


**PATIENT**

Millie Motley

**SPECIES**

Canine

**BREED**

Lab X

**SEX**

Spayed Female

**AGE**

2 Years

**WEIGHT**

34.6 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Holly, LVT

**HOSPITAL NAME**

All Pets Medical

**REFERRING VET**

Dr. Jill Heatley

**INVOICE**

43830

**DATE**

12/30/22

**PRESENTING CLINICAL SIGNS**

Vitals: Temp: 102 F, HR: 88bpm, RR: 36bpm, CRT: pink <2, Flea: Negative Millie, a 2 year old Lab mix was adopted from animal shelter 2m ago with failure to gain weight. History of coughing, diarrhea, and vomiting. Radiograph reveals greatly enlarged cardiac silhouette and pulmonary edema. Grade 4/6 systolic murmur. Not currently on heartworm prevention. Heartworm, Lyme disease, Anaplasma, and Ehrlichia disease tests did not show evidence of infection. Parvovirus antigen test results reveal no evidence of infection. Intestinal Parasite Screen (Fecal Direct and Fecal Float) reveals no evidence of intestinal parasites. CBC and Chem WNL. ADDENDUM on 12/29/2022 at 13:09:10 from Holly Burleson Pet is emaciated. Body score of 2/9

CBC and chem: 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	<1.6	28-40	40-100	<0.6
PATIENT	>5.0		1.4	1.7	Approx 35	--	0.6
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	BELOW	BELOW	BELOW	BELOW
PATIENT	--	--	1.1		--	6.2	

**Cardiac Presentation**

The cardiac presentation revealed mild volume overload of the left ventricle and left atrium with mild hypocontractility. Mitral insufficiency noted with moderate filling of the left atrium. Arrhythmogenic activity noted. Minor pulmonic and tricuspid insufficiencies present. Turbulence noted in the deep pulmonary artery. The pulmonary artery was dilated with mild volume overload. Hepatic veins were not dilated. No pericardial or pleural effusion noted.

**ULTRASONOGRAPHIC FINDINGS**

- Prominent pulmonary artery
- Mitral insufficiency
- Mild volume overload of the left atrium
- Arrhythmogenic activity

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Further imaging recommended with CW doppler in the deep pulmonary artery to assess for underlying PDA in this patient. Palliative therapy with ACE inhibitor 0.5 mg/kg SID progressing to BID, Pimobendan 0.3 mg/kg BID, +/- Spironolactone recommended until further imaging can be obtained.



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Taurine levels indicated as well as assessment for nutritional cardiomyopathy. Further imaging necessary for definitive diagnosis.

