



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Splash Faulkner
SPECIES Canine
BREED Pomeranian X
SEX Neutered Male
AGE 17.5 Years
WEIGHT 11.5 Pounds

PRESENTING CLINICAL SIGNS
Clinical Exam Findings: Recent cough and noted murmur Current Medications hydrocodine as needed for cough
Abnormal PE/Chem/CBC/UA Results: Slightly low thyroid confirmed with free t4. Starting levothyroxine this week

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	6.13		1.63	1.7	53	86	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	124	1.24	0.85		3.6	2.73	

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Pawsitive Wellness VC

REFERRING VET

Dr. Hardy

INVOICE

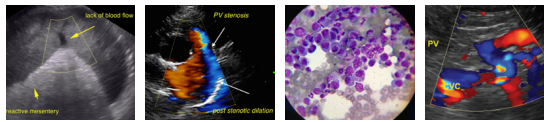
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DATE

2/2/22

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 at 3.34 m/sec, consistent with early pulmonary hypertension. 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.



PATIENT **ULTRASONOGRAPHIC FINDINGS**

Splash Faulkner

- Advanced Stage B2 valvular disease
- Mitral and tricuspid insufficiency with mild left atrial enlargement
- Mild early pulmonary hypertension

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

Pomeranian X

Blood pressure measurements recommended. If systolic pressure is >160, then ACE inhibitor therapy would be indicated. Pimobendan may be initiated at 0.3 mg/kg BID. Given the cough in this patient, recommend Lasix at 1-2 mg/kg BID.

SEX

Neutered Male

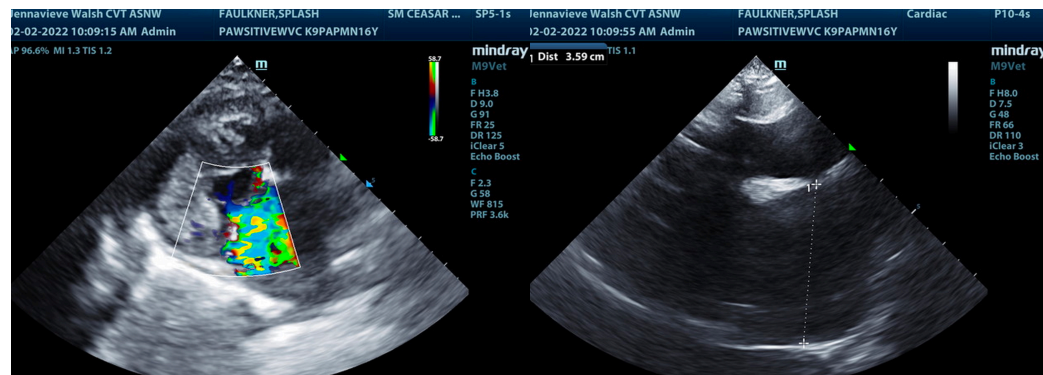
B2: The heart is in a somewhat precarious state with volume overload and a heart that is working to compensate for the valvular insufficiency. Target respiratory rate is < 20 resp/minute after therapy. After initiating therapy, I recommend recheck on the clinical exam, BUN, Creatinine, USG, Chest radiographs & 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.

