



PATIENT PRESENTING CLINICAL SIGNS

Tinkerbell Coelho

History: Recheck echo for Tinkerbell. She is AN EMPLOYEE (TECH) PET. We have been following her MMVD. Last echo, the coughing improved dramatically with starting enalapril. She has been coughing more recently. She is on pimo 2.5 mg am, 1.25 mg bid, enalapril 3.75 mg sid, and hydrocodone 2.5 mg bid. No evidence of pulmonary edema on recent rads. Looking for advice on possibly increasing medications to help with cough. Would increasing pimo to TID, or increasing enalapril dose possibly help? Would you recommend trying spironolactone or low dose lasix?

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed female

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient presented persistent mitral insufficiency with mild persistent volume overload in the left atrium and left ventricle. Contractility appeared adequate. Aortic and pulmonic velocities were unremarkable. Left atrial size was excessive in all three measurements. There was no pericardial r pleural effusion noted. The tricuspid valve was unremarkable. Prolapse of the anterior mitral valve leaflet was noted.

AGE

13 years

WEIGHT

17.2 lbs

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			1.8	1.9	51		0.19
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	BELOW	BELOW	BELOW	BELOW
PATIENT		1.77	0.95	17.2 lbs	2.59	3.7	

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Swart

HOSPITAL NAME

Swart Veterinary Imaging

REFERRING VET

Dr. Swart

ULTRASONOGRAPHIC FINDINGS

Valvular disease with persistent volume overload.

INVOICE

43058

DATE

3/1/23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend adding to the current Pimobendan and Enalapril protocol, Spironolactone is recommended at 1-2 mg/kg b.i.d. at this point. The cough may be primary respiratory as opposed to cardiogenic; however, this is based on lateral chest radiographs on whether left atrial impingement upon the mainstem bronchus is an issue. Often a combination or primary bronchomalacia and valvular disease can occur together. I recommend increasing Enalapril to b.i.d. dosing at 0.5 mg/kg b.i.d. and adding Spironolactone at 1-2 mg/kg b.i.d. A recheck echocardiogram is recommended in a month to



PATIENT

assess any progression or regression of the presentation. Consideration to a bronchodilator with primary respiratory protocol should be considered based on radiographic findings.

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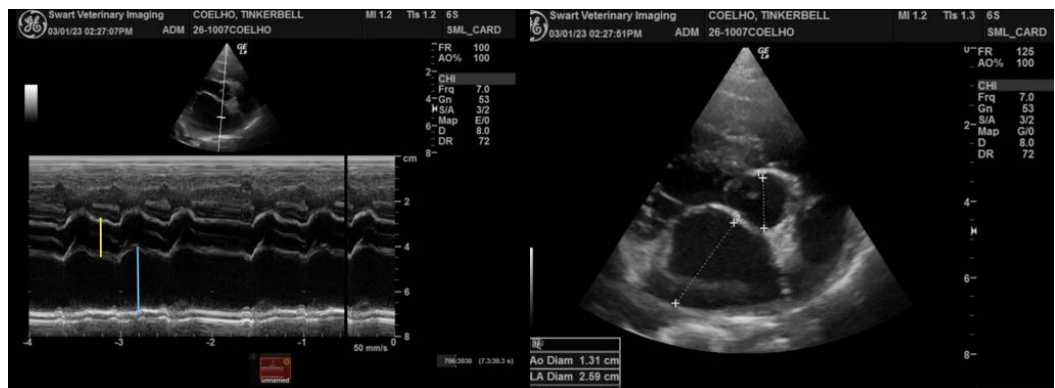
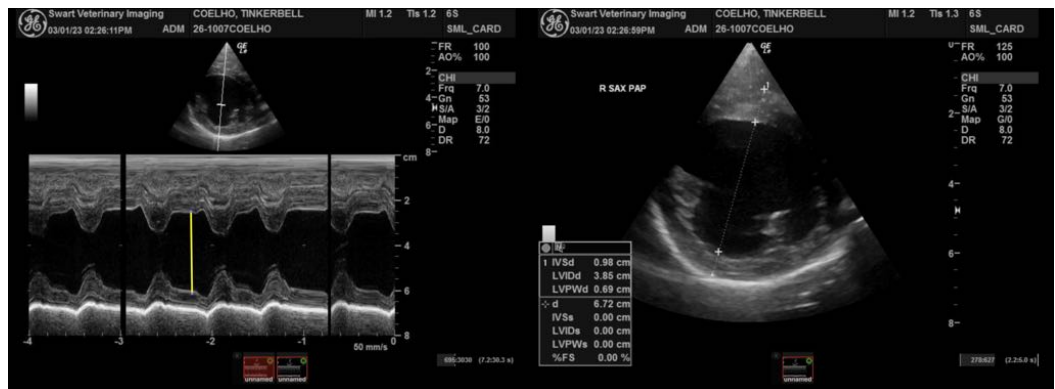
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



PATIENT

Tinkerbelle Coelho

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