



**PATIENT PRESENTING CLINICAL SIGNS**

Gypsy Sukel History: Follow up echo - history of mitral valve disease. Current meds: Pimobendan.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

Canine

BREED

Cockapoo

SEX

Spayed Female

AGE

9 years

WEIGHT

19 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Pompon Lakes AH

REFERRING VET

Dr. Giammanco

INVOICE

96918

DATE

3/16/22

The **left atrium** was slightly enlarged in this patient. The cranial and caudal **mitral valve** leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable insufficiency. Complete filling of the left atrium was noted on color flow assessment of the mitral valve. Prolapse of the anterior mitral valve was 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** 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.

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	6.0	2.0	1.3	2.0	31	61	0.1
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				
PATIENT	100	1.1	1.5	19 lbs	3.0	2.73	

**ULTRASONOGRAPHIC FINDINGS**

Mitral valve insufficiency. Severe mitral valve prolapse.

Persistent left atrial enlargement.



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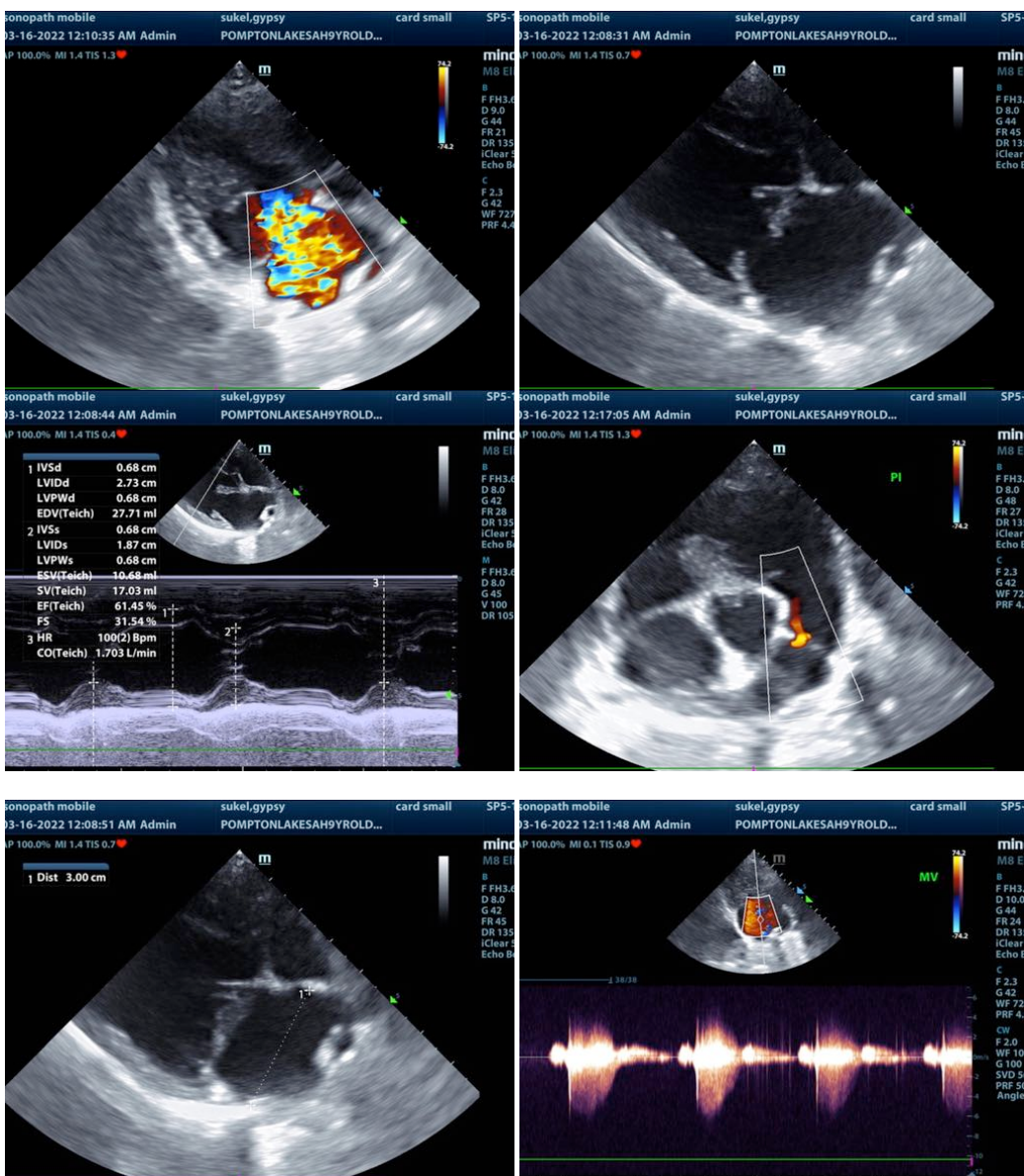
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the left atrial size I recommend adding Spironolactone at 1-2 mg/kg b.i.d. and ace inhibitor at 0.5 mg/kg s.i.d. progressing to b.i.d. A recheck echocardiogram is recommended in a month. Blood pressure measurement are warranted.

