



PATIENT PRESENTING CLINICAL SIGNS

Pandora Collins

SPECIES

Canine

BREED

Weimaraner

SEX

Spayed Female

Pandora presented on March 1, 2022, with a nonproductive cough of 5 days duration, worse at night, when lying down or changing positions. After finding radiographic signs of congestive heart failure, she was started on 10 mg pimobendan orally BID and 100 mg furosemide PO BID. Radiographically, her VHS was 11, she had an upright heart with loss of caudal waist, perihilar consolidation with a bronchointerstitial pattern and distended pulmonary vessels. Upon recheck exam March 11, Pandora's cough had completely resolved and a cardiac ultrasound exam was performed. She was given 6.5 mg butorphanol IV to lightly sedate, and her BP measurements varied widely, from 100/72 (85) to 199/180 (193) mmHg systolic/ diastolic (MAP). She was somewhat nervous during BP measurement. A recheck chest radiograph was performed and her pulmonary parenchyma appeared normal, the bronchointerstitial infiltrate had resolved. Note: Mr. Collins had mentioned they had started giving 500mg of taurine once daily for several months after Pandora's heart murmur was first ausculted. I recommended increasing to BID yesterday during her visit.

Abnormal PE/Chem/CBC/UA Results: Mildly increased AlkP of 467 and mild hypokalemia were found on lab work run on 3/1/22.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

AGE

11 Years 8 Months

WEIGHT

71 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Alex McFeely

HOSPITAL NAME

Straley Vet Associates

REFERRING VET

Dr. Alex McFeely

INVOICE

36139

DATE

3/13/22

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			1.6	2.1	--	--	NM
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	--	--	0.8		6.7	4.5	

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



PATIENT

Pandora Collins

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. Arrhythmogenic activity noted.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Stage C1 valvular disease with arrhythmia

BREED

Weimaraner

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In addition to current Pimobendan and Furosemide, adding ACE inhibitor and Spironolactone indicated.

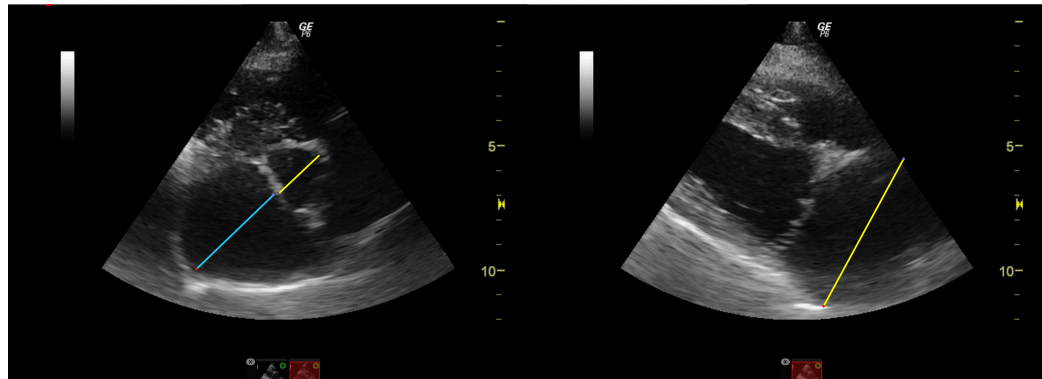
SEX

Spayed Female

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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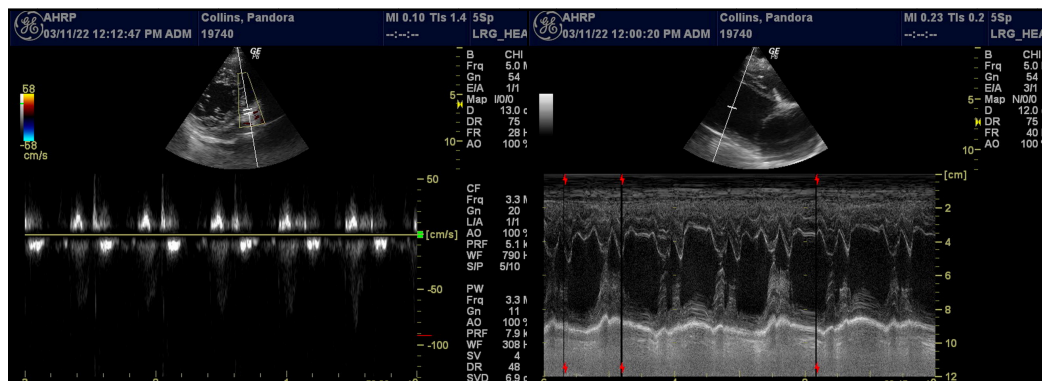
Dr. Alex McFeely

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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.

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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.

DATE

3/13/22

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