


PATIENT PRESENTING CLINICAL SIGNS

Maddie Cook

History: Medications: Spironolactone 12.5mg bid, Furosemide 12.5 mg bid, Enalapril 5mg sid, Vetmedin 2.5mg bid 3 days last week off food. Resting RR 30bpm. Otherwise doing well. Weight is stable. Last scan 12/2022.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: PE: Cardiac Murmur unchanged, Stage III dental disease. Breathing rate at rest is still elevated. Thin but no weight loss. Blood pressure today on arrival: 60, 84, 86 (Avg. 76 mmHg). No recent labs.

BREED

Whippet

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The cardiac presentation in this patient presented persistent, severe volume overload with severe mitral valve prolapse and complete lack of apposition of the mitral valve leaflets. Severe left atrial dilation was noted. The left ventricle revealed hypokinesis particularly of the septum, but also the free wall indicative of myocardial insufficiency. Slight pericardial effusion was noted without tamponade effect. This is likely owing to longstanding volume overload. However, small, left atrial tear cannot be completely ruled out given the severe enlargement. Mitral and tricuspid insufficiency was noted with pulmonary hypertension. No masses were present. Arrhythmogenic activity was also noted.

SEX

Spayed female

AGE

11 years

WEIGHT

25.2 lbs

INTERPRETED BY

 Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Anderson

HOSPITAL NAME

Elizabeth AH

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	5.68	3.64	1.8	1.9	36	64	0.2
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			0.75	25.2 lbs	> 6.0	5.13	

ULTRASONOGRAPHIC FINDINGS

Advanced stage C1- D1 with valvular disease with mitral and tricuspid insufficiency and emerging right-sided failure.

Hepatic vein dilation was noted on sweep of the liver.

Slight pericardial effusion.

Arrhythmogenic disease.

INVOICE

43565

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3/28/23

REFERRING VET

Dr. Anderson



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a potential for early right atrial tear. I recommend increasing Enalapril to b.i.d. dosing if the patient is able to maintain normal BUN, creatinine and blood pressure measurements. Increase of Lasix can be considered. Sildenafil can be considered at 1 mg/kg b.i.d. and increasing to 1.5 mg/kg b.i.d. over 2 weeks with monitoring of BUN, creatinine, sleeping respiratory rate and blood pressure measurements as well as radiographs. Torsemide can be a last effort option in this patient. The prognosis is guarded. EKG is indicated.

Torsemide rescue therapy can be considered with attentive dose management in respect to renal/urinary side effects.

