided disease.

**AGE**

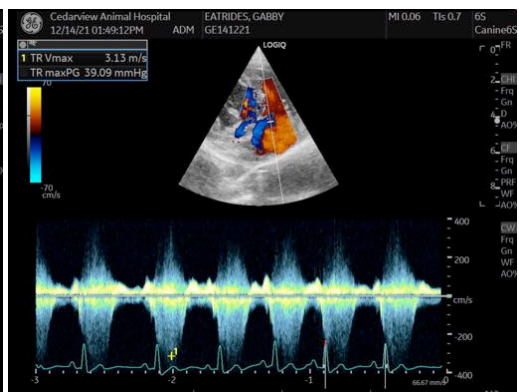
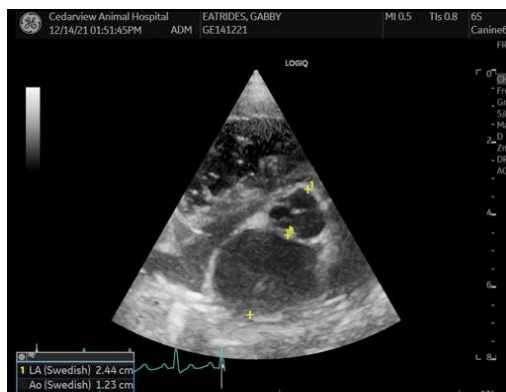
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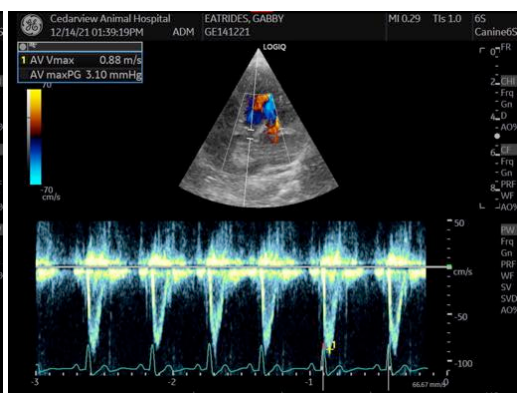
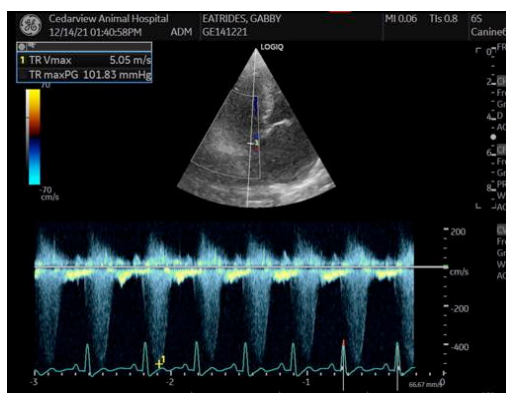
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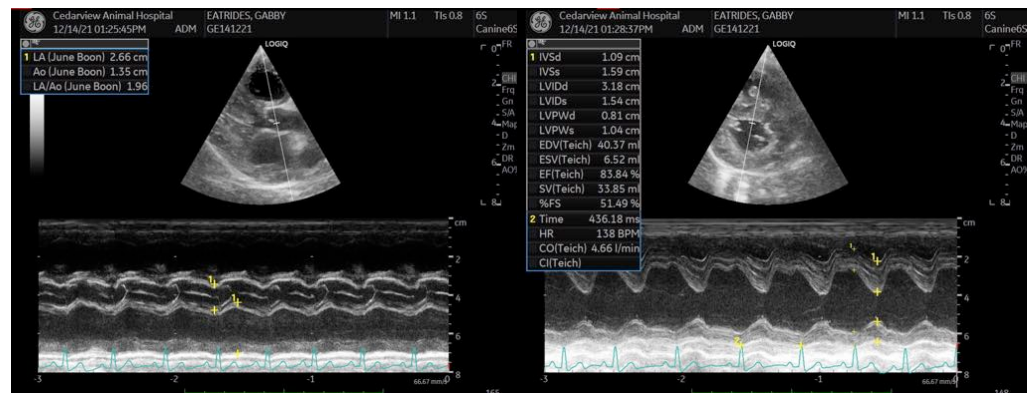
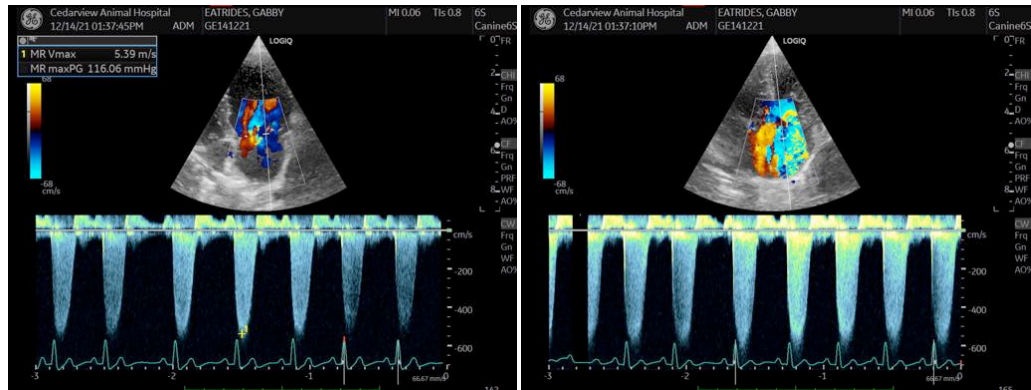
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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**DATE**

12/14/21

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