

PATIENT PRESENTING CLINICAL SIGNS

Millie Roeske 4/6 Left systolic heart murmur Current Medications vetmedin 2.5mg BID, enalapril 5mg bid, spironolactone 12.5mg BID Primary Question/Differential to Be Answered in This Exam Recheck cardiac ultrasound

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

King Charles
Cavalier Spaniel

SEX

Spayed Female

AGE

7 Years

WEIGHT

23.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Santa Clara AH

REFERRING VET

Dr. Zulauf

INVOICE

35553

DATE

2/9/22

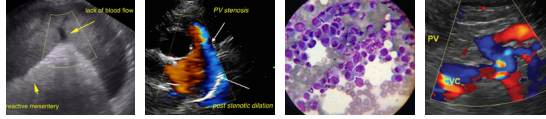
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	5.2		1.5	1.8	44	76	0.16
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LA 2D short 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	115	1.2	0.96		4.21	3.6	

Cardiac Presentation

Left atrial size has progressed. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable insufficiency. Prolapse of the anterior mitral valve leaflet noted. 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 2.0 m/sec. 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

- Fairly stable Stage B2 valvular disease with mild progressive left atrial enlargement and mitral valve prolapse



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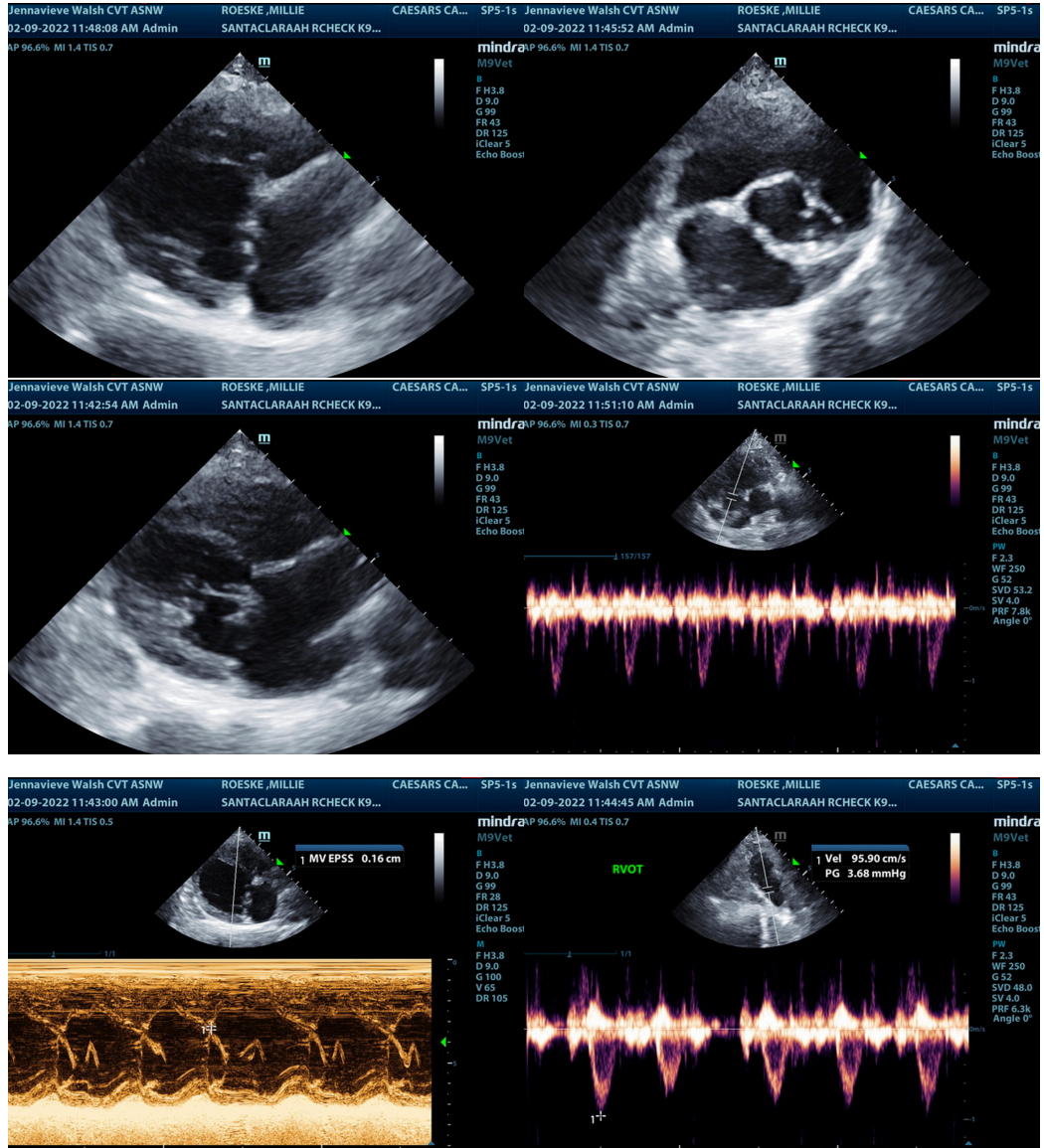
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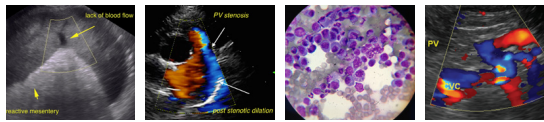
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend continuation of current triple therapy. If any cough is present, then Hycodan would be indicated. respiratory rate is >20/min or exercise intolerance is present, then Lasix could be considered at 1-2 mg/kg BID. Recheck echo in 3-6 months depending upon clinical status of the patient.





