



**PATIENT**

Harley Real Matias

**SPECIES**

Canine

**BREED**

Maltese Mix

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

14.4 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jessica Miller, RDMS

**HOSPITAL NAME**

Westwood Regional  
VH

**REFERRING VET**

Dr. McConnell

**PRESENTING CLINICAL SIGNS**

. Follow up echocardiogram to assure no change with medications / treatment needed. Theophylline 100mg 1PO SID, Lasix 12.5mg 1 in AM and 1/2 PM, Spironolactone 25 1/2 BID  
Abnormal PE/Chem/CBC/UA Results: AST 71, ALT 294, Ca 12, HCT 63, BNP 24.6, SDMA 27.4

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

Prolapse of the anterior **mitral** valve leaflet was noted. Severe left atrial enlargement was noted. **Left ventricular** dilation was also noted. 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. **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. Hepatic vein dilation was present and mild.

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	5.26		> 2.0	2.34	50	83	0.19
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	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	147	1.45	1.39	14.4 lbs	4.54 max	3.32	

**INVOICE**

94841

**DATE**

12/22/21



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**ULTRASONOGRAPHIC FINDINGS**

Mitral valve prolapse.

**SPECIES**

Severe left atrial enlargement.

Canine

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Maltese Mix

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The cardiac presentation represents significant decompensation compared to the prior echocardiogram. If Pimobendan is not being utilized (as reported in the history), then I recommend adding Pimobendan at 0.3 mg/kg b.i.d. Lasix should be continued, but increased to 3 mg/kg b.i.d. Ace inhibitor is warranted at 0.5 mg/kg s.i.d. progressing to b.i.d. Recheck echocardiogram is recommended in 3-4 weeks. If any cough is present then Hycodan or similar cough suppressant is recommended. The prognosis is guarded. Target respiratory rate is less than 20/minute. In the prior history it is mentioned that Pimobendan, Lasix, Enalapril and Spironolactone are all being utilized; however, the current history does not reflect that protocol. All four medications are necessary at this time. Please email me at [eric.lindquist@sonopath.com](mailto:eric.lindquist@sonopath.com) with updated current protocol so we can adequately adjust accordingly. However, the prognosis is significantly guarded and the current echocardiogram represents a significant decompensation compared to the prior values.

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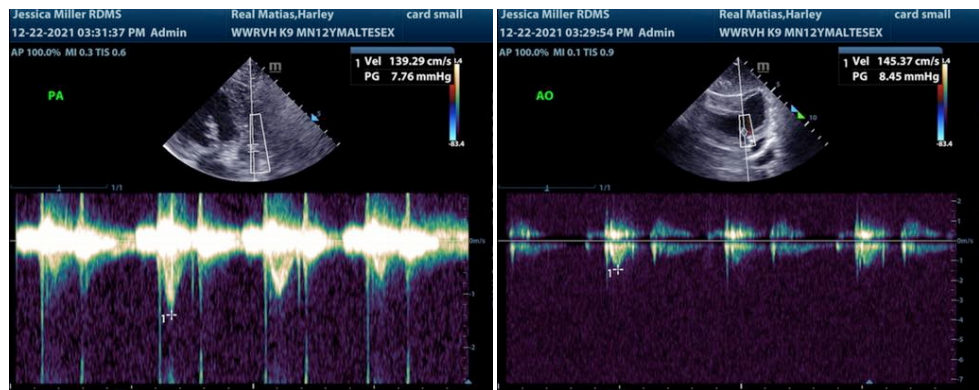
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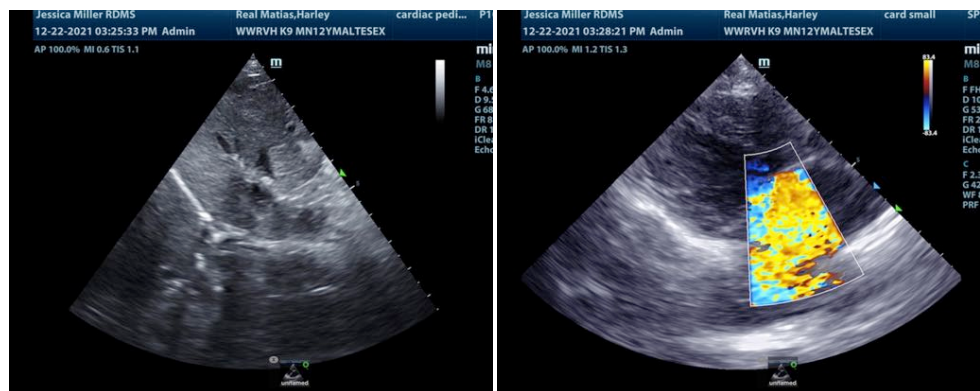
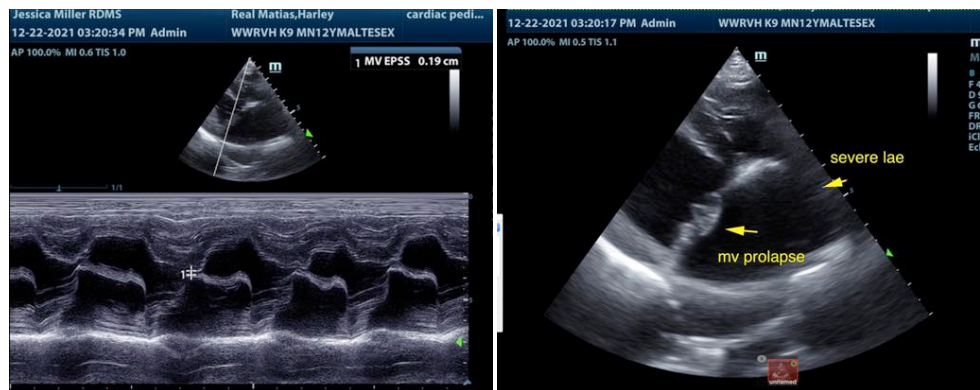
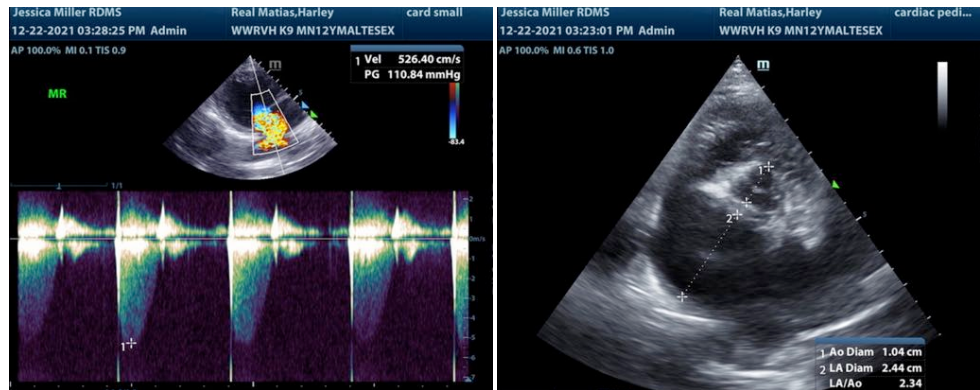
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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