



**PATIENT**

Roxy Sprecher

**PRESENTING CLINICAL SIGNS**

History: 4/6 heart murmur. Prev echo 7/15/21 at referral practice: LA: 20mm, LA/AO 1:1.8 BP: 171/103, M: 128 Currently on vetmedin

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

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. **Mild prolapse** of the anterior mitral valve leaflet was 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. **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.

**BREED**

Miniature Pinscher

**SEX**

Spayed Female

**AGE**

12 ½ years

**WEIGHT**

17.2 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

| CANINE<br>CARDIAC<br>PARAMETERS | MR<br>VMAX<br>(m/s) | TR<br>VMAX<br>(m/s) | LA/AO<br>(Boon method) | LA/AO<br>(Heart Base;<br>Swe) | FS<br>(%)                                | EF<br>(%)  | EPSS<br>(cm)                                       |
|---------------------------------|---------------------|---------------------|------------------------|-------------------------------|--|--|--|
| NORMAL<br>PARAMETER             | 4.5-5.5             | <2.7                | 1.3                    | <1.6                          | 28-40                                    | 40-100   | <0.6   |
| PATIENT                         | 6.0                 |                     | 1.5                    | 1.7                           | 50                                       | 93   | 0.22   |
| CANINE<br>CARDIAC<br>PARAMETERS | HR<br>(BPM)         | AV<br>VMAX<br>(m/s) | PV<br>MAX<br>(m/s)     | BODY<br>WEIGHT                | LA<br>2D short axis<br>Base view<br>(cm) | LVIDd<br>Avg; 2D and m-<br>mode short axis<br>(cm) | LVIDs<br>Avg; 2D and m-<br>mode short axis<br>(cm) |
| NORMAL<br>PARAMETER             | 50-100              | 0.7-1.7             | 0.7-1.6                |                               |  |  |  |
| PATIENT                         |                     | 2.3                 | 0.8                    | 17.2 lbs                      | 3.57 max                                 |  |  |

**IMAGING PERFORMED BY**

Dr. Rodriguez

**HOSPITAL NAME**

Foxfield VS

**REFERRING VET**

Dr. Rodriguez

**INVOICE**

96719

**ULTRASONOGRAPHIC FINDINGS**

Mitral and tricuspid insufficiency, mild left atrial enlargement. Early stage B2 valvular disease.

**DATE**

3/9/22



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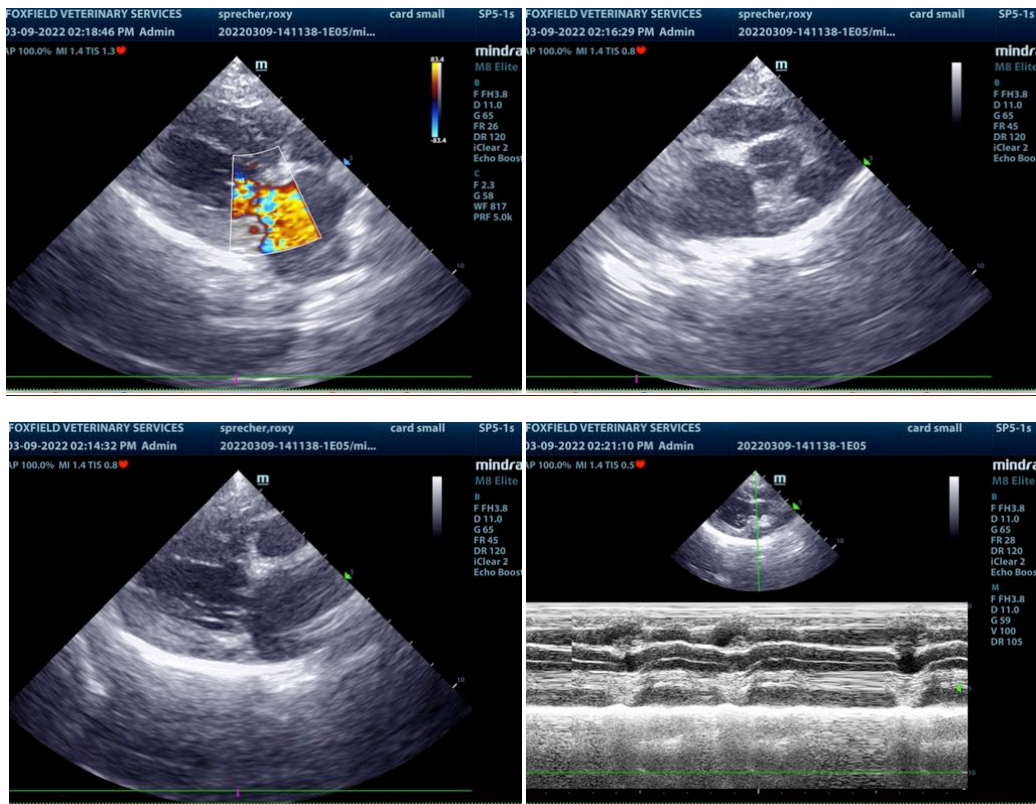
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ace inhibitor is warranted given the mild hypertension at 0.5 mg/kg s.i.d. progressing to b.i.d. Pimobendan should be initiated at 0.3 mg/kg b.i.d. LVOT and MR velocities support systemic hypertension.