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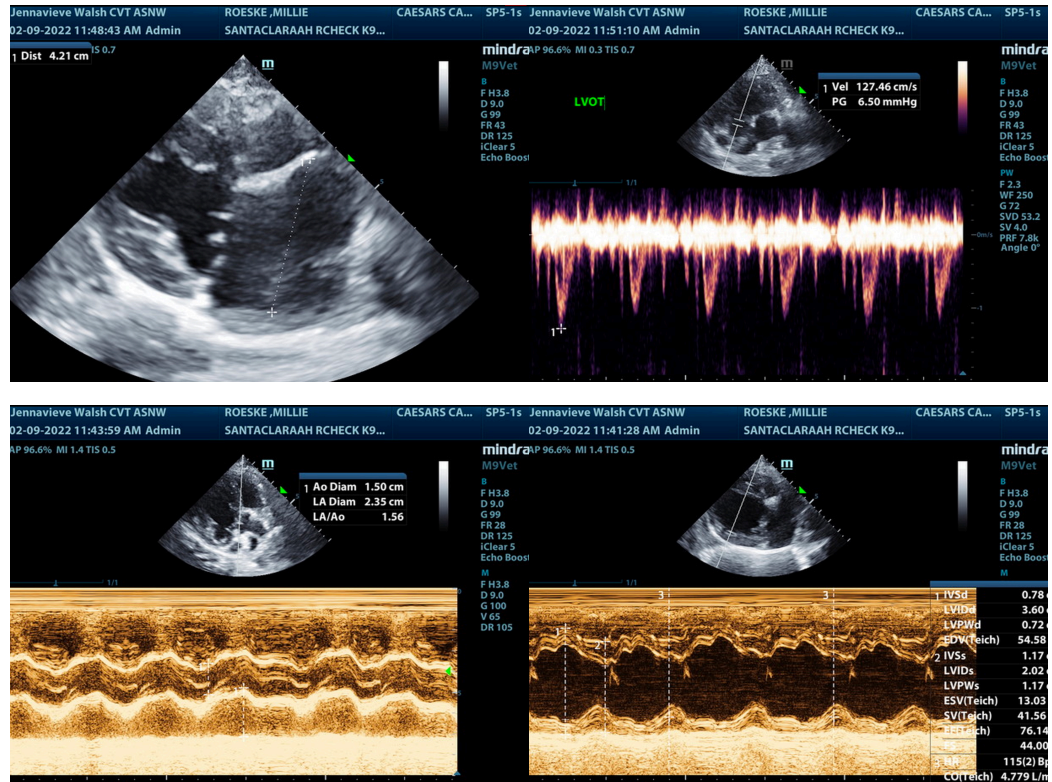
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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