



PATIENT PRESENTING CLINICAL SIGNS

Dora Rose Patient presented 1-20-22 for sebaceous adenoma like masses and PE. A significant murmur (grade 3/6) was noted on exam. We advised an echocardiogram. Heart Rate and Respiratory Rates HR was 150 and RR was 30 Blood Pressure Measurements average was 189 mm/HG today

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Cockapoo

SEX

Spayed Female

AGE

12 Years

WEIGHT

23.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Corvallis Vet Hospital

REFERRING VET

Dr. Gross

INVOICE

35357

DATE

2/1/22

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	5.54	3.46	1.6	1.8	39	69	0.1
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	150	1.9	0.90		4.26	4.26	

Cardiac Presentation

The echocardiogram for this patient presented excessive **left atrial size** expressed both in the LA/AO and LA max measurements Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. 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 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

- Advanced Stage B2 to early C1 valvular disease depending upon radiographs findings and respiratory rate



PATIENT

Dora Rose

SPECIES

Canine

BREED

Cockapoo

SEX

Spayed Female

AGE

12 Years

WEIGHT

23.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Corvallis Vet Hospital

REFERRING VET

Dr. Gross

INVOICE

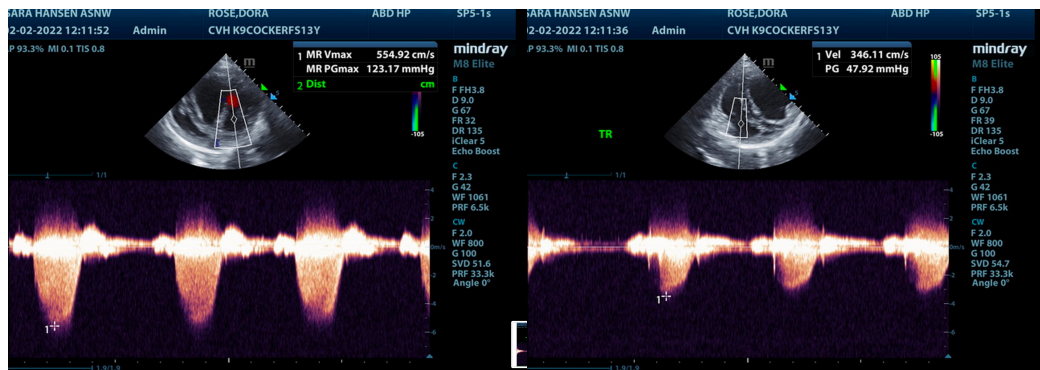
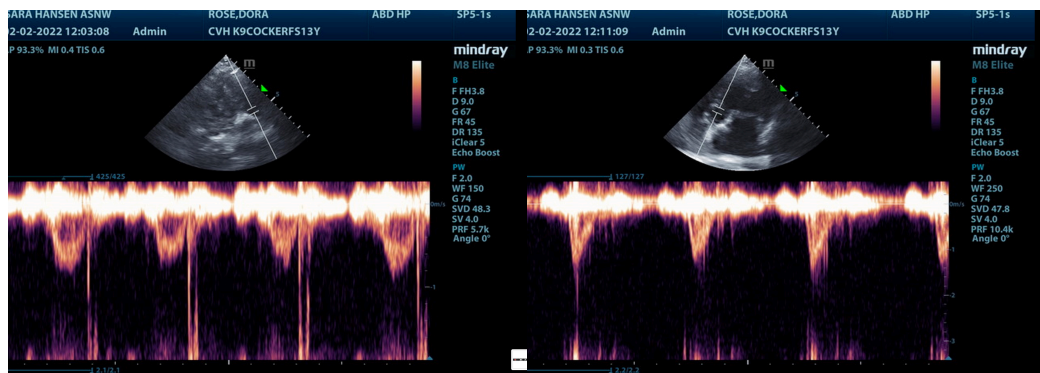
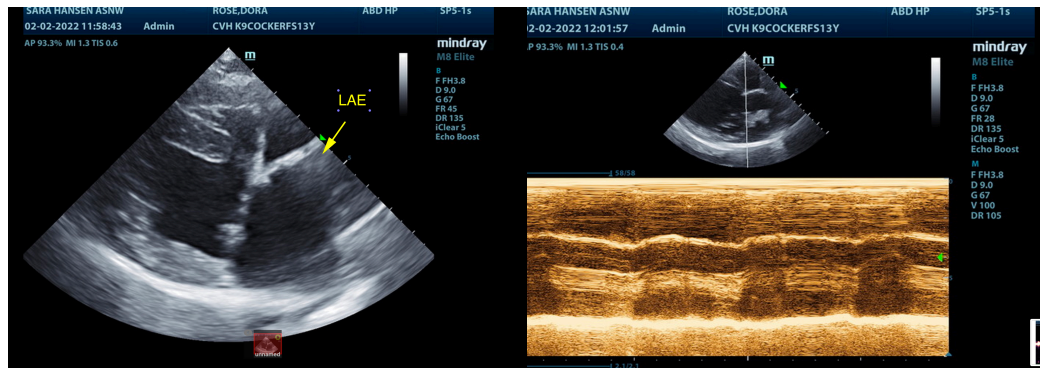
35357

