



**PATIENT PRESENTING CLINICAL SIGNS**

Buddy Ortiz Inspiratory stridor, collapsing episodes, heart murmur grade 2/6 on right side. Enlarged heart on radiographs. No current meds. CBC/Chem: pending.

**SPECIES**

Canine

**BREED**

Pekingese

**SEX**

Intact male

**AGE**

13 years

**WEIGHT**

20.8 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

North Haledon VC

**REFERRING VET**

Dr. Manfield

**INVOICE**

99997

**DATE**

4/28/22

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

The echocardiogram in this patient presented severe volume overload of the right heart with severe tricuspid insufficiency and pulmonary hypertension. Right atrial and left atrial ratio was 3:1. RA max was 3.2 m/sec. Flattened ventricular septum was noted as well as eccentric hypertrophy noted of the right ventricle. Contractility of the right ventricle was subnormal. There was no pericardial or pleural effusion was noted. The mitral valve, left ventricle and left atrium were unremarkable, yet subjectively volume contracted.

Ascites was noted in the transdiaphragmatic view with vena cava dilation.

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	<1.3	28-40	40-100	<0.6
PATIENT		4.5	NM	1.1	20	26	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				
PATIENT		1.27	0.94	20.8 lbs	1.6 max	1.17	

**ULTRASONOGRAPHIC FINDINGS**

Right sided heart failure owing to tricuspid insufficiency.

Secondary ascites and passive congestion liver.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The prognosis is extremely guarded in this patient long term. Palliative therapy with Sildenafil is recommended at 1 mg/kg b.i.d. increasing to 1.5 mg/kg b.i.d. over the next 2 weeks then 2 mg/kg b.i.d. after 4 weeks. I recommend to monitor blood pressure measurements, BUN, creatinine and respiratory rate. Ace inhibitor therapy is recommended at 0.5 mg/kg s.i.d. progressing to b.i.d. and Spironolactone at 1-2 mg/kg b.i.d. Low-dose Lasix can be considered if necessary at 1-2 mg/kg b.i.d. However, blood



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pressure measurements should be monitored for potential hypotension. Recheck echocardiogram is recommended in 2-4 weeks. Primary respiratory disease should be considered as a potential complicating or primary issue based on radiographic findings that may be contributing to the pulmonary hypertension. If Sildenafil is not available then Pimobendan can be utilized at 0.3 mg/kg b.i.d.

