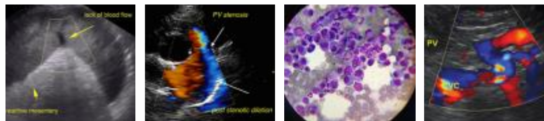


PATIENT

Annie Degenhart

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

8 Years

WEIGHT

14.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Countryside AC

REFERRING VET

Dr. Cox

DATE

12/2/22

Invoice
18935

PRESENTING CLINICAL SIGNS

History: Heart murmur, tachypnea, overweight Heart Rate: 192, Respirations: 54 Last labwork done 06/15/22 - wnl

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

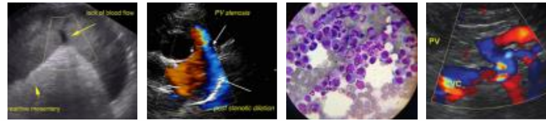
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
PATIENT	5.24	3.70	>2.0	2.3	--	--	NM
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT** (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	192	1.50	.82	--	4.3	--	--

Cardiac Presentation

The echocardiogram for this patient presented severely excessive **left atrial size** expressed both in the LA/AO and LA max measurements. Prolapse of the anterior mitral valve leaflet was present. 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. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. 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. Pulmonary edema lines were noted in the extracardiac space.

ULTRASONOGRAPHIC FINDINGS

- Left sided heart failure
- Mitral and tricuspid insufficiency
- Moderate pulmonary hypertension



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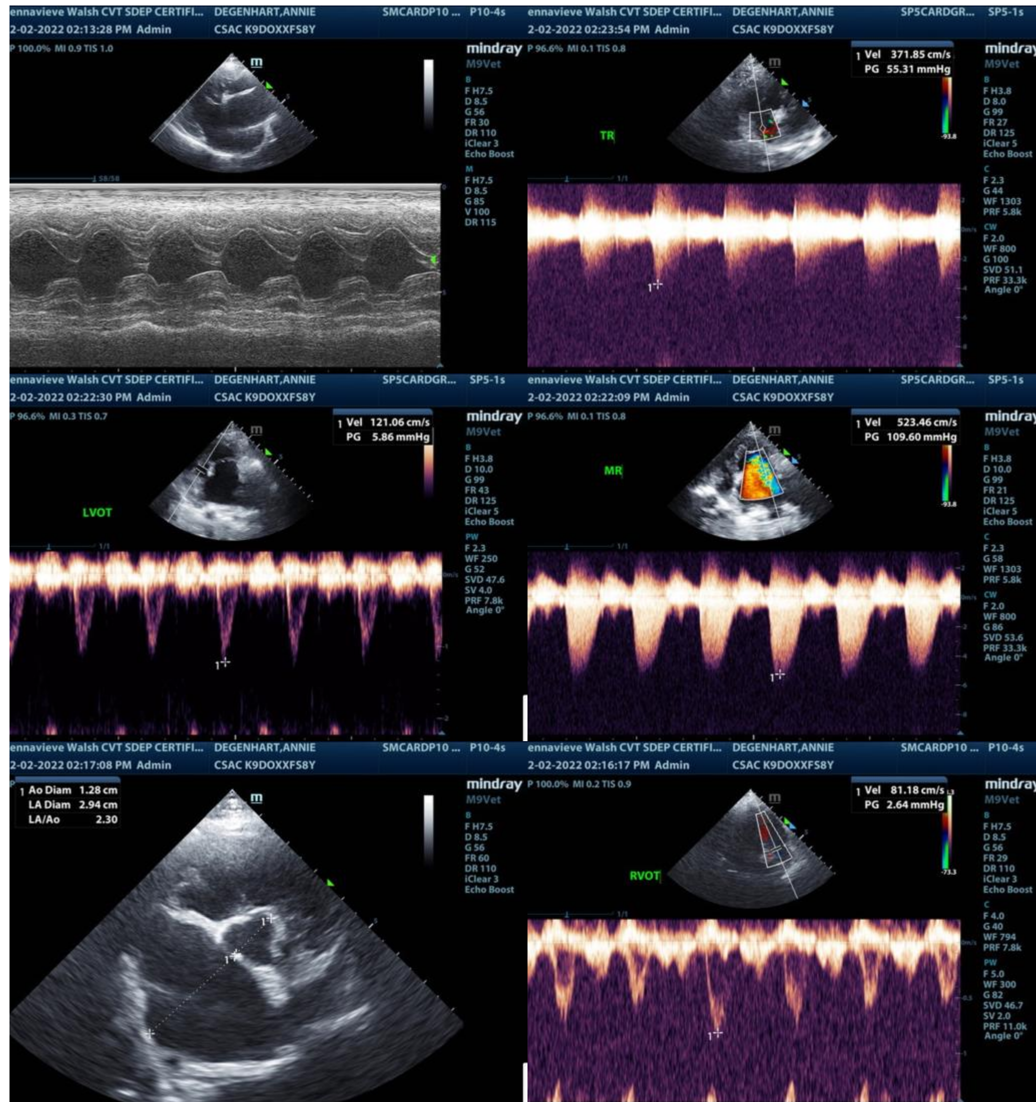
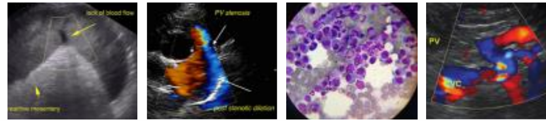
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend quadra therapy in this patient with Lasix at 2-3 mg/kg BID, Ace-inhibitor at 0.5 mg/kg SID, progressing to BID, Spironolactone at 1-2 mg/kg BID and Pimobendan at 0.3 mg/kg BID. Cage rest is recommended in the next 48 hours. This patient is at risk for sudden risk.

