

PATIENT PRESENTING CLINICAL SIGNS

Rainy Smith

History: Adopted Rainy 2 wks ago from Washington state rescue organization (local dog, not from Mexico). Came with heart murmur G 5/6 and 2 heart meds: Pimobendan 2.5 mg BID and enalapril 2.5 mg SID, no diuretic. No confirmation if in CHF or x-rays done or if heart meds started as preventative measure. Also had dental extractions there and 2 wks of antibiotics that are finished.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: VHS 11.5, mild cardiomegaly but no congestion in lungs bronchial pattern > age related changes on both lung fields

BREED

Jack Russell Terrier

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

SEX

Spayed female

The **left atrial** size was at the upper limits of normal to borderline enlarged. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Prolapse of the anterior mitral valve leaflet was noted. 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. Trivial **pulmonic** insufficiency was noted. 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. Periodic arrhythmia was noted.

AGE

9 years

WEIGHT

7.0 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. McFarlen

HOSPITAL NAME

Van Isle VH

REFERRING VET

Dr. Silverthorn

INVOICE

42760

DATE

2/13/23

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base;)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	5.15	4.3	1.3	1.9	34.35	34	0.23
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		1.73	NM	7.0	3.5	3.0	



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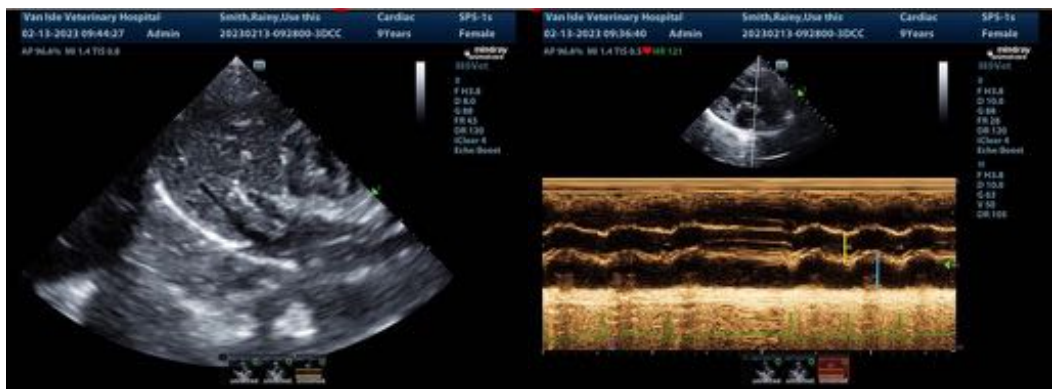
ULTRASONOGRAPHIC FINDINGS

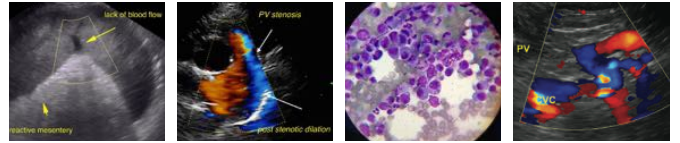
Mitral and tricuspid insufficiency with moderate to severe pulmonary hypertension.

Aortic and pulmonic insufficiency.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic veins were not dilated at this point. There was no evidence of right-sided failure even though pulmonary hypertension is significant. If exercise intolerance is an issue then Sildenafil can be considered at 1 mg/kg b.i.d. I recommend adding Spironolactone 1-2 mg/kg b.i.d. in synergetic fashion with the ace inhibitor in this patient. Pimobendan should be continued. I recommend monitoring BUN, creatinine, basal respiratory rate target is < 25/minute and blood pressure measurements. An echocardiogram is recommended in 3-6 months. Stable C1-B2 valvular disease depending upon initial presentation of the clinical signs.





PATIENT

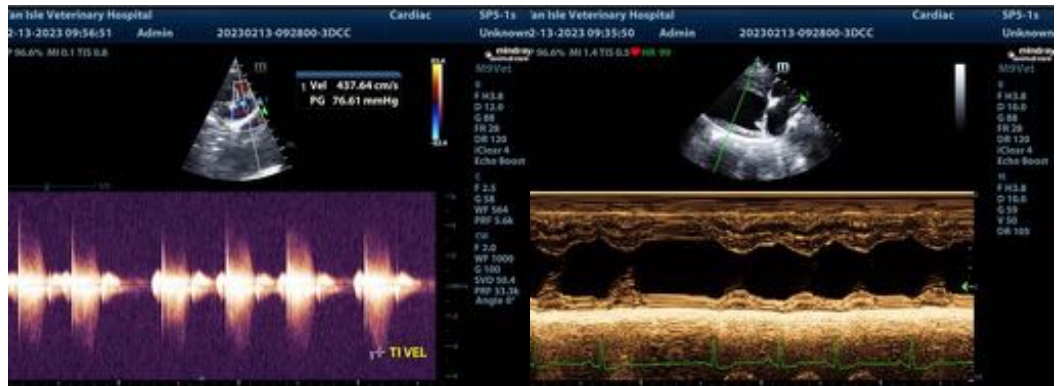
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

AGE

9 years

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.

WEIGHT

7.0 kg

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