

PATIENT PRESENTING CLINICAL SIGNS

Lily Hurtado History: 4/6 murmur, episode of collapse, cough, increased respiration rate. Medication: Pimobendan 2.5 BID, Enalapril 2.5, Lasix 20, Doxycycline 50 BID

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine

BREED

Dachshund

SEX

Spayed female

AGE

2010

WEIGHT

21.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

New Britan VC

REFERRING VET

Dr. Bandekar

INVOICE

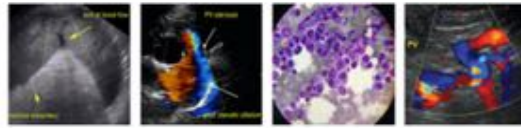
43201

DATE

3/8/23

The echocardiogram in this patient demonstrated enlarged **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable insufficiency. The **left ventricle** presented normal 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. **Tricuspid** insufficiency was 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.

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	5.0	2.0	NM	2.05	57	88	0.1
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	120	1.88	1.01	21.8 lbs	3.8 max	3.74	



PATIENT **ULTRASONOGRAPHIC FINDINGS**

Lily Hurtado
Mitral insufficiency.
Left atrial enlargement.

SPECIES
Canine
Volume overload and decompensating valvular disease.
Decompensating stage C1 valvular disease.

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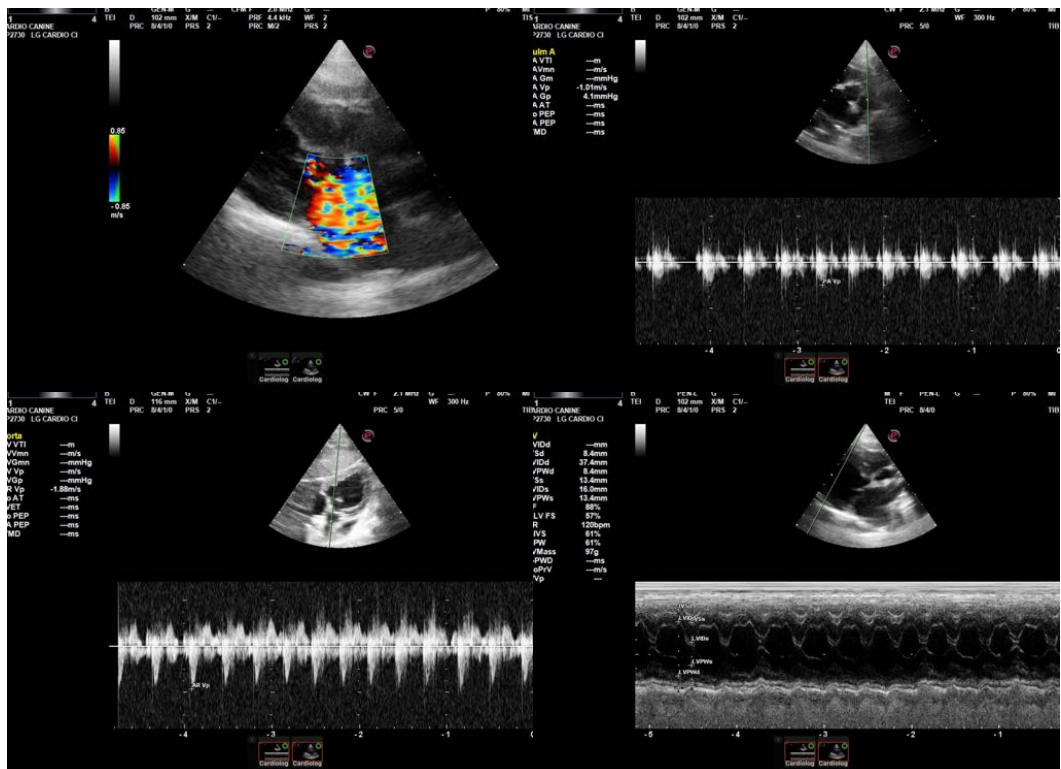
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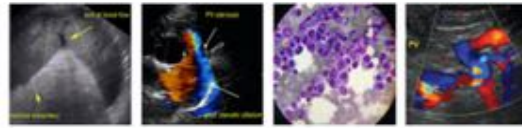
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Color flow filling of the left atrium was complete. Considering the current protocol I recommend continuing triple therapy with Pimobendan at 0.3 mg/kg b.i.d. and ensuring Enalapril at 0.5 mg/kg b.i.d. and Continuing Lasix therapy and adding Spironolactone at 1-2 mg/kg b.i.d. The only further option is to increase Lasix or consider Torsemide, which is somewhat of a delicate treatment and considered a rescue medication if necessary. Otherwise, the prognosis is very guarded. Cough suppressant with Hycodan or similar is recommended. Coverage for potential concurrent respiratory infection should also be considered.