The heart is in a somewhat precarious state with volume overload and a heart that is working to compensate for the valvular insufficiency. Target respiratory rate is < 20 resp/minute after therapy. After initiating therapy, I recommend recheck on the clinical exam, BUN, Creatinine, USG, Chest radiographs & Blood pressure in 5-7 days. Recheck echo in 1 month. Earlier if clinical decompensation is occurring. I do not recommend anesthesia at this time until stabilization has occurred on the recommended medications. Repeat preanesthetic echo is ideal if anesthesia is eventually necessary.





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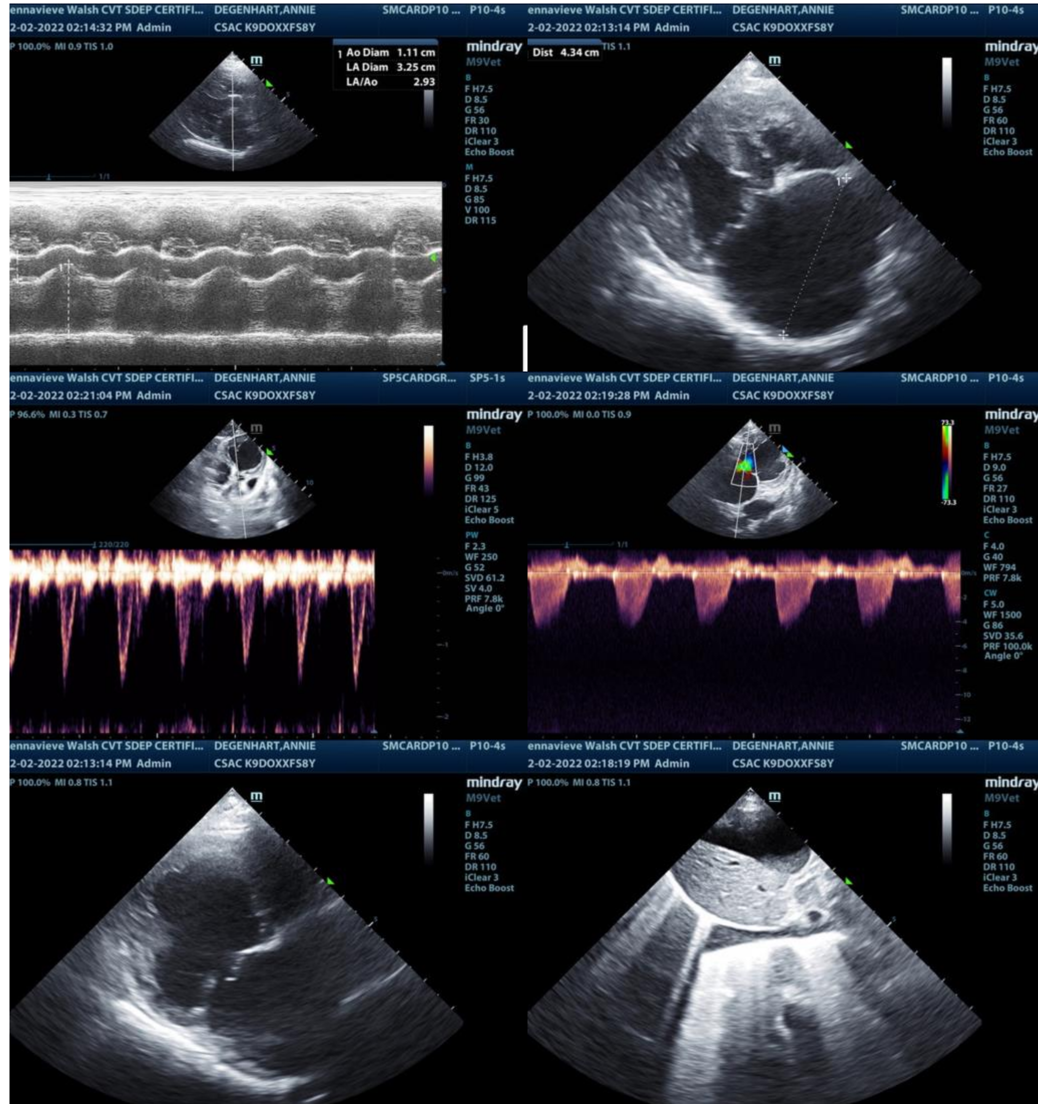


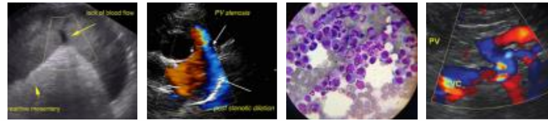
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Eric.Lindquist@SonoPath.com



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