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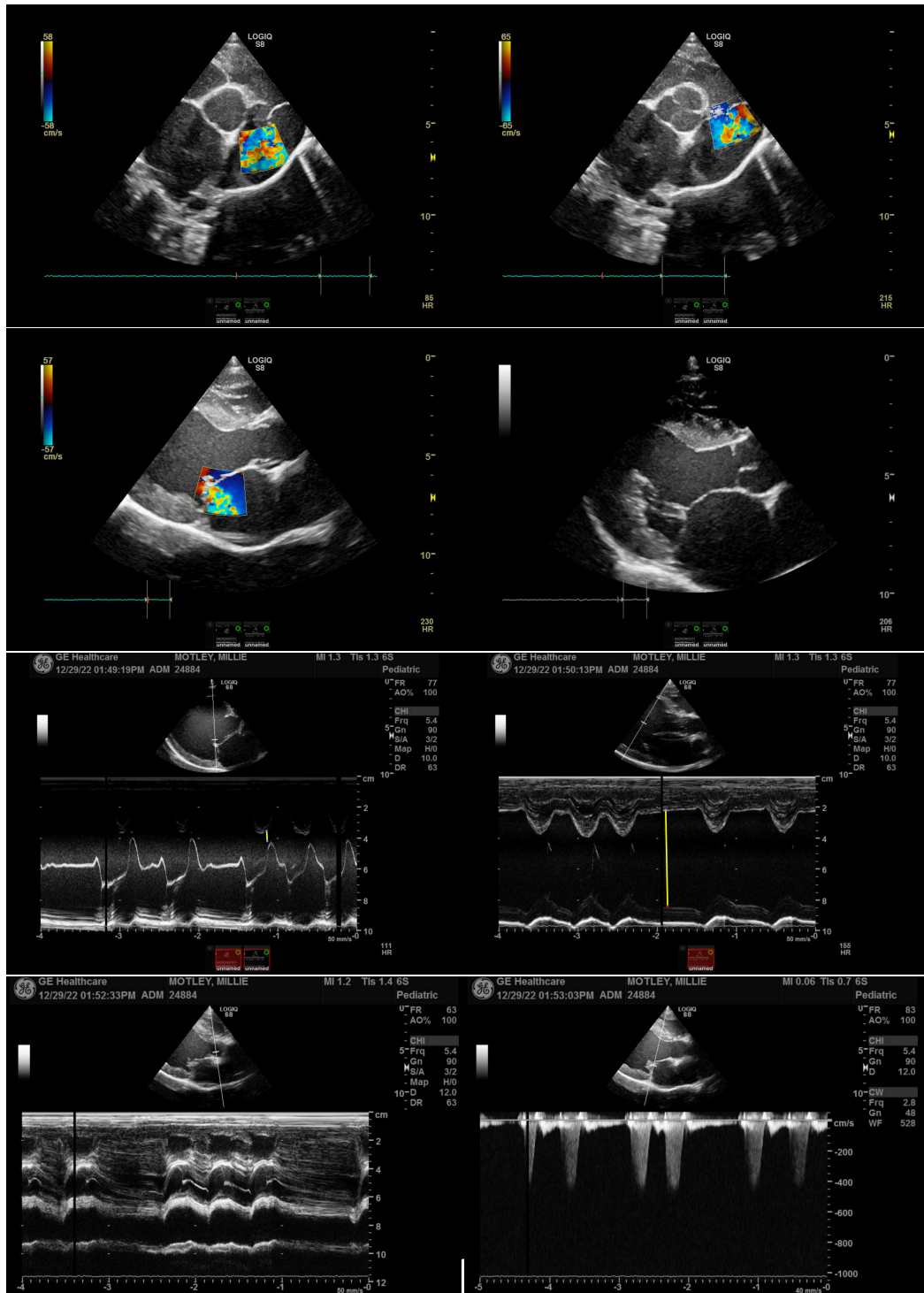
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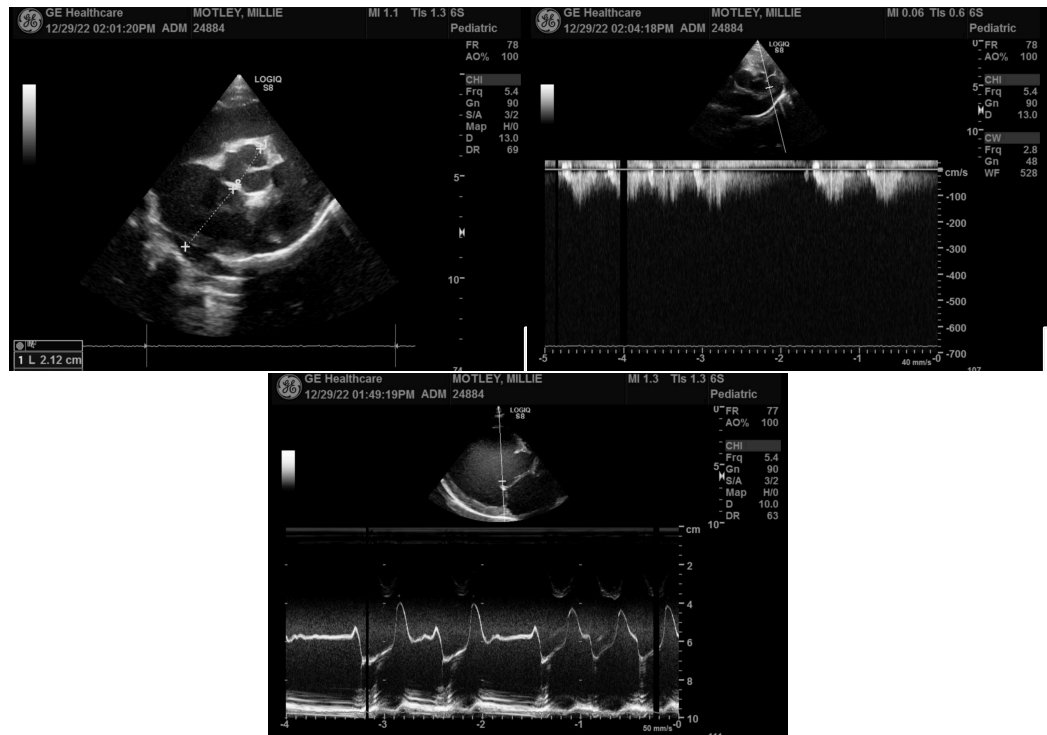
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

[info@SonoPath.com](mailto:info@SonoPath.com)