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





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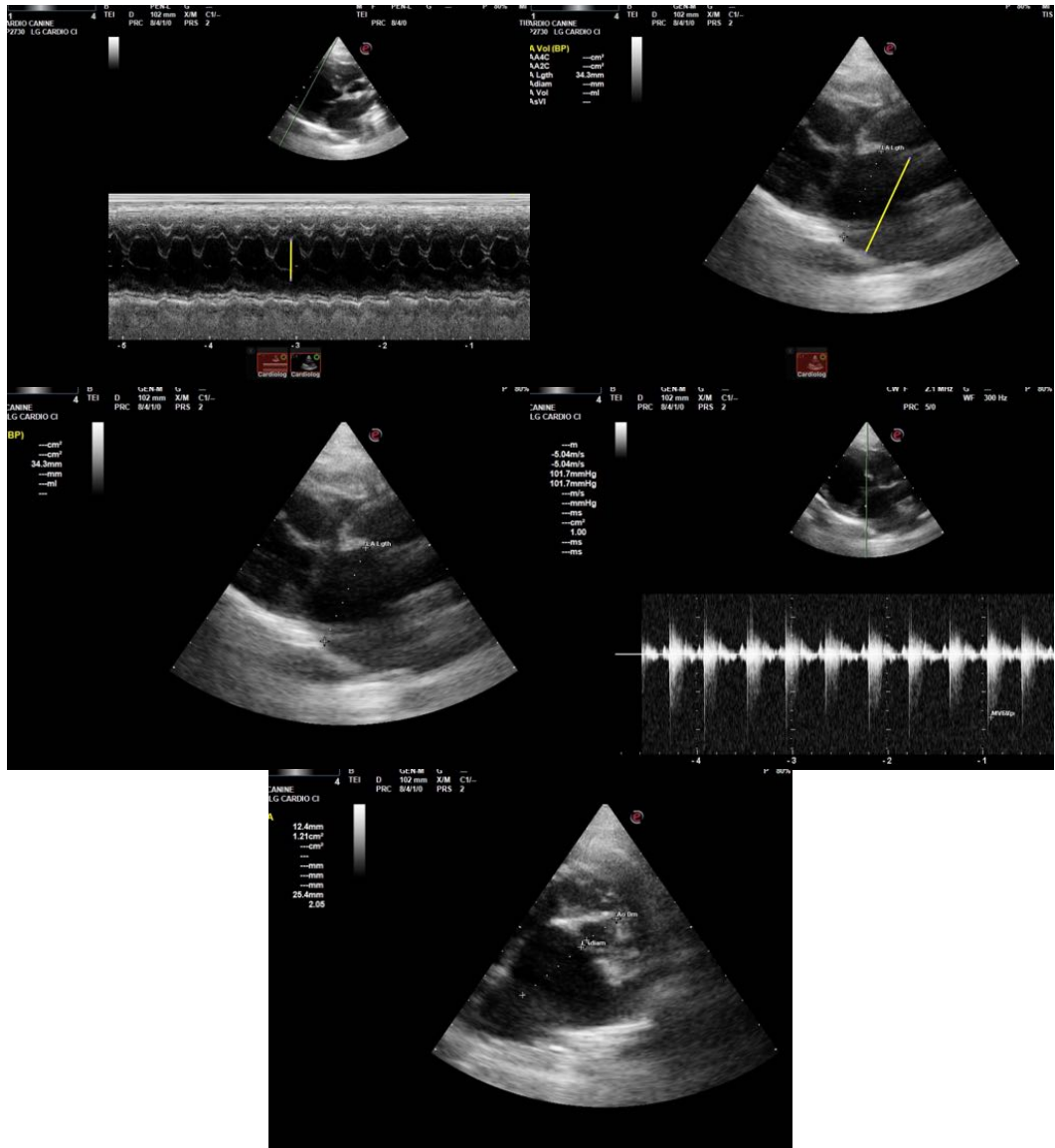
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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