

PATIENT PRESENTING CLINICAL SIGNS

Sunshine Delorenzo

History: hx of 3/6 murmur; presented 4/9/22 CHF. On Enalapril 5 mg x 1 bid, furosemide 50mg x 1/2 bid

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed Female

AGE

13 years

WEIGHT

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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. **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** 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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden, RVT

HOSPITAL NAME

Andover AH

INVOICE

99368

DATE

4/19/22

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC PARAMETERS	VMAX (m/s)	VMAX (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
PATIENT	5.5	4.15	NM	> 2.2	32	61	NM
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC PARAMETERS	(BPM)	VMAX (m/s)	MAX (m/s)	(kg)	2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	177	1.6			3.9	3.85	



PATIENT ULTRASONOGRAPHIC FINDINGS

Sunshine Delorenzo Early stage B2+ C1 valvular disease.

SPECIES

Concurrent pulmonary hypertension, however, no hepatic vein dilation was present.

Canine

Severe filling of the left atrium.

BREED

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Terrier Mix

I recommend adding to the current protocol Spironolactone at 1-2 mg/kg b.i.d. and Pimobendan at 0.3 mg/kg b.i.d. Long term prognosis is guarded. The patient likely ruptured chordae tendineae inducing the current clinical status.

SEX

Spayed Female

C1: 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.

AGE

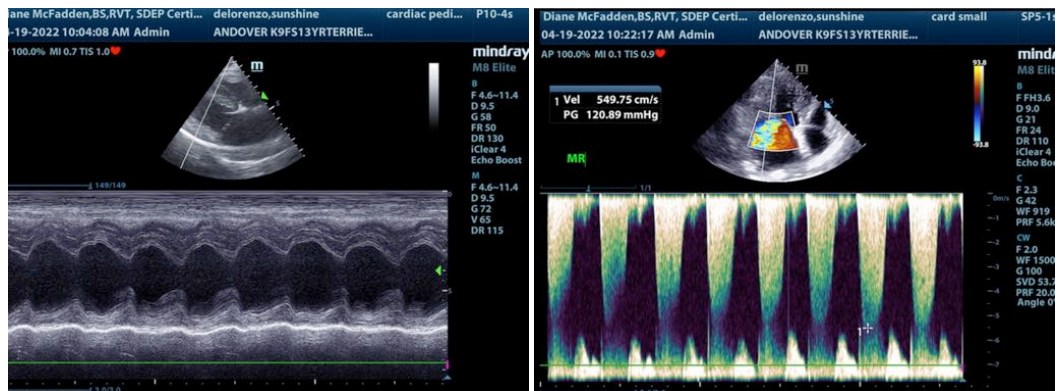
13 years

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.

WEIGHT

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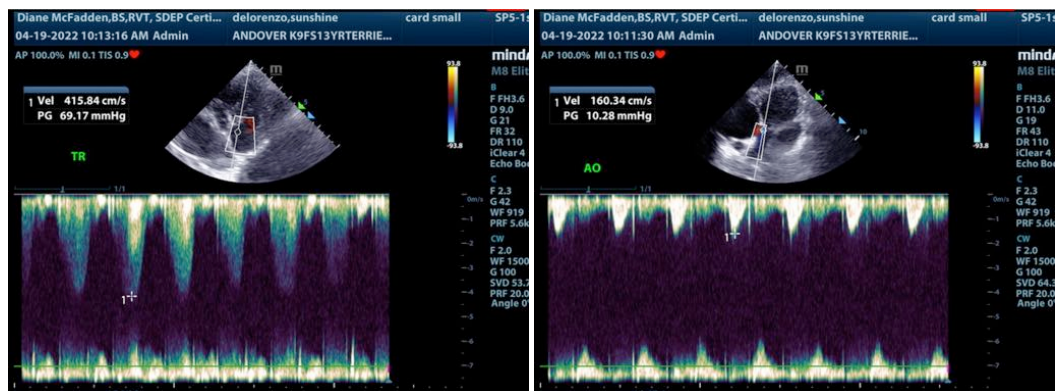
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PATIENT

Sunshine Delorenzo

SPECIES

Canine

BREED

Terrier Mix

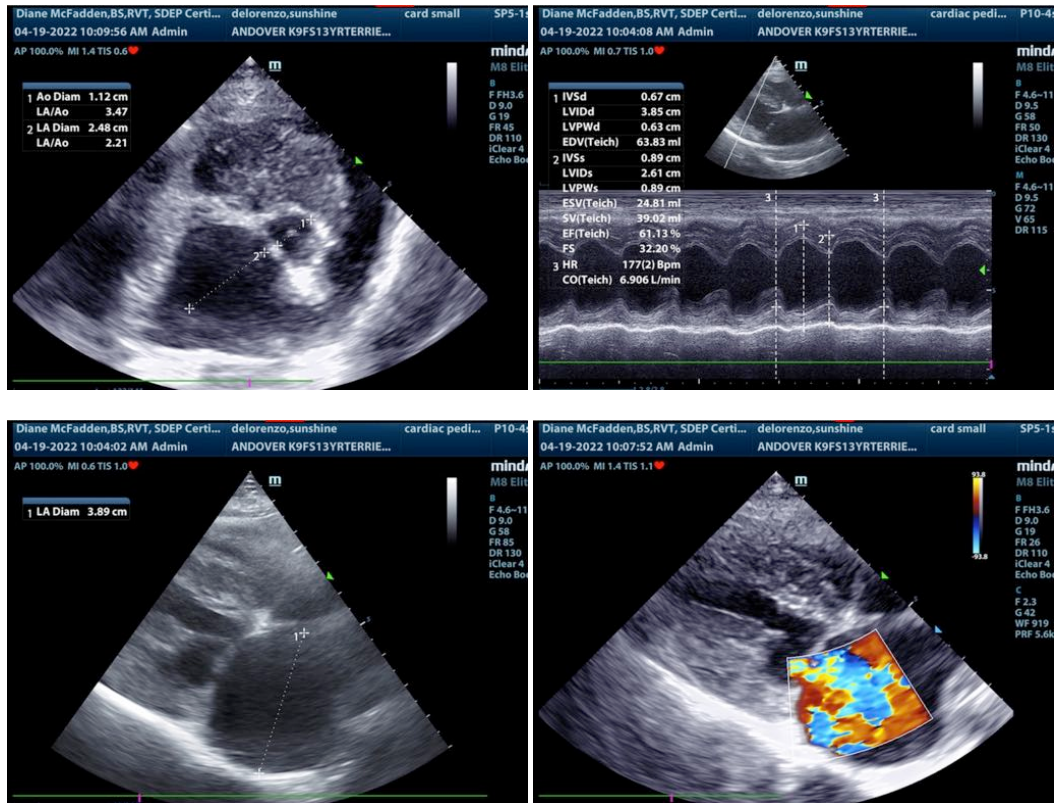
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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