


PATIENT PRESENTING CLINICAL SIGNS

Curly Beckenthal recheck US from 9/23/21; murmur 4/6, on vetmedin

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine

BREED

Cockapoo

SEX

Neutered Male

AGE

12 Years

WEIGHT

N/A

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	5.64		1.4	1.7	50	82	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	87	1.3			3.22	3.4	

Cardiac Presentation

The cardiac presentation revealed persistent volume overload in the left atrium and left ventricle with prolapse of the anterior mitral valve leaflet. Arrhythmogenic activity noted. EKG indicated. Complete filling of the left atrium noted on color flow assessment of the mitral valve. The right atrium, right ventricle and pericardium were all unremarkable. Aortic and pulmonic outflow velocities were normal and unremarkable. Mild tricuspid insufficiency present.

INTERPRETED BY

 Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Blirstown AH

REFERRING VET

Dr. Lovell

INVOICE

36538

DATE

3/29/22

ULTRASONOGRAPHIC FINDINGS

- Advanced Stage B2 valvular disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend refinement of the therapy by adding ACE inhibitor 0.5 mg/kg SID increasing to BID and Spironolactone at 1-2 mg/kg BID, as left atrial enlargement is still present, even though mild improvement has occurred compared to prior echocardiogram. Blood pressure measurements and EKG warranted if not already performed. Arrhythmogenic activity may be induced by persistent stretch upon the left atrial wall.

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. There is moderate anesthetic risk for this patient. I recommend cardiac treatment prior to sedation unless only light opioids are utilized which would have minimal effect on heart function.



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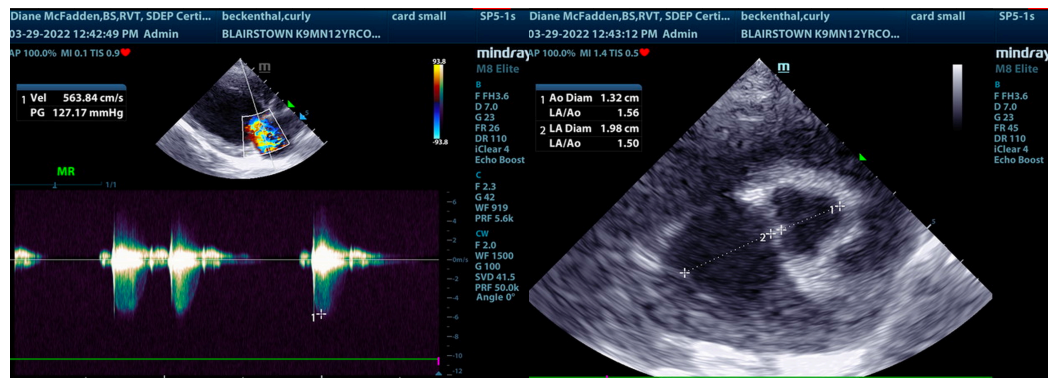
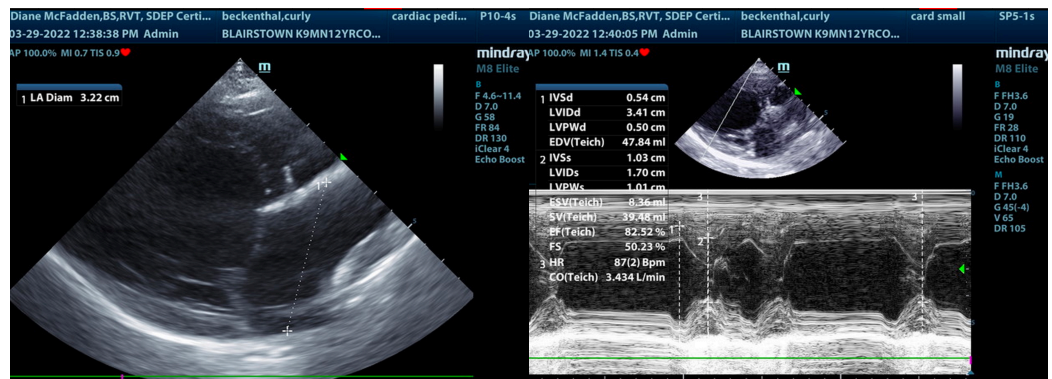
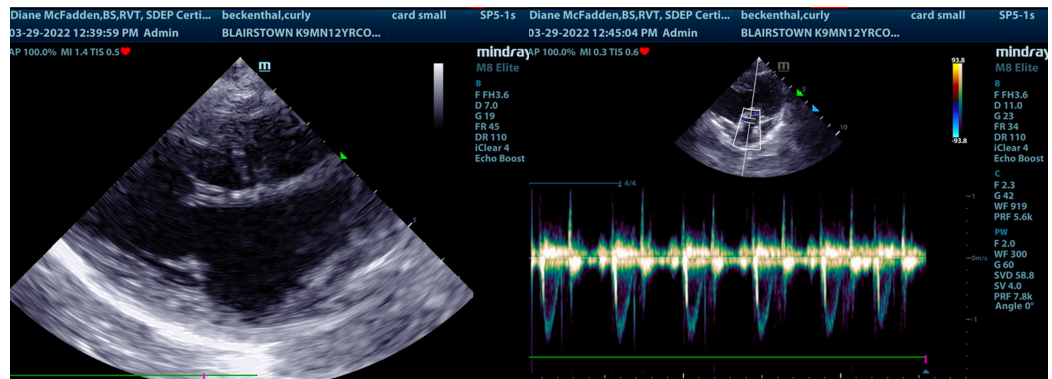
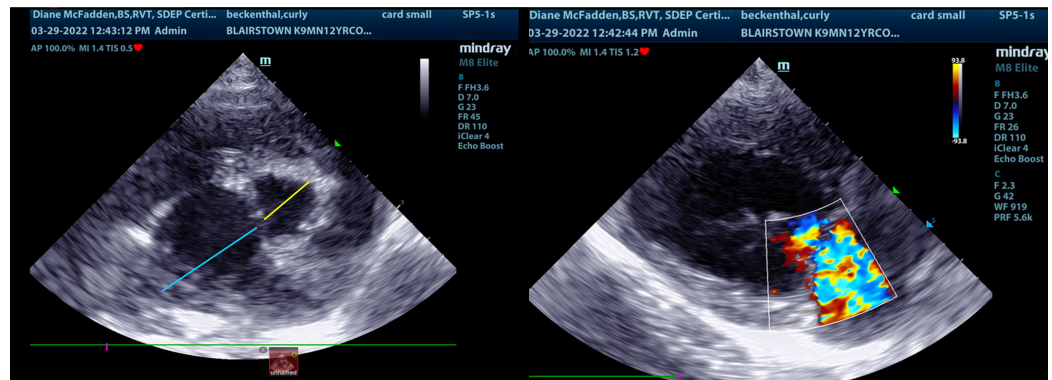
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PATIENT

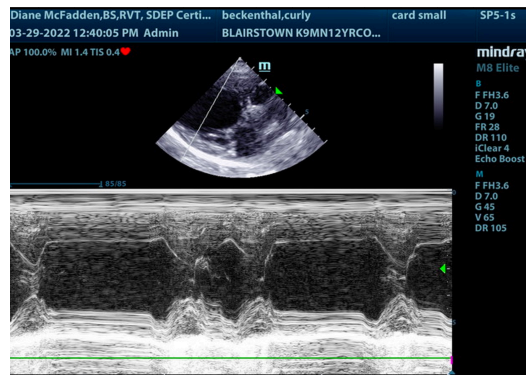
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

AGE

12 Years

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

WEIGHT

N/A

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