AGE

17.5 Years

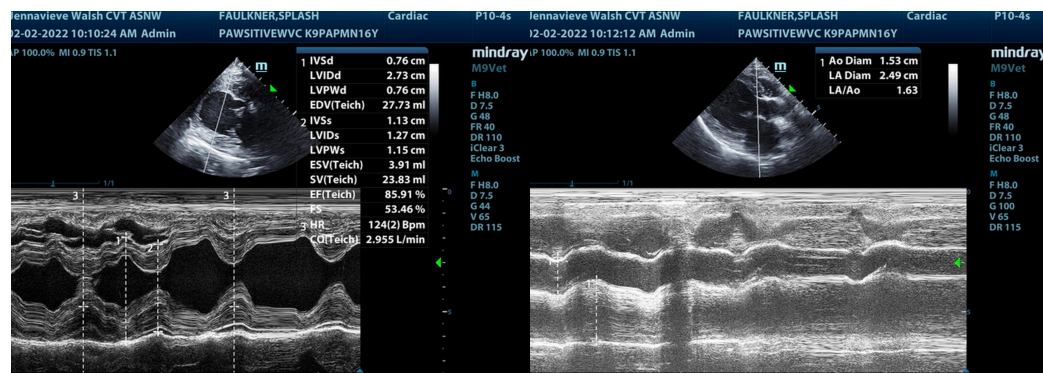
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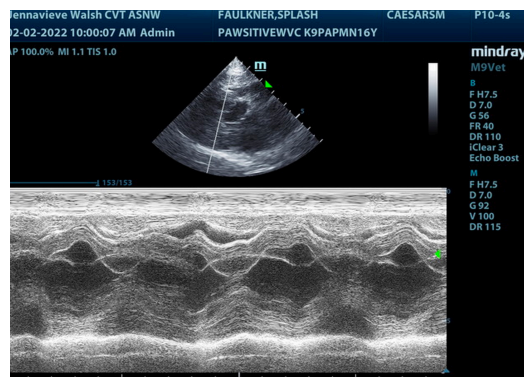
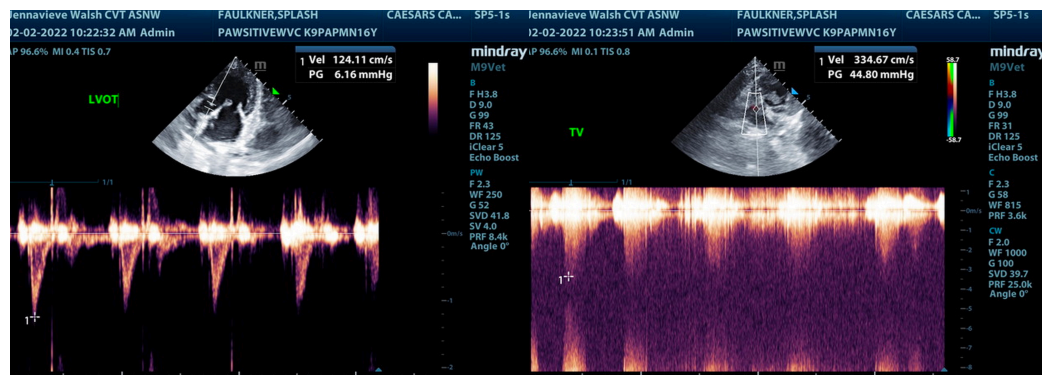
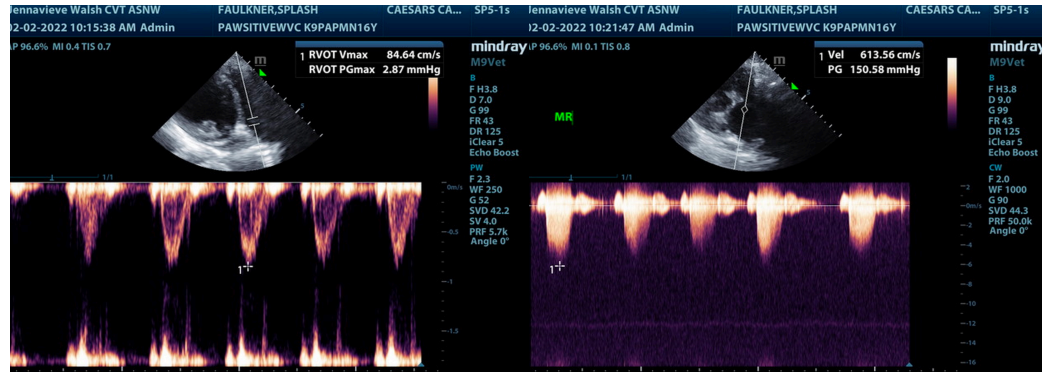
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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