



**PATIENT PRESENTING CLINICAL SIGNS**

Abby Reilly Grade III-IV/VI, Cardiomegaly on rads, hypertension, BNP1200. Current meds: Clindamycin for teeth, Galliprant.  
 Abnormal PE/Chem/CBC/UA Results: wnl

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

**BREED**

Cockapoo

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

4 Months

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		1.64	1.71	43	74	0.32
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	115	1.42	0.96		4.79	4.23	

**INTERPRETED BY**

Eric Lindquist, DMV DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Legacy AH

**REFERRING VET**

Dr. Potenzzone

**Cardiac Presentation**

The echocardiogram for this patient presented excessive **left atrial size** expressed both in the LA/AO and LA max measurements. Complete filling of the left atrium noted on color flow assessment of the mitral valve. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Mitral insufficiency was severe. 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. Minimal **tricuspid** insufficiency 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.

**ULTRASONOGRAPHIC FINDINGS**

- Stage B2 valvular disease
- Moderate chronic left atrial enlargement
- Mitral and tricuspid insufficiencies

**INVOICE**

33704

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend Pimobendan at 0.3 mg/kg BID, Spironolactone at 1-2 mg/kg BID, along with Enalapril 0.5 mg/kg SID progressing to BID. Target systolic pressure <160. Target respiratory rate <20 respirations/min.