B2: 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 pre-anesthetic echo is ideal if anesthesia is eventually necessary.





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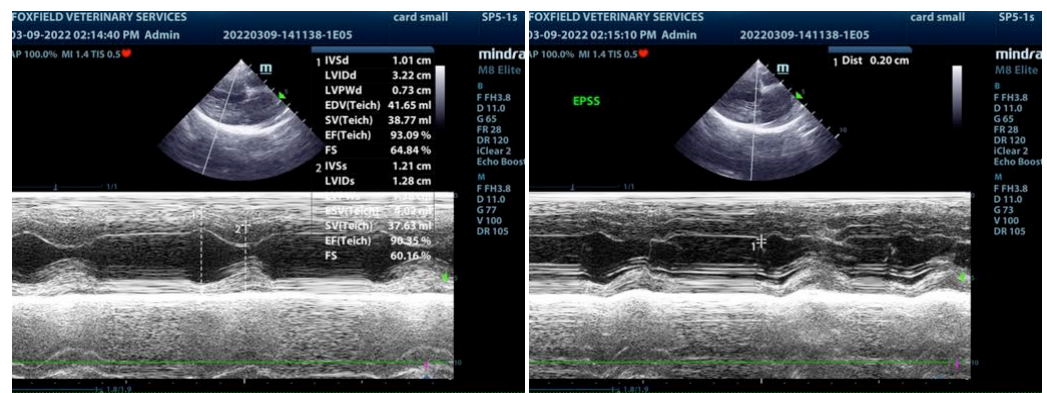
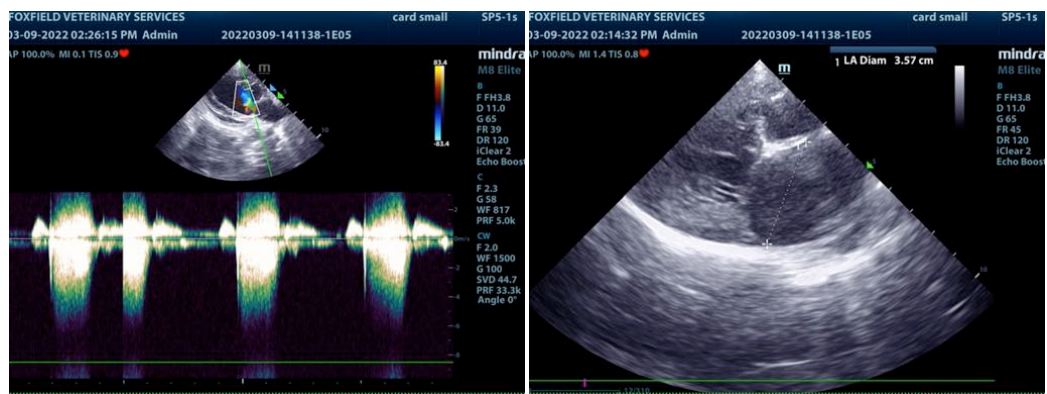
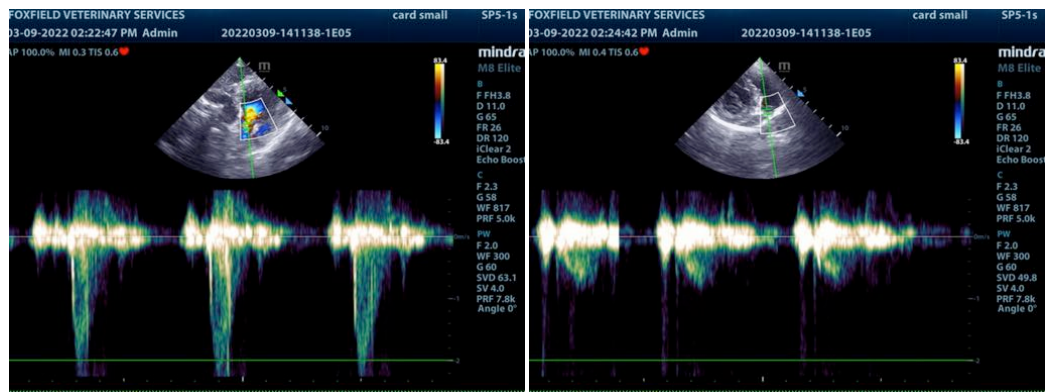
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

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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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info@SonoPath.com

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