DATE

2/1/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend Pimobendan at 0.3 mg/kg BID, ACE inhibitor 0.5 mg/kg SID progressing to BID, and Spironolactone at 1-2 mg/kg BID. Recheck echocardiogram in 7-10 days. I do not recommend anesthesia in this patient, as there is moderate risk. If any cough is present, Lasix could also be added to the protocol.





PATIENT

Dora Rose

SPECIES

Canine

BREED

Cockapoo

SEX

Spayed Female

AGE

12 Years

WEIGHT

23.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Corvallis Vet Hospital

REFERRING VET

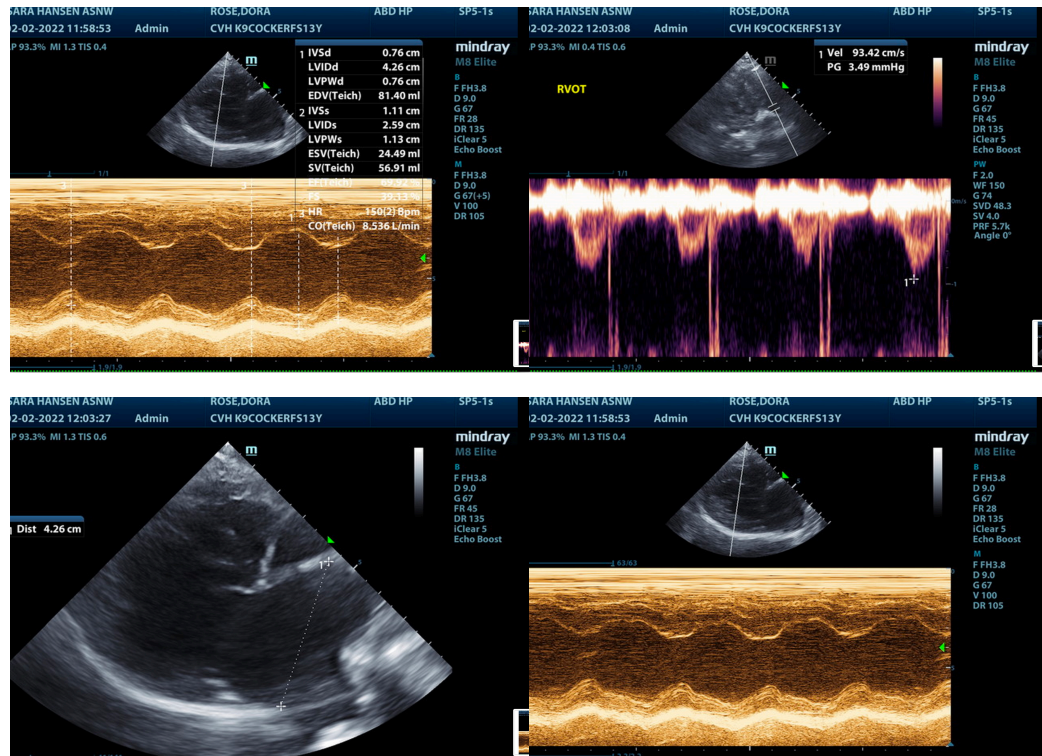
Dr. Gross

INVOICE

35357

DATE

2/1/22



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