


**PATIENT PRESENTING CLINICAL SIGNS**
**PATIENT**  
 Roxy Long

**SPECIES**  
 Canine

**BREED**  
 Cocker Spaniel X

**SEX**  
 Spayed Female

**AGE**  
 14 Years

**WEIGHT**  
 23.2 Pounds

**INTERPRETED BY**  
 Eric Lindquist, DMV  
 DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**  
 Dr. John Bucha

**HOSPITAL NAME**  
 Harveys Lake Vet

**REFERRING VET**  
 Dr. John Bucha

**INVOICE**  
 36948

**DATE**  
 4/15/22

4/15/22: Patient presented for Echocardiogram. Owner stated since starting the Vetmedin there have been no syncope episodes. But owner noticed her abdomen appears bloated. AFast Ultrasound was also performed - fluid present throughout the abdomen. Abdominal Fluid Score: 4 Added today Furosemide 20mg: 1 BID 4/11/22: Presenting Complaint: Cardiology Consult Study indication (heart murmur, coughing, exercise intolerance, syncope/collapse), Chronicity (chronic), Trigger (exercise/activity) History: Pertinent history \*\*Murmur first noted 6/5/21\*\* Owner stated that patient has the following symptoms at home on a regular basis: -Coughing after exercise /activity - daily -Syncope after exercise /activity - daily for the past 2 weeks -Owner stated pot-bellied appearance she noticed in the past 2 weeks but it comes and goes), Sedation (yes), Sedation (patient sedated for both PE and diagnostics), sedated with (Gabapentin - 300mg total given in the past 24 hrs for anxiety prior to appt), Patient appetite (stable) Physical Exam: HR (120), R (40), MM (pink), Pulse quality (Strong), Murmur (yes), Grade (3), PMI (left apical), Timing (systolic), Cardiac rhythm (regular), Patient attitude/demeanor (bright), BCS (6), BCS changes (stable), Additional PE findings (Physical Exam Findings: -Grade II - III heart murmur - first noted 6/5/21 - Cataracts in both eyes - left eye is more progressed than the right eye -Perianal gland tumor measuring 3/4in X 3/4in X 1/2in (present for approximately 2 yrs per owner) P: 120 R: 40 Weight: 23.2 lbs BCS: 5.8 /9 Desire: 19 lbs - 353 calories /day Diagnostics: BP (144), Creatinine (1.5), HW Test (Negative - Only Lyme positive - has been positive for years - has been treated), Completed diagnostics (-Chem Panel - Lab Work is scanned in and attached to case -CBC -4DX -Blood Pressure 1.137 /104 map: 114 bpm: 150 2. 144 /120 map: 129 bpm: 191 3. 151 /131 map: 141 bpm: 180 - Radiographs - included -Cardiopet - included), Pending diagnostics (Cardiopet /Radiograph consult), Planned diagnostics (Global Ultrasound (AFast + VetBlue)) Treatment: Prior treatments (Dispensed the following today: Vetmedin 10mg: 1/4 of a tablet BID Cephalexin 250mg: 1 capsule BID -Rx Biotic: 2 scoops with food BID), Current cardiac medications (Dispensed the following today: Vetmedin 10mg: 1/4 of a tablet BID), Other current medications (Nexgard 10-24 lbs - 1 X month Genesis Topical Spray - when needed Chlorhexidine 4% Shampoo - when needed Abnormal PE/Chem/CBC/UA Results: Lab Work and EKG / Radiograph consult from Idexx is attached to case.

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

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	5.8	4.0	1.0	1.3	52	85	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	--	--	1.2		2.9	2.3	



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**Cardiac Presentation**

The cardiac presentation revealed both mitral and tricuspid insufficiency with right-sided cardiac enlargement (1:1 ratio right atrium to left atrium). The septal tricuspid leaflet revealed abnormal, irregular “hooked” type structure, possibly related to primary tricuspid dysplasia. The leaflets appeared elongated. Flattened ventricular septum noted. Minor prolapse of the anterior mitral valve leaflet also noted. Contractility appeared adequate. No left-sided volume overload noted. However, right-sided volume overload was presented with mild flattening of the left ventricular septum.

