


PATIENT

Benji Tagliarena

PRESENTING CLINICAL SIGNS

Recheck echo. Evidence of pulmonary edema and left atrial enlargement.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART
BREED

Maltese

SEX

Neutered Male

AGE

12 Years

WEIGHT

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	5.68	3.4	1.6	1.9	66	94	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	155	1.56	0.7		3.5	3.04	

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

HOSPITAL NAME

Franklin Lakes AH

REFERRING VET

Dr. Rizzo

INVOICE

45959

DATE

3/16/23

Cardiac Presentation

The cardiac presentation presented mild to moderate persistent volume overload of the left atrium and left ventricle. Contractility was adequate. Mitral and tricuspid insufficiency noted, fairly stable. Prolapse of the anterior mitral valve leaflet noted. No right atrial enlargement present. Pericardial and pleural spaces were unremarkable.

ULTRASONOGRAPHIC FINDINGS

- Progressive mitral and tricuspid insufficiency, C1 valvular disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the pulmonary edema noted, I recommend adding Pimobendan, Lasix, ACE inhibitor 0.5 mg/kg SID progressing to BID, and Spironolactone at 1-2 mg/kg BID, as emerging C1 valvular disease appears to be the issue.

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. There is severe anesthetic risk for this patient. Light dose opioids may be used to calm but I do not recommend anesthesia.



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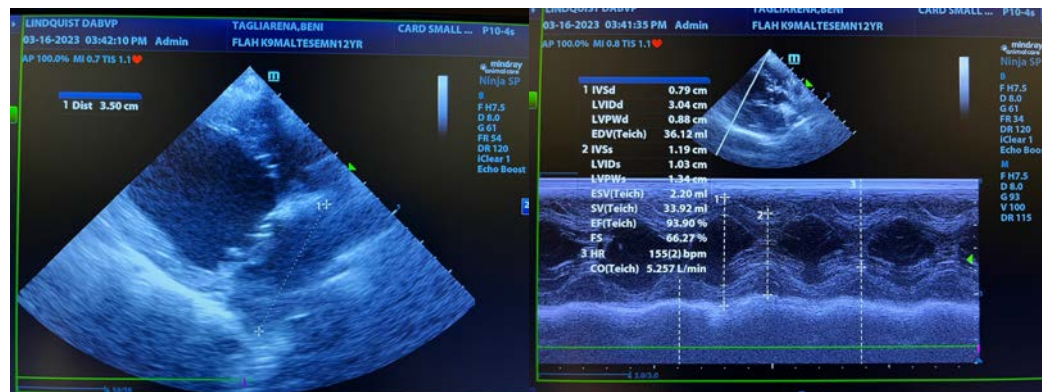
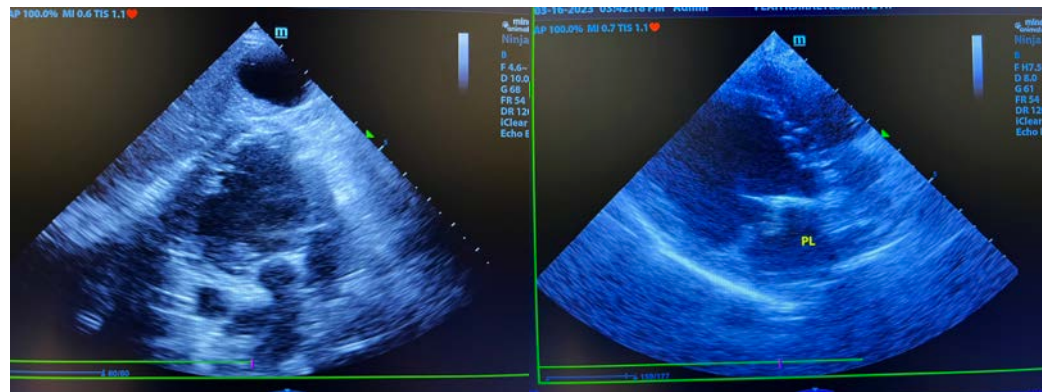
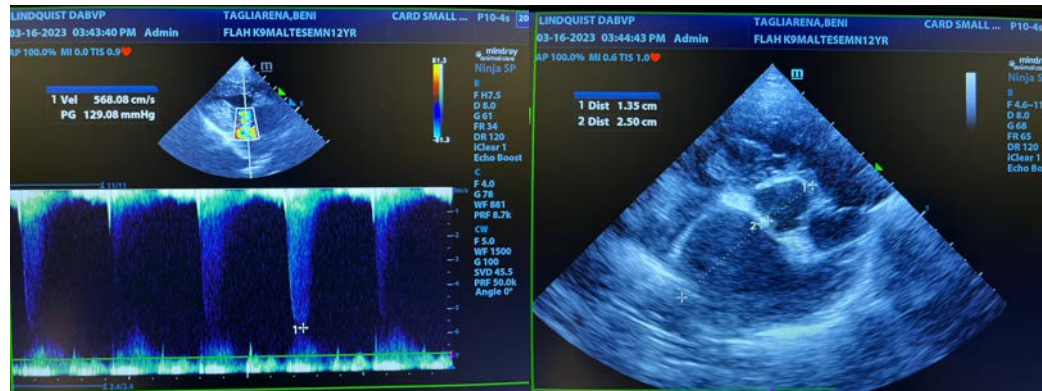
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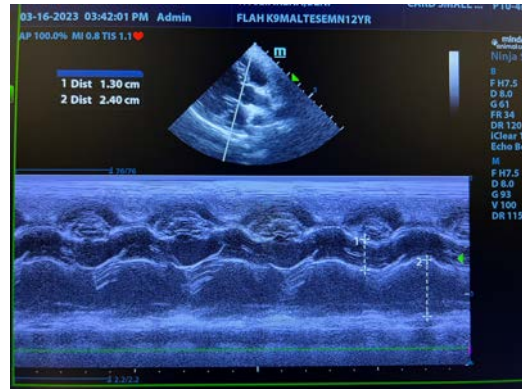
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Eric Lindquist, DMV
DABVP, Cert. IVUSS

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

info@SonoPath.com

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