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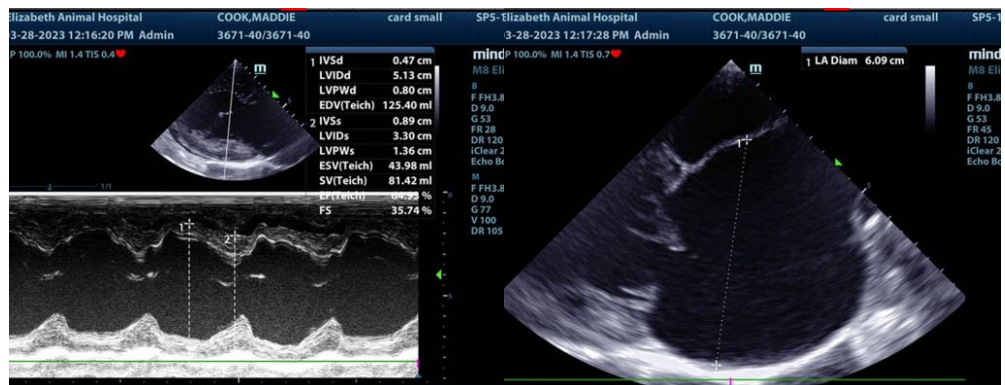
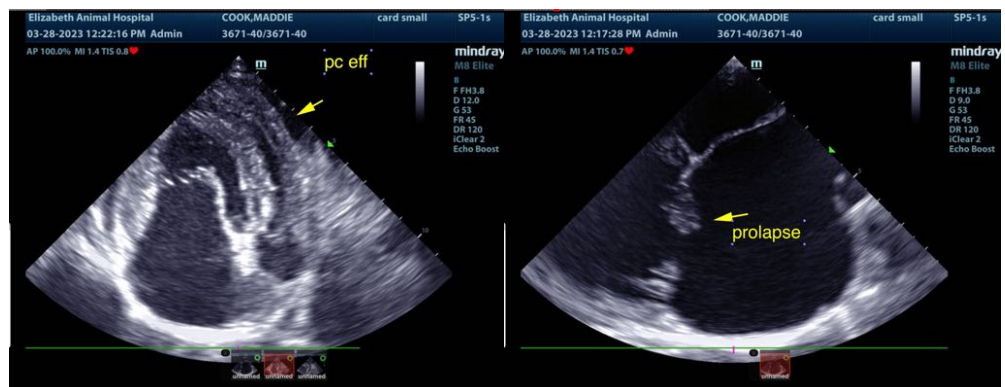
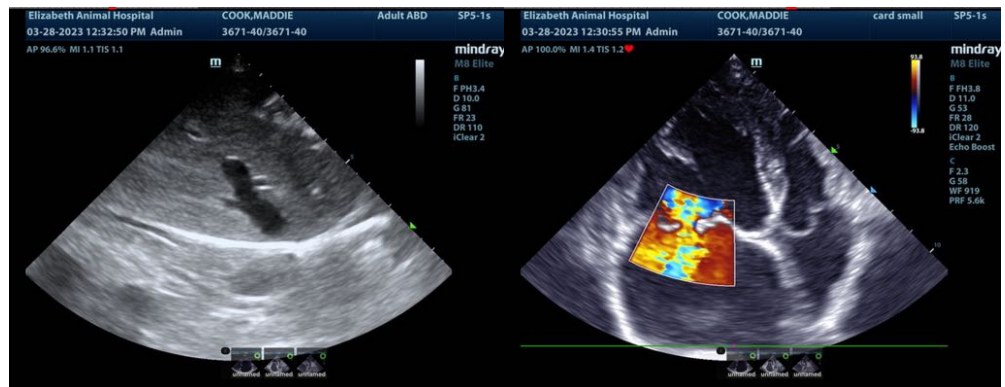
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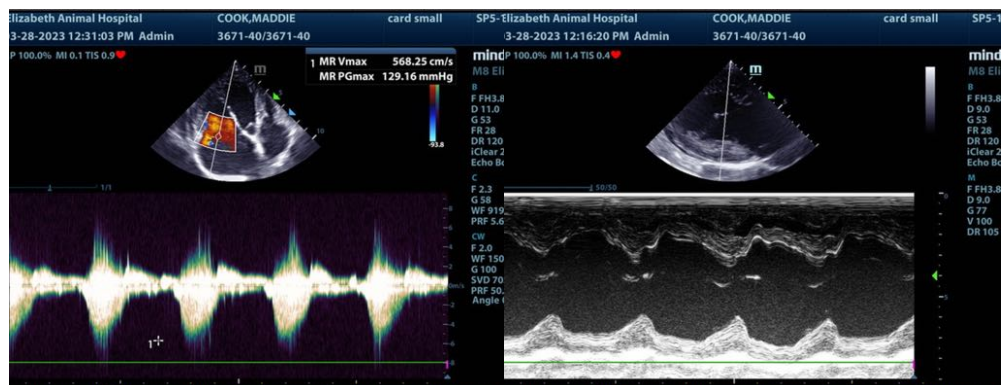
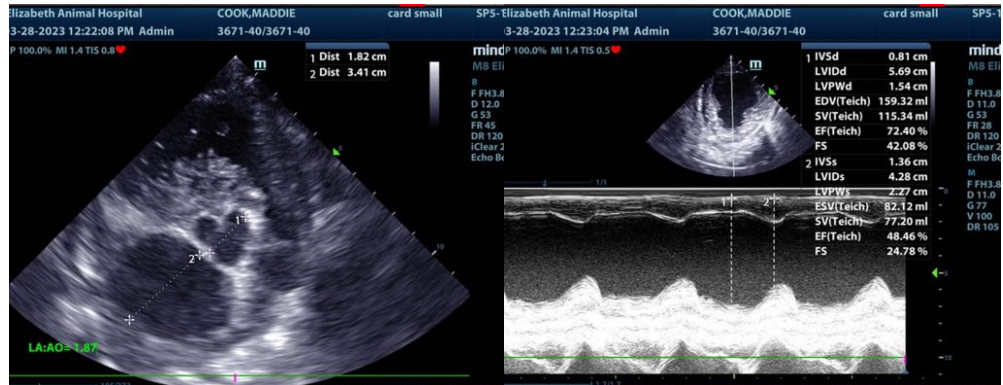
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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