**ULTRASONOGRAPHIC FINDINGS**

- Mitral and tricuspid insufficiency with pulmonary hypertension
- Right-sided cardiac enlargement

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Examination of the cranial abdomen for dilated hepatic veins, vena cava and ascites indicated in case right-sided heart failure is present. Given the patient history of Furosemide therapy and Sildenafil, recommend refining therapy based more on right-sided failure and pulmonary hypertension with Sildenafil at 1-2 mg/kg BID. ACE inhibitor could also be considered at 0.5 mg/kg BID. Moreover, if there is a current cough, it is likely primary respiratory, as no left-sided enlargement is present at this time. The right-sided enlargement is likely owing to tricuspid insufficiency and possible primary dysplasia that the patient has been living with during its lifetime, as well concurrent pulmonary disease. Recheck echo in one month if the patient is stable.

**Lateral Radiograph: Minor right-sided cardiac enlargement.**

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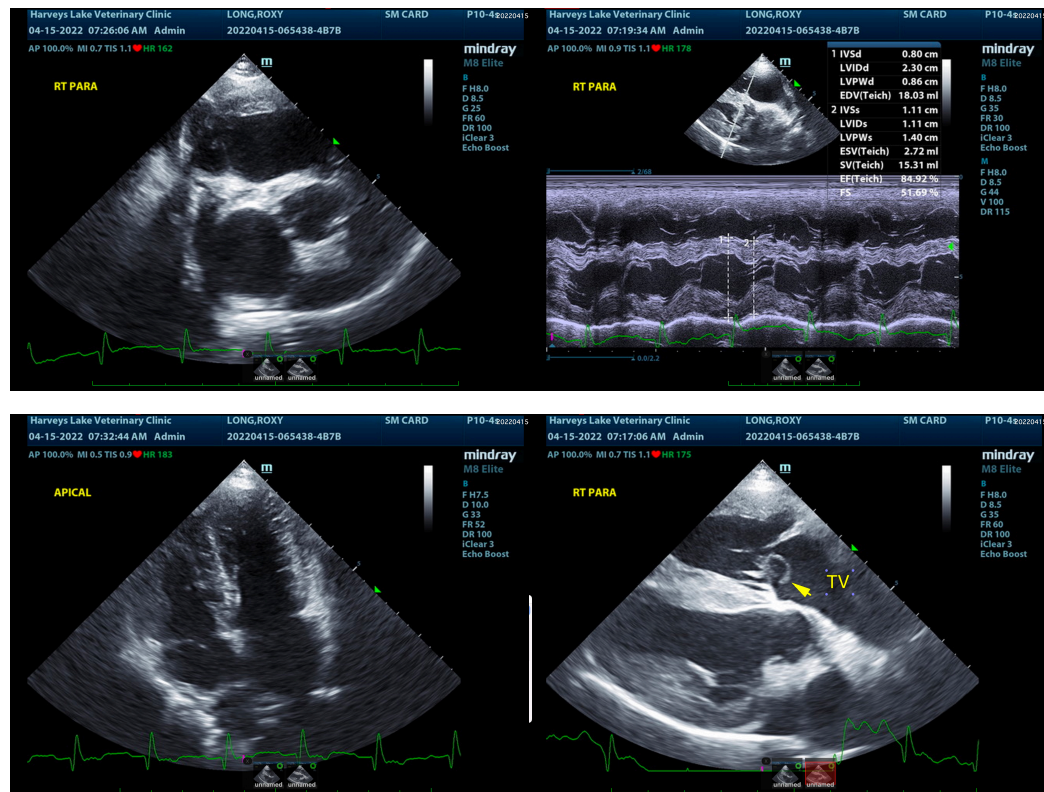
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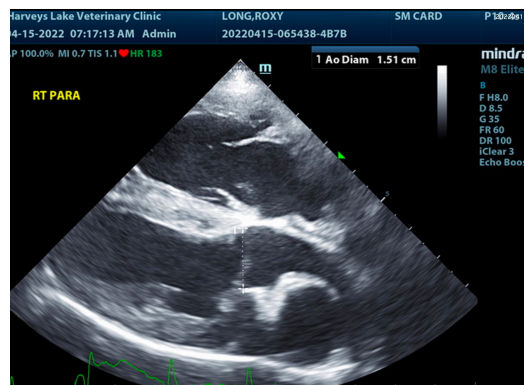
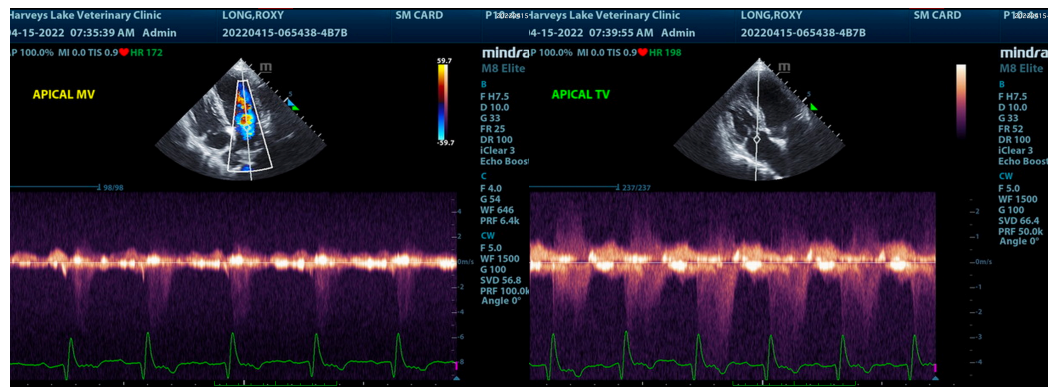
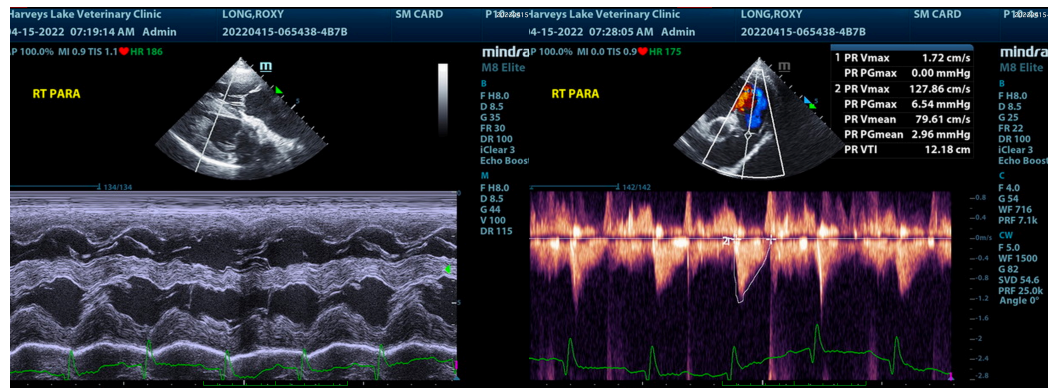
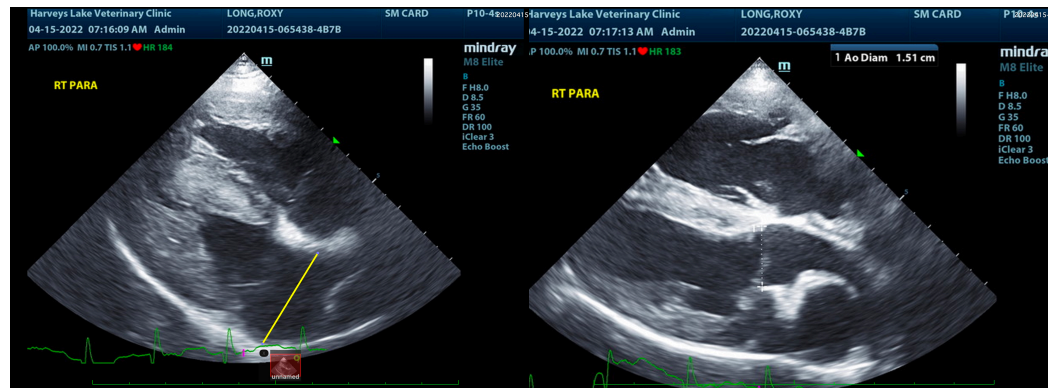
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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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**Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com**

[info@SonoPath.com](mailto:info@SonoPath.com)

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