


PATIENT

Jeremy Cooper

SPECIES

Canine

BREED

 Cavalier King Charles
 Spaniel

SEX

Neutered Male

AGE

9 Years

WEIGHT

23.5 Lbs.

INTERPRETED BY

 Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Tranquility VC

REFERRING VET

Dr. Jones

INVOICE

13207

DATE

12/28/21

PRESENTING CLINICAL SIGNS

History: Recheck valve dz. Current meds: Enalapril 10mg 1/2-tab bid, Furosemide 2.5mg 1.5tabs bid, Vetmedin 5mg 1/2 tab bid.

Abnormal PE/Chem/CBC/UA Results: Last bw in sept. nsf

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	5.27	--	1.82	1.92	56	87	0.25
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	127	1.27	.69	--	5.2	4.05	--

Cardiac Presentation

The cardiac presentation in this patient presents a significant decompensation compared to the prior sonogram. Prolapsed anterior mitral valve leaflet noted. Complete filling of the left atrium was noted on color flow assessment of the mitral valve. Significant increase in left ventricular internal diameter and left atrial internal diameter were noted. Deviation of the atrial septum was also present. Pericardial and pleural spaces were unremarkable. Mitral and tricuspid insufficiency present. Aortic insufficiency of 5.0 m/s was noted. Contractility appeared to be maintained and compensatory at this time. Right ventricle and right atrium were unremarkable with tricuspid insufficiency.

ULTRASONOGRAPHIC FINDINGS

- Decompensating valvular disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

I recommend increasing Lasix to 2-3 mg per kg BID, continuing Vetmedin and enalapril at BID dosing



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and adding spironolactone at 1-2 mg per kg BID. Blood work should be evaluated prior to adjusting medications. Prognosis long term is guarded.

