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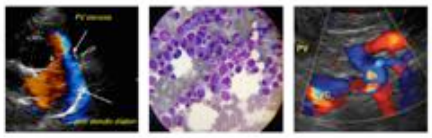
SVS Mobile Imaging 262 - 366 - 5970
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Duke Hensersky

SPECIES

Canine

BREED

King Charles Cavalier

SEX

Neutered Male

AGE

7 years

WEIGHT

26 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Stengel

INVOICE

95748

DATE

1/18/22

PRESENTING CLINICAL SIGNS

Duke came in for a wellness check on 1/20/2022 and a 3/6 L systolic heart murmur was noted. Chest radiograph shows enlarged cardiac silhouette. LA appears to be enlarged. Duke has been on a grain free diet.

ECG RESULTS

Sinus tachycardia at av heart rate of 180-190/min
artifacts on strip 3 and a (I assume artifical) zero base line on first row of page 2
Q-waves subjectively tall - possible axis deviation - this has to be confirmed on multiple leads
P waves not widened - this does not rule out LAE
Diagnosis. Sinus tachycardia
Possible reasons: Pain, anemia, fever, compensatory tachycardia due to reduced forward stroke volume (advanced heart disease, loss of blood volume (bleeding, dehydration)).

Peter Modler DVM, Dipl.-Tzt. | SonoPath

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated enlarged **left atrial** size based on 3 different LA measurement methods. 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** valvular assessment demonstrated adequate linear morphology. 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.

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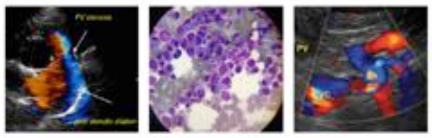

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CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	5.56		1.8	2.3	45	76	0.2
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**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	151	1.09	0.76	26 lbs	5.0 max	4.12	

ULTRASONOGRAPHIC FINDINGS

Mitral valve insufficiency.

Moderate stage B2 valvular disease with left atrial enlargement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of myocardial insufficiency even though the patient has been on a grain free diet. Ace inhibitor is recommended at 0.5 mg/kg s.i.d. progressing to b.i.d., Spironolactone at 1-2 mg/kg b.i.d. and Pimobendan at 0.3 mg/kg b.i.d.

B2/C1: 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 pre-anesthetic echo is ideal if anesthesia is eventually necessary.

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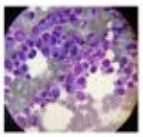


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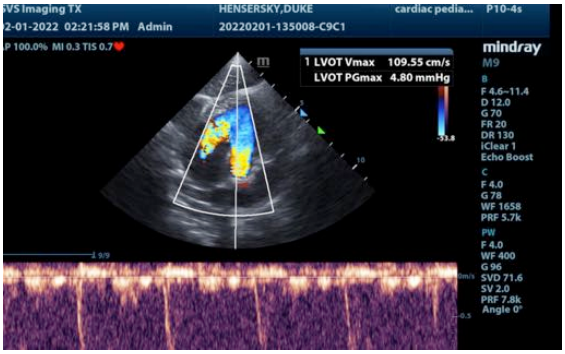

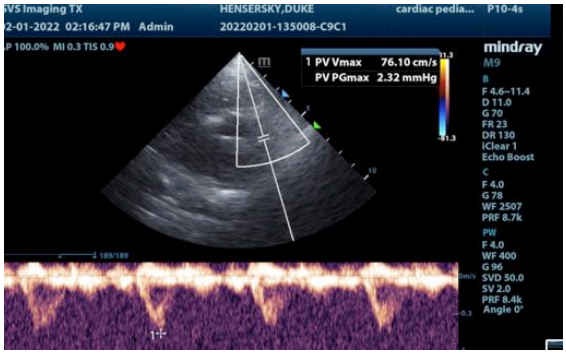

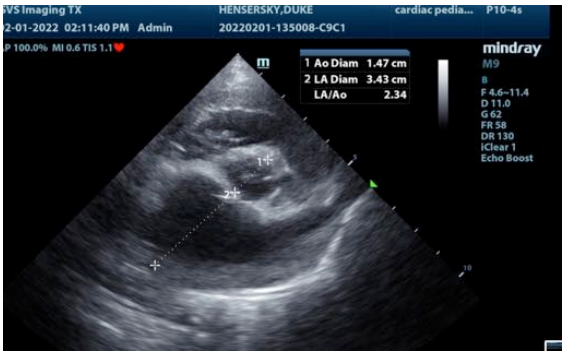

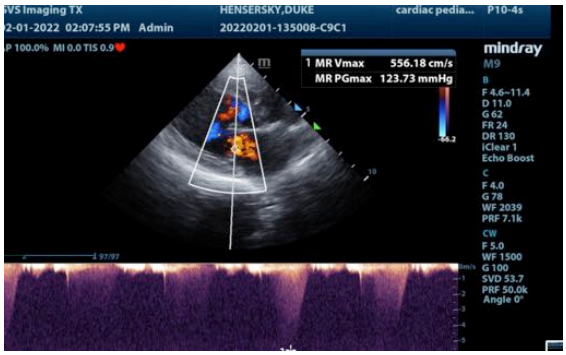

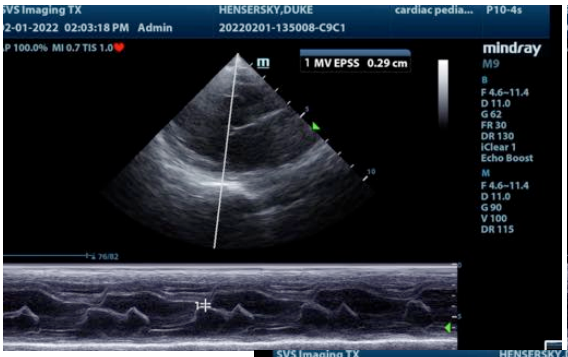

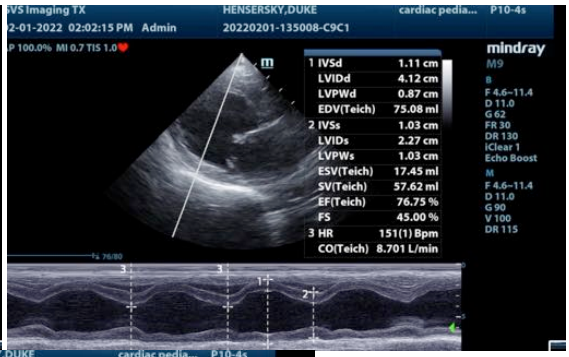

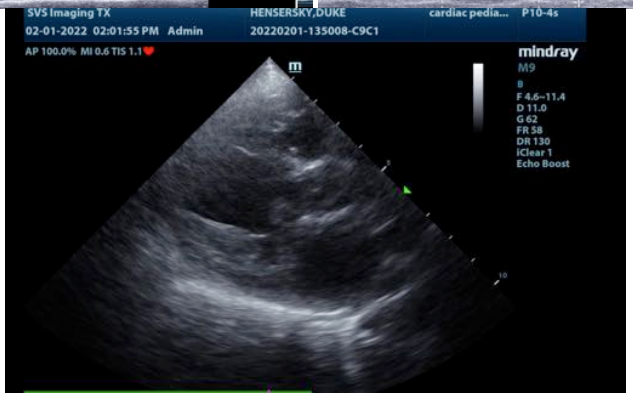

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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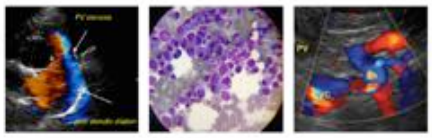

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