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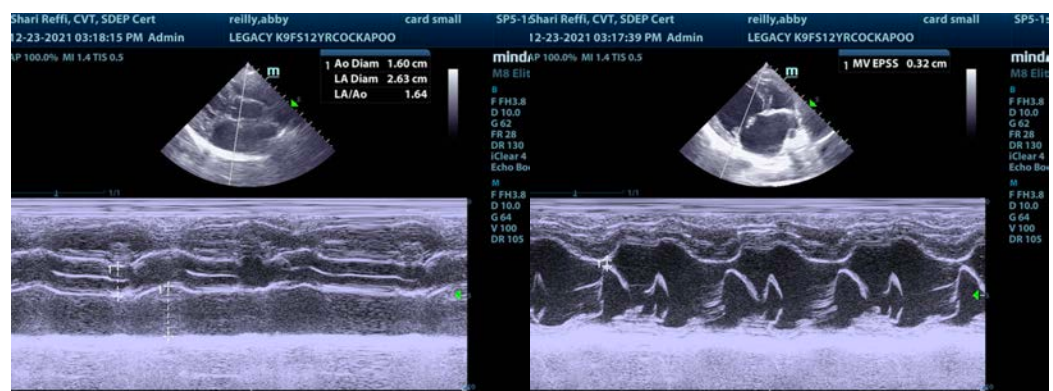
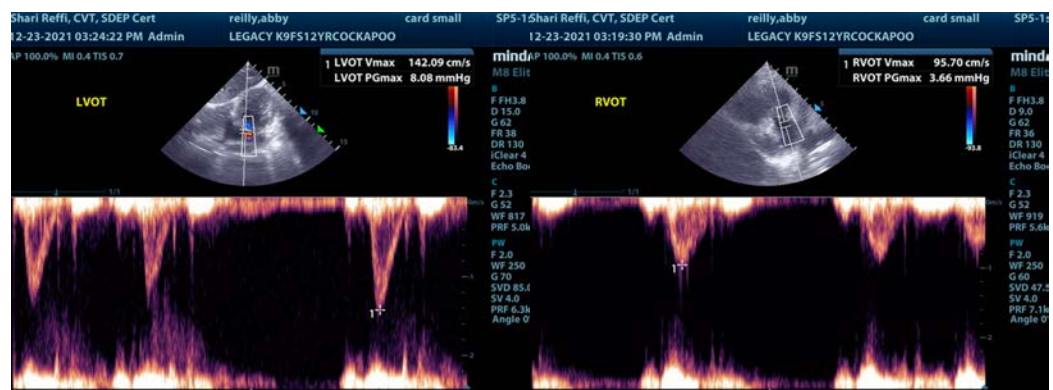
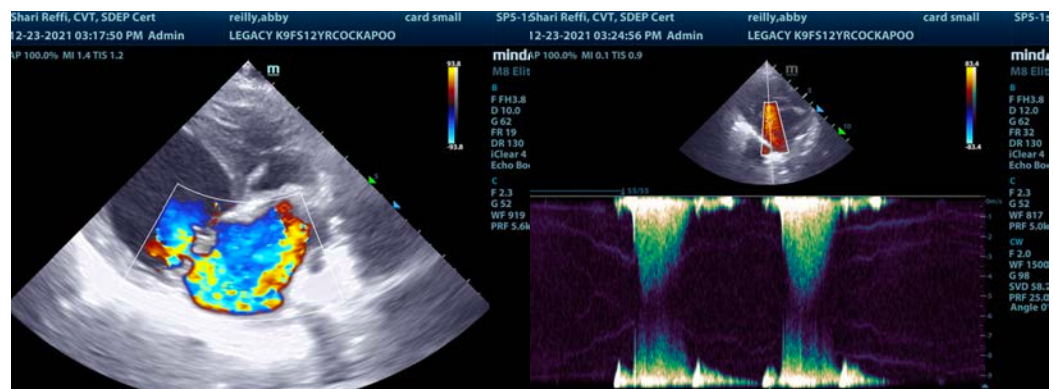
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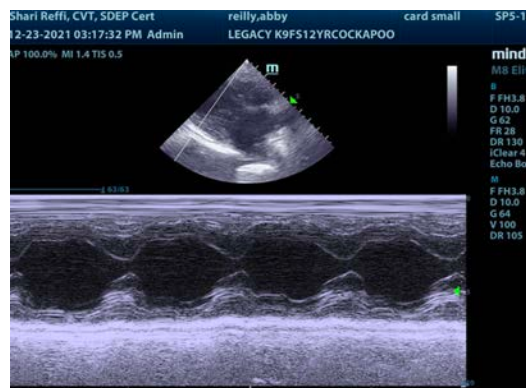
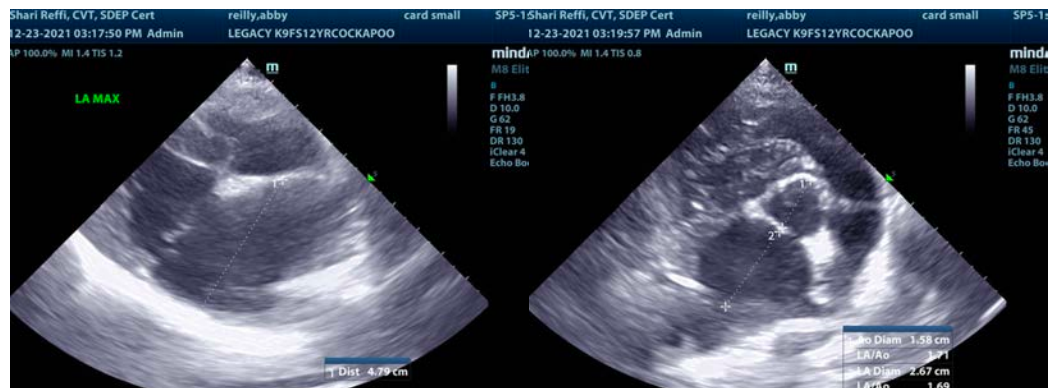
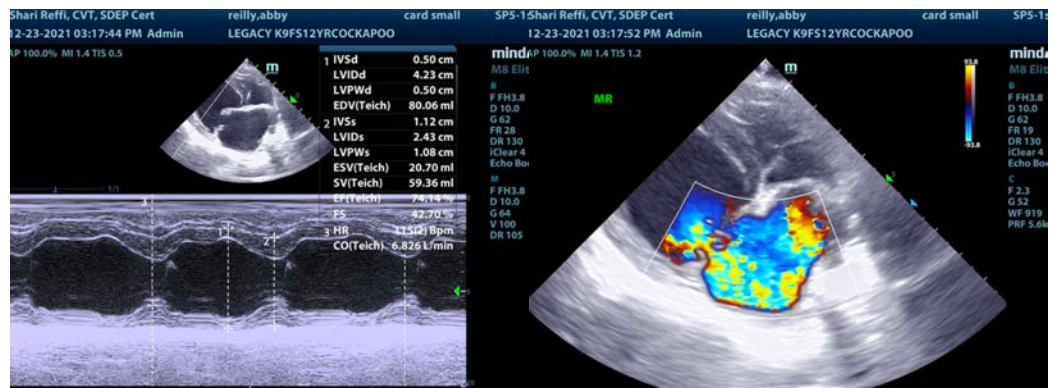
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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