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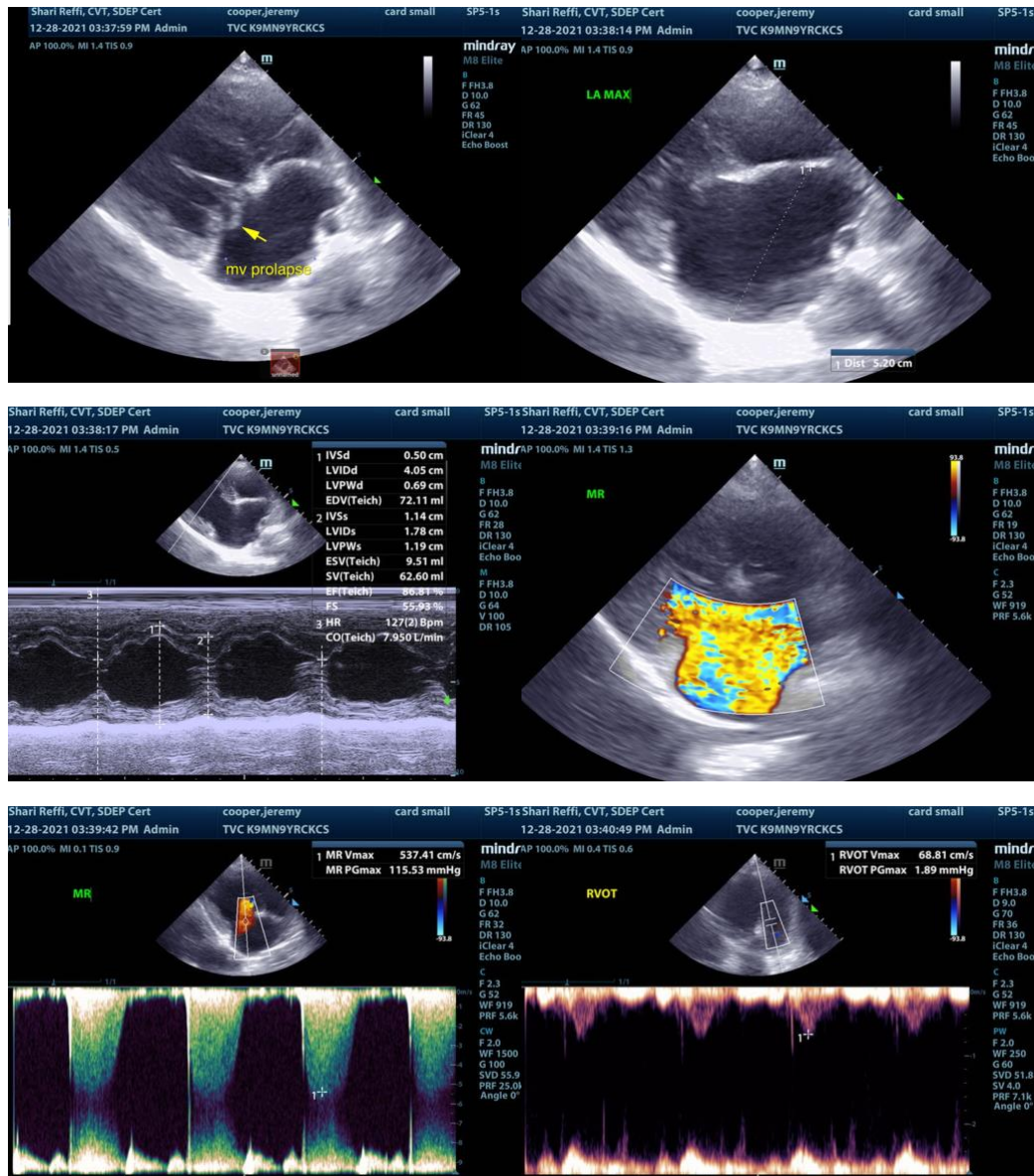
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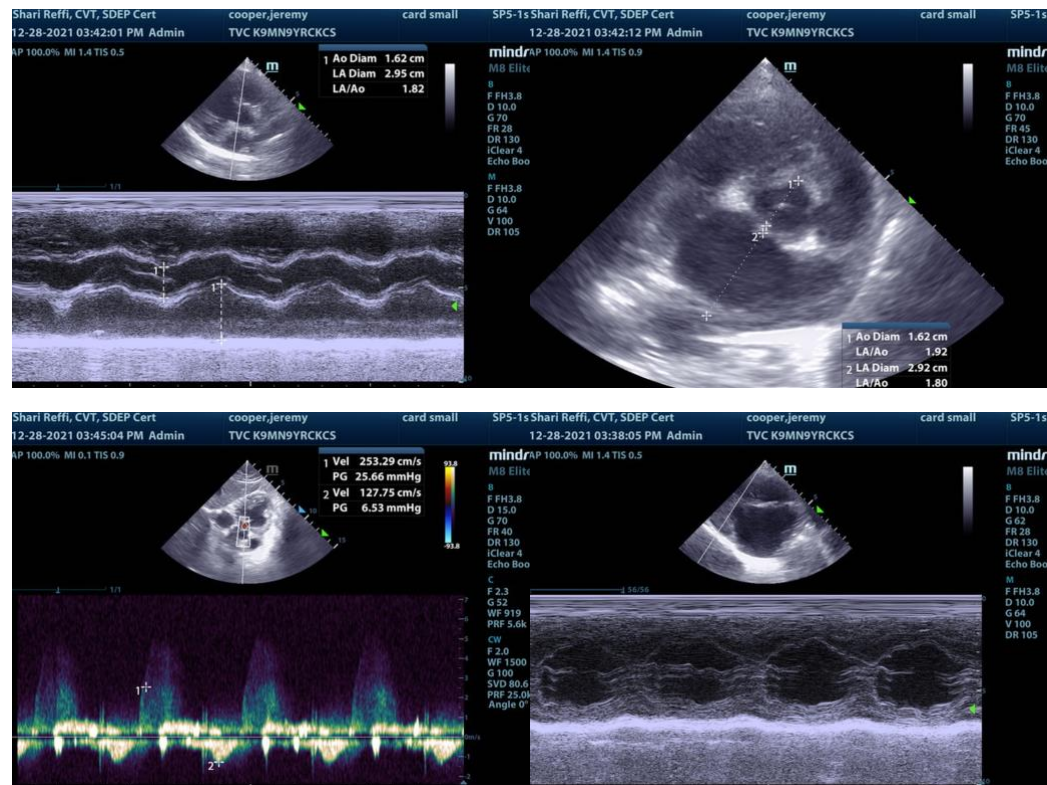
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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