



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
 Coco Trautman
 History: Heart murmur present for the past two years. Would like to perform a dental cleaning, no c/s at home.

SPECIES
 Canine
 CBC/Chem findings: Elevated ALK 770 (chronic), Elevated Trig 807, Decreased amylase 257, Elevated Plat 559

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Havanese

SEX

Spayed Female

AGE

12 Years

WEIGHT

14 Lbs.

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	5.52	2.08	1.1	1.4	54	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	BELOW	BELOW	BELOW	BELOW
PATIENT	161	1.42	.96	--	3.4	2.97	--

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

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 DABVP, Cert. IVUSS

HOSPITAL NAME

Whippany VH

REFERRING VET

Dr. Cordero

INVOICE

13768

DATE

2/4/22

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** 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.

ULTRASONOGRAPHIC FINDINGS

- Stage B-2 valvular disease



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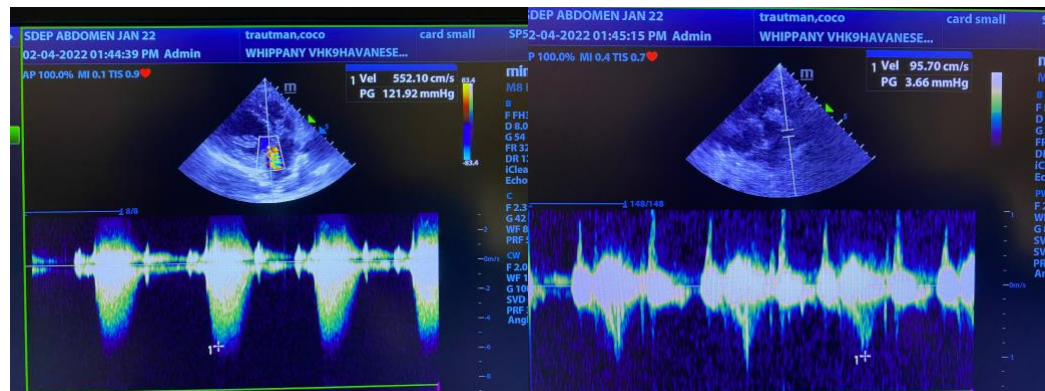
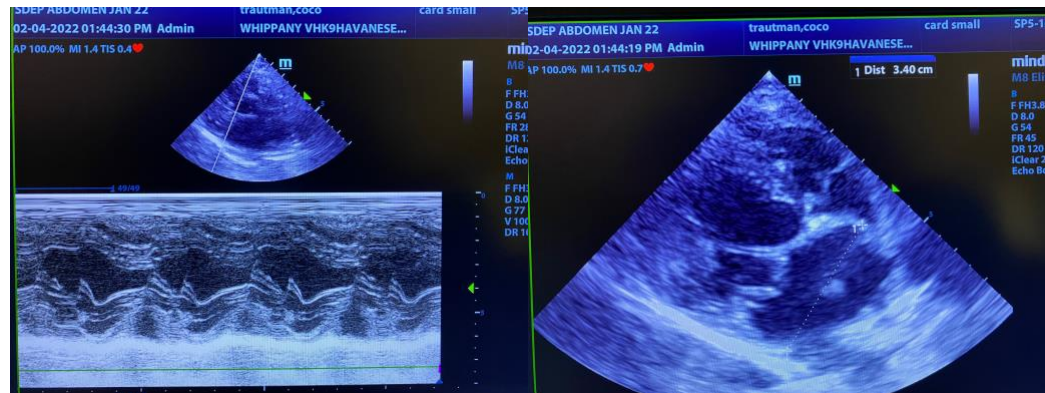
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommended initiating pimobendane at 0.3 mg/kg BID. Note that the LA max is most representative of atrial size in this patient and progress should be monitored based primarily on LA max measurement. After initiating pimobendane, as long as follow-up parameters are normal, then short dental procedure is not overtly contraindicated, minor risk. Tobuterol (premed), propofol (induction, isoflurane (maintenance).

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.





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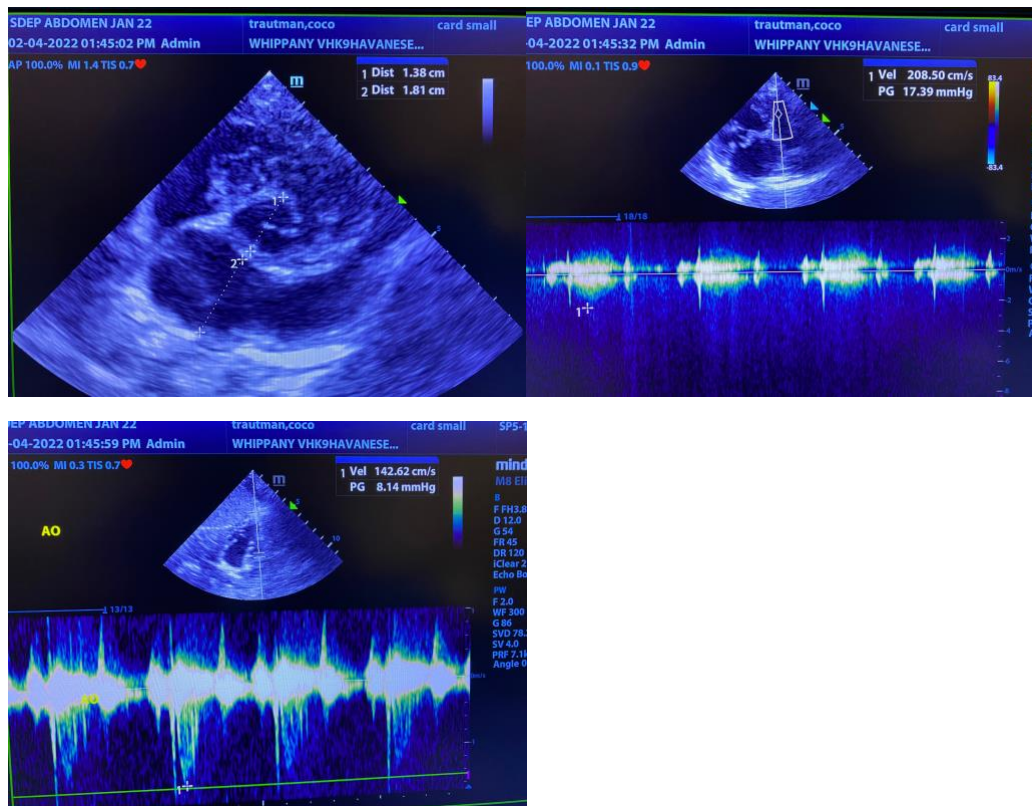
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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