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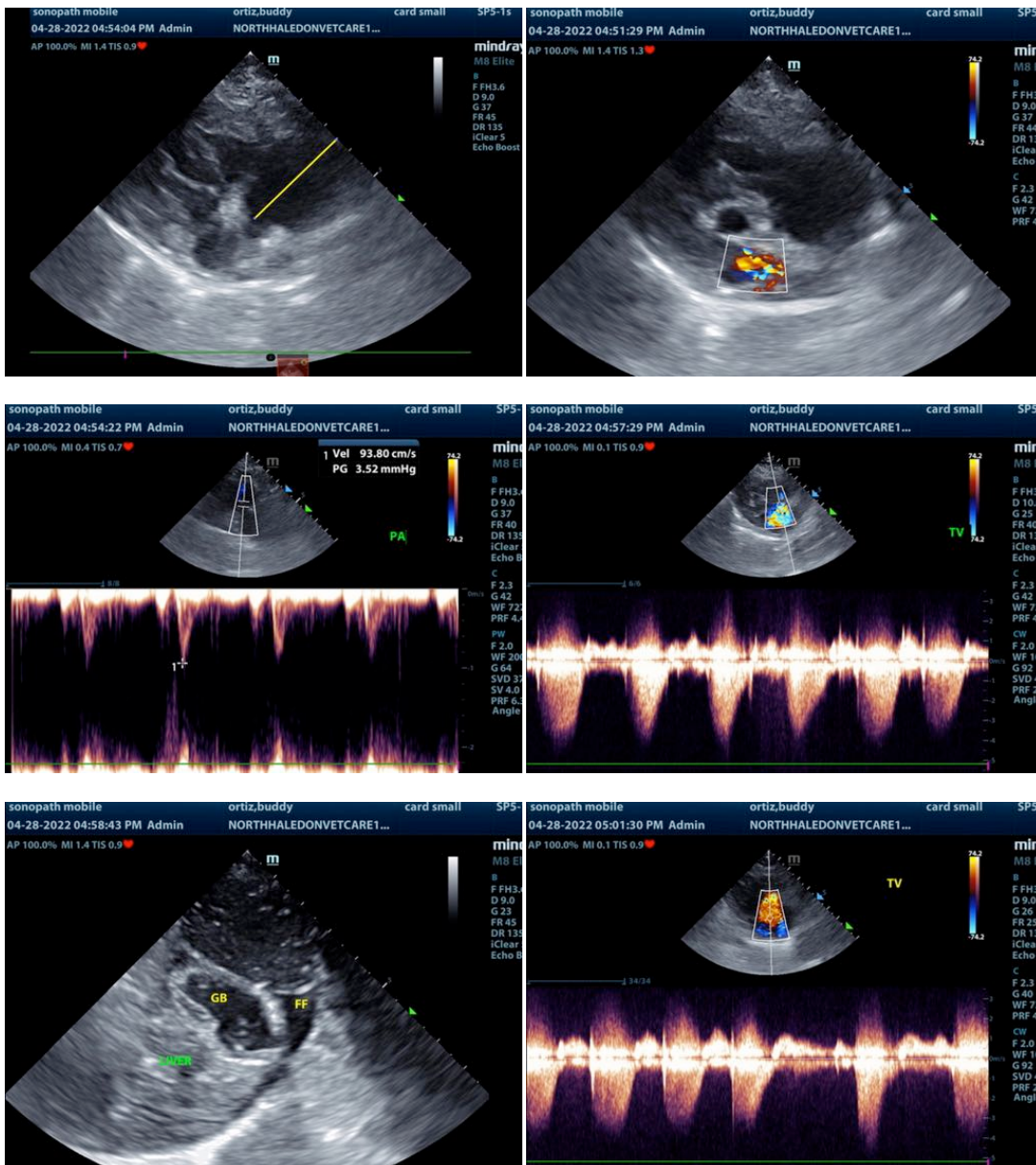
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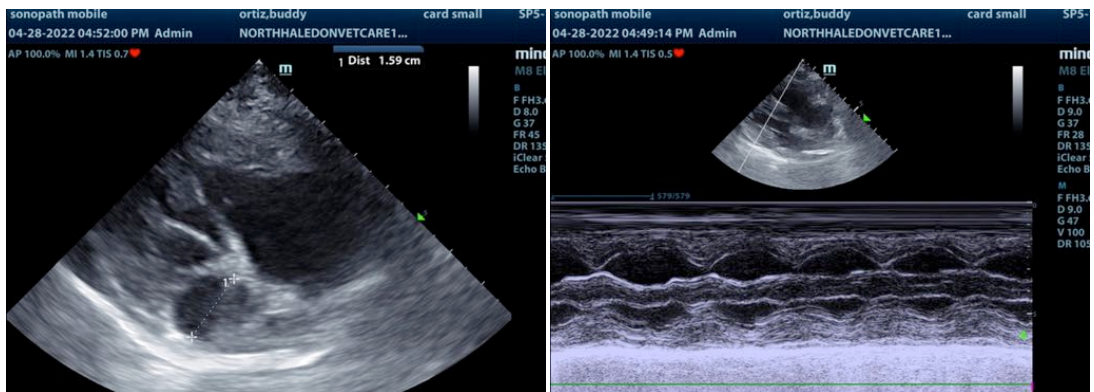
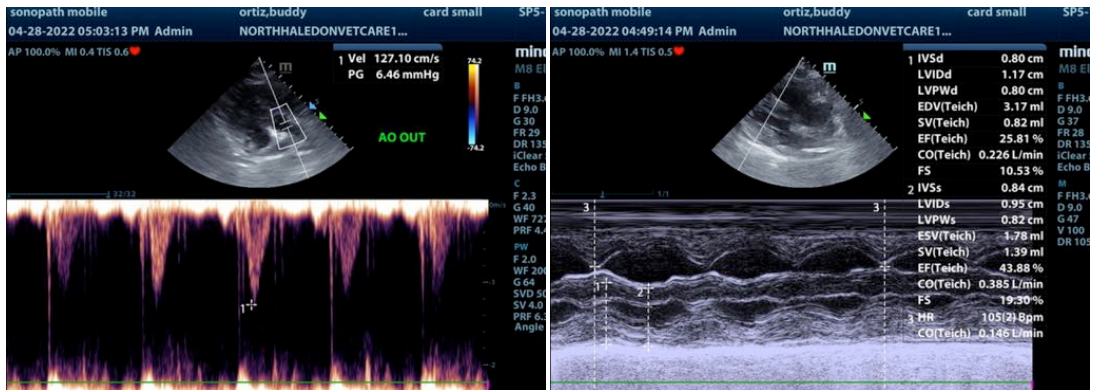
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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