

PATIENT PRESENTING CLINICAL SIGNS

Allie Lozano Dog presented on 2/9/22 with cyanosis, labored breathing, coughing, decreased appetite. I dx her in congestive heart failure at that time She has responded well to the 3 medications I started her on
Abnormal PE/Chem/CBC/UA Results: Current Medications Vetmedin Benazepril furosemide

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Schnauzer

SEX

Spayed Female

AGE

12 Years

WEIGHT

12 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Countryside VS

REFERRING VET

Dr. Eichmann

INVOICE

35945

DATE

3/4/22

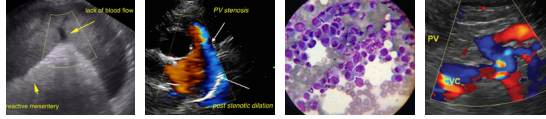
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	5.0		2.0	1.9	42	74	0.14
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LA 2D short 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	148	1.24	0.88		4.14	3.11	

Cardiac Presentation

The echocardiogram for this patient presented excessive **left atrial size** expressed both in the LA/AO and LA max measurements. Complete filling of the left atrium noted. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable insufficiency. Mitral valve prolapse 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 PV 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.

ULTRASONOGRAPHIC FINDINGS

- Partially stabilized left-sided congestive heart failure owing to valvular disease with mitral valve prolapse



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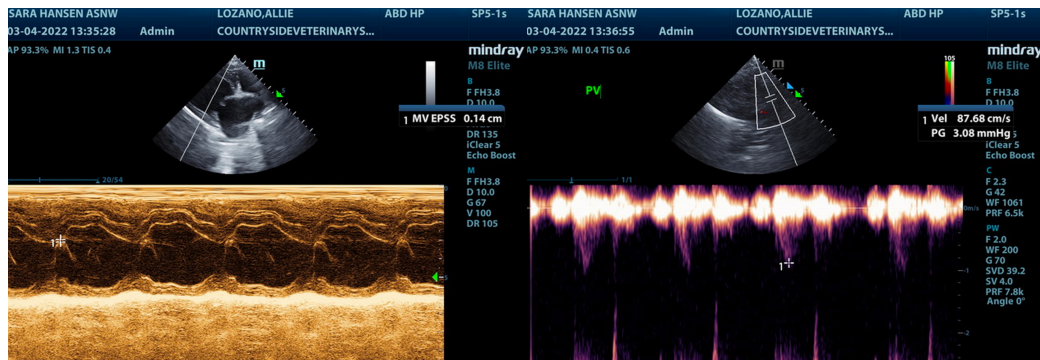
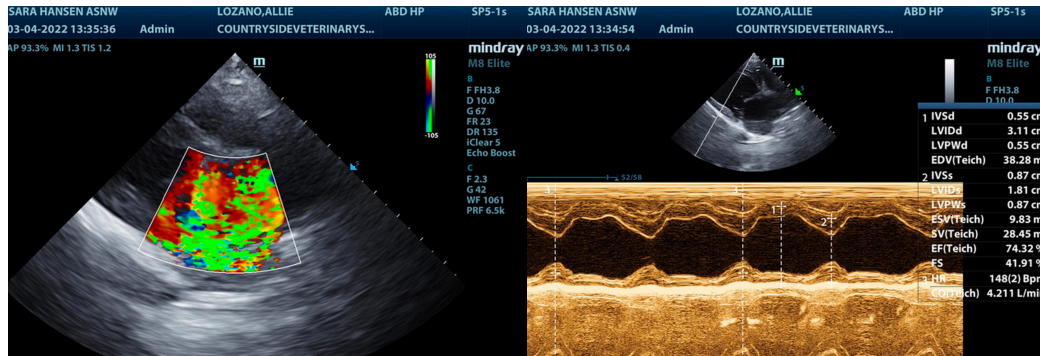
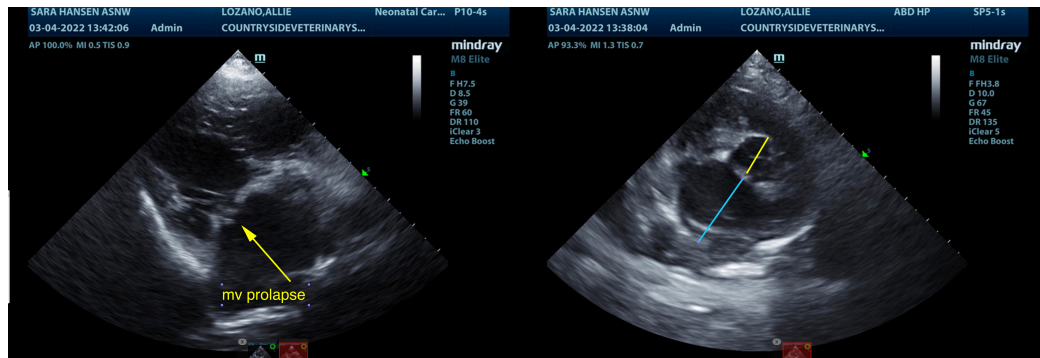
Countryside VS

REFERRING VET

Dr. Eichmann

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prior to treatment, this patient was likely in C1 valvular disease. Partially compensated, recommend refinement of therapy by adding Spironolactone at 1-2 mg/kg BID, ensuring Benazepril at 0.5 mg/kg BID dosing. Recheck echo in 1-3 weeks. Blood pressure, BUN, Creatinine should all be monitored, as well as radiographs and basal respiratory rate with target <25/min.

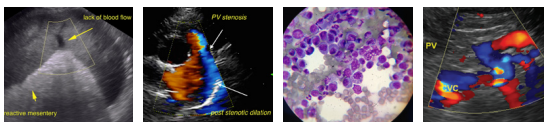


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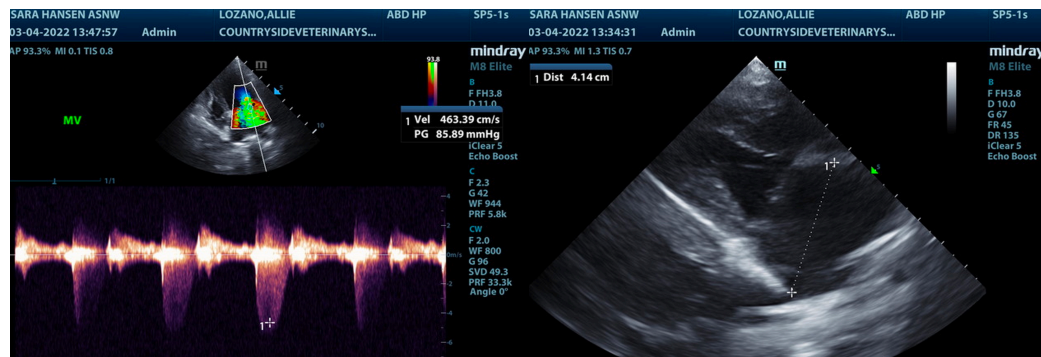
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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