



PATIENT

Emmitt Jarvis

SPECIES

Canine

BREED

Miniature Poodle

SEX

Neutered male

AGE

11 years

WEIGHT

10.84 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Holly Burseson, LVT

HOSPITAL NAME

All Pets Medical
Center

REFERRING VET

Dr. Rupley

INVOICE

14536

DATE

3/25/22

PRESENTING CLINICAL SIGNS

History: PRESENTED FOR: Teeth cleaning. REPORTED SYMPTOMS: Gagging 3-10 times a day VITALS: 10.84 pounds Temperature: 101.1 Heart Rate: 100 bpm Respiratory Rate: 40 bpm Mucous Membrane Color: pink Capillary Refill Time: <2 CURRENT MEDICATIONS: Adequan injections-Last given was 2/25. Proheart EXAM FINDINGS: Grade IV/VI holosystolic left apical murmur. Clear lung sounds, however, trachea is sensitive resulting in a hack. Thin with a body score of 3/9. Chronic weight loss Dental disease. Nuclear sclerosis. LAB RESULTS: Chemistry panel is normal. CBC reveals an eosinophilia. Heartworm antigen test and Fecal 1/5/22 \square nps. GI panel submitted. ASSESSMENT AND PLAN: The dental cleaning was delayed until echo and gi panel results are back

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	5.0	--	>2.5	2.4	35	--	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	--	--	1.00	--	3.6	4.0	--

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. Prolapsed anterior mitral valve leaflet noted. 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. Minor **tricuspid** insufficiency noted. 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.



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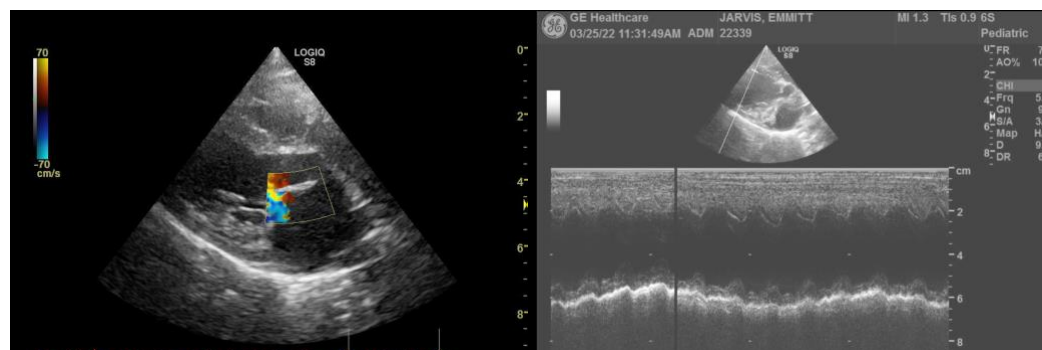
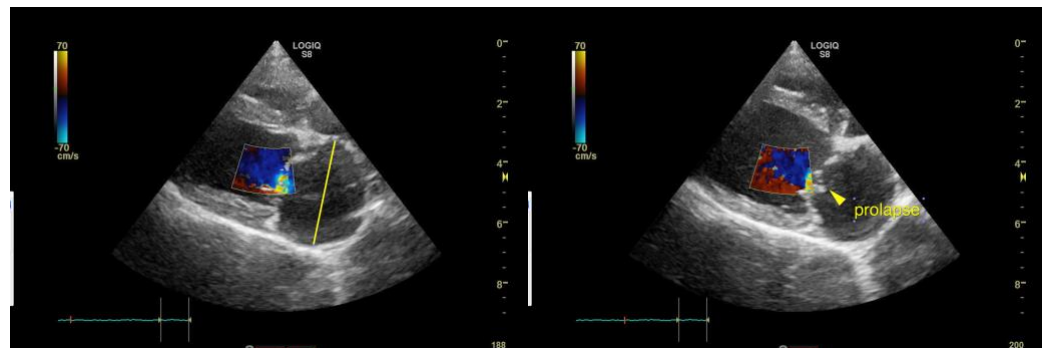
ULTRASONOGRAPHIC FINDINGS

- Advanced stage B-2+ valvular disease
- Emerging left sided congestive heart failure
- Mitral valve prolapse

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

I recommend quadratherapy in this patient, Pimobendan at 0.3 mg/kg BID, Lasix at 2-3 mg/kg BID, Ace-inhibitor 0.5 mg/kg SID progressing to BID and Spironolactone at 1-2 mg/kg BID. Cage rest recommended. Target respiratory rate <20 per minute. Guarded prognosis.





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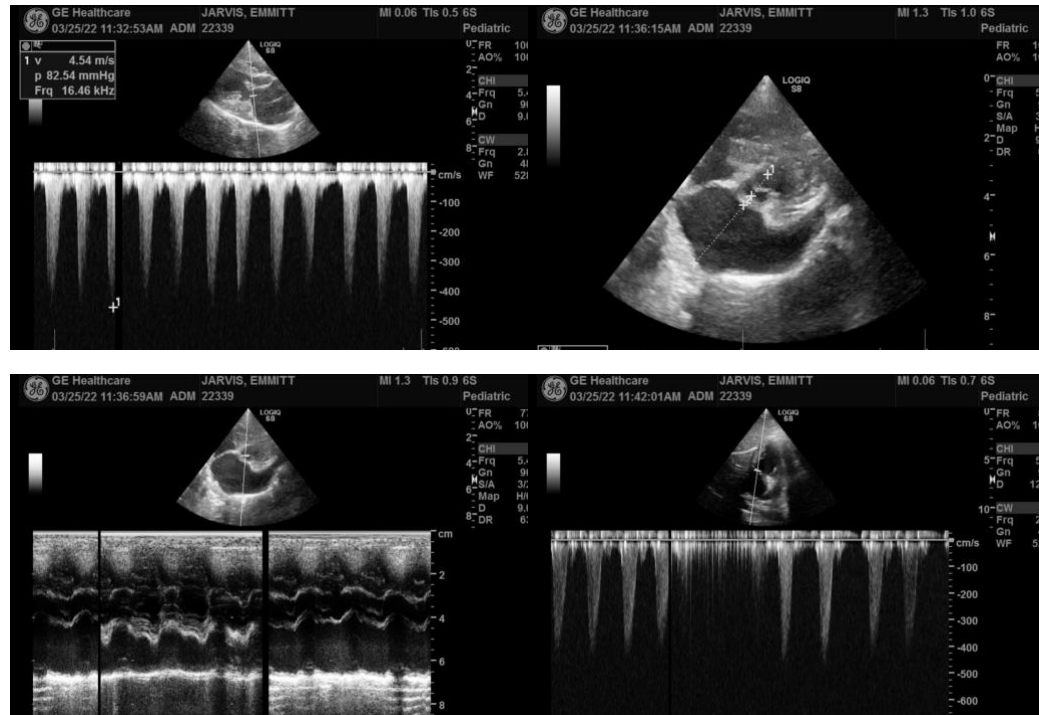
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com