The heart has some volume overload and 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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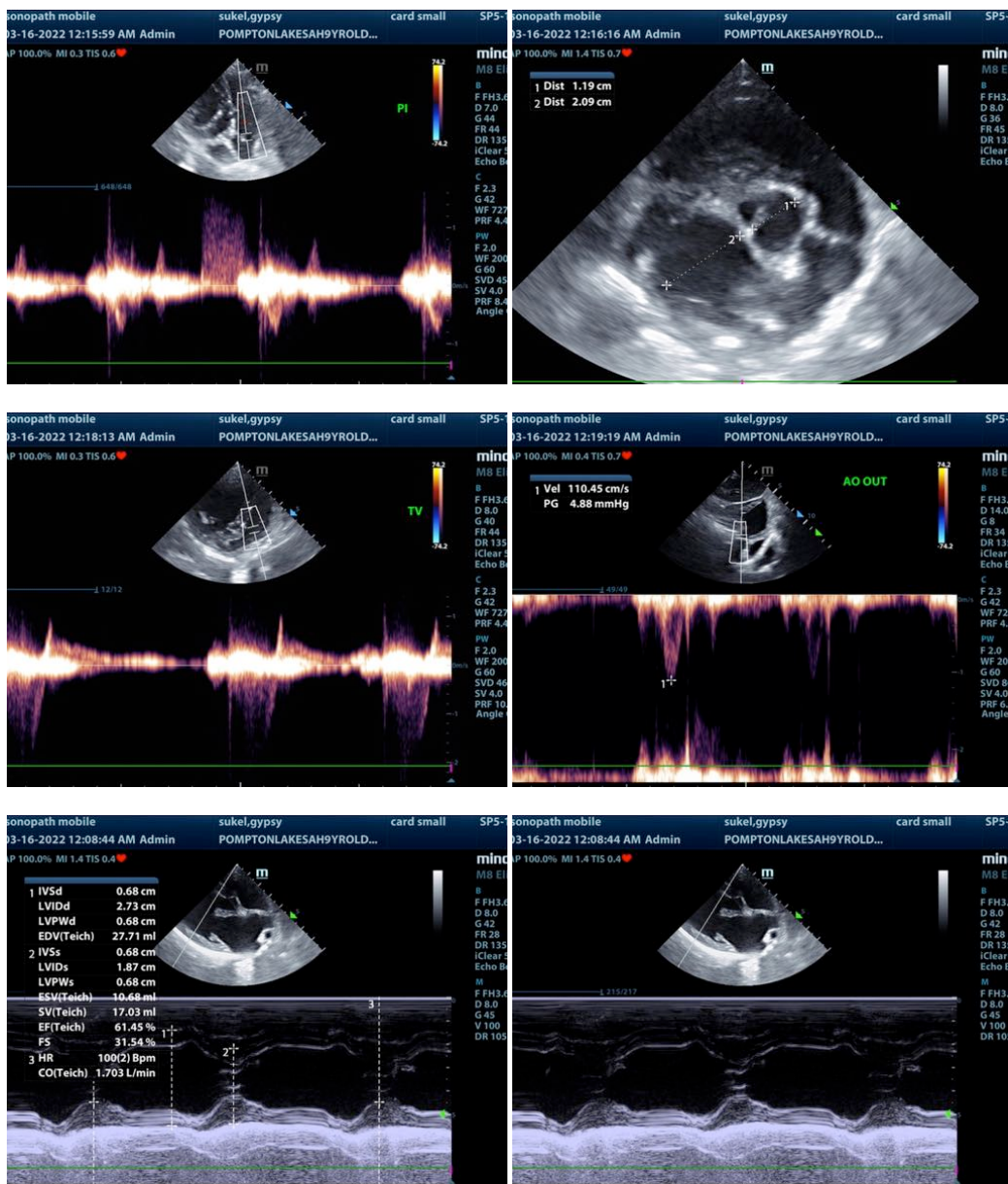
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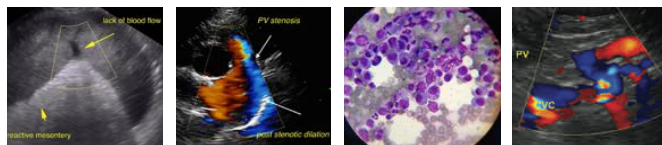


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Info@SonoPath.com



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