



PATIENT

Patches Romanyshyn

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

13 Years 4 Months

WEIGHT

27.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Jessie Evoniuk

HOSPITAL NAME

State Ave Vet

REFERRING VET

Dr. Raul Casas-Dolz

INVOICE

33436

DATE

12/15/21

PRESENTING CLINICAL SIGNS

Presented to Dr Raul November 17 for cough. No active coughing during exam. 3/6 holosystolic mur PMI L side; 2/6 holosystolic mur on the R. Bloodwork showed hemoconcentration. Started Hydrocodone Recheck November 30. Rad report Moderate generalized cardiomegaly – Differentials include myxomatous mitral and tricuspid valvular degeneration and dilated cardiomyopathy. 2. Perihilar interstitial pattern – This is consistent with early left heart failure. Presented for echo today. O has noted improvement of cough with hydrocodone. See EMR for past discussions with Dr Raul and rad report suggestive of heart disease. Has been off hydrocodone recently. O collected resting HR ~100. O couldn't remember resting RR Objective Anxious but did receive premeds of Trazadone and Gabapentin. E/E clear. mm pink, moist. Cough with handling. G3 murmur. Lungs- BCS 5/9. EKG pending review Echo pending review Assessment Staging of heart disease pending RO CHF

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	6.0		2.0	2.4			NM
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					5.8		

Cardiac Presentation

The echocardiogram for this patient presented excessive **left atrial size** expressed both in the LA/AO and LA max measurements. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable insufficiency. The **left ventricle** presented volume overload with hypocontractility, particularly that of the left ventricular free wall. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** was enlarged with near 1:1 ratio with the left atrium. Tricuspid insufficiency noted Right ventricular dilation also present. **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. Tachycardia was present.

ULTRASONOGRAPHIC FINDINGS

- Stage C1 to early D1 valvular disease with early myocardial insufficiency



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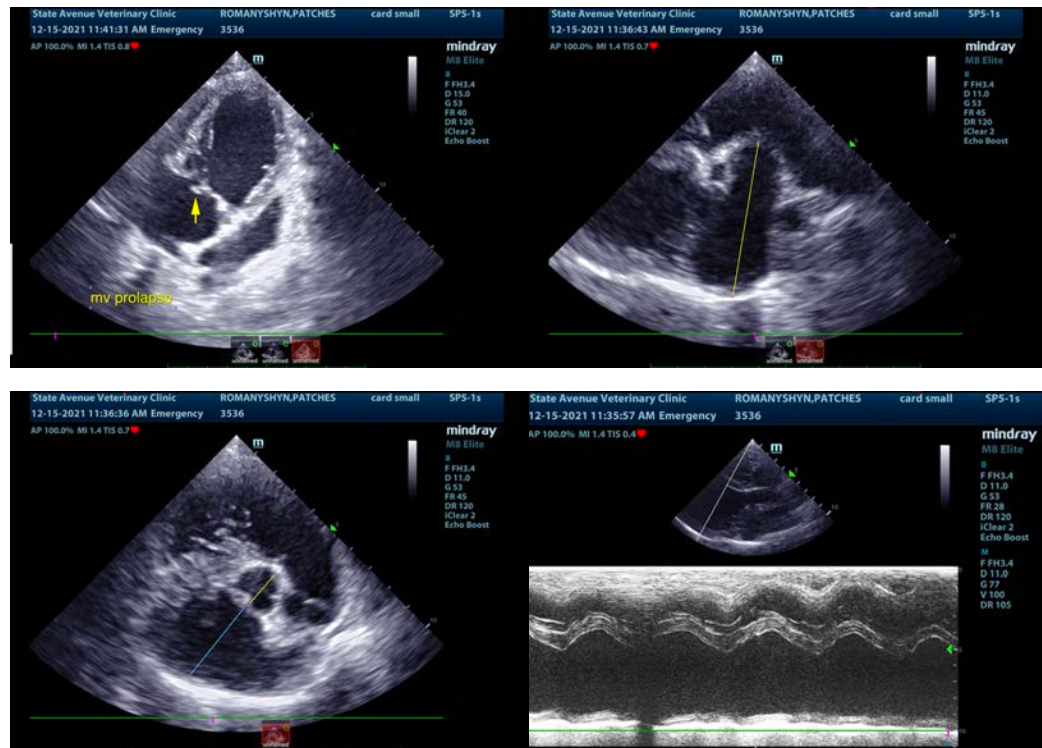
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is a highly precarious presentation. Recommend quadrotherapy with Pimobendan 0.3 mg/kg BID, ACE inhibitor 0.5 mg/kg SID progressing to BID, spironolactone 1-2 mg/kg BID, and Lasix 2-3 mg/kg BID. Cage rest over the next 48 hours. Guarded prognosis. Recheck echocardiogram in 1-2 weeks depending upon the ability to stabilize the patient.



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.

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