


PATIENT PRESENTING CLINICAL SIGNS

Roxie Callahan History: recheck last u/s was 12/7 owner has noted dog has been coughing more Current meds Lasix 20mn 1/2 SID Enalapril 5mg 1 pill SID Vetmedin 2.5mg 1 pill BID

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient revealed persistent valvular insufficiency with volume overload of the left atrium and left ventricle with mitral valve prolapse. The left atrial size is likely contributing to the cough with mainstem bronchus impingement. This should be confirmed on radiographs. The contractility appeared adequate. The right heart was unremarkable. There was no evidence of passive congestion.

BREED

Terrier Mix

SEX

Spayed female

AGE

11 years

WEIGHT

19.5 lbs

INTERPRETED BY

 Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

43679

DATE

4/4/23

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	5.3		1.8	2.0			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		1.5	0.9	19.5 lbs	4.0 max	3.5	

ULTRASONOGRAPHIC FINDINGS

Mildly decompensated valvular disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend increasing Enalapril to b.i.d. dosing and increasing Lasix to b.i.d. dosing and adding Spironolactone at 1-2 mg/kg b.i.d. Recheck echocardiogram is recommended in a month or earlier if clinical signs worsen. I recommend to monitor blood pressure, BUN, creatinine, urine specific gravity and chest radiographs along with sleeping respiratory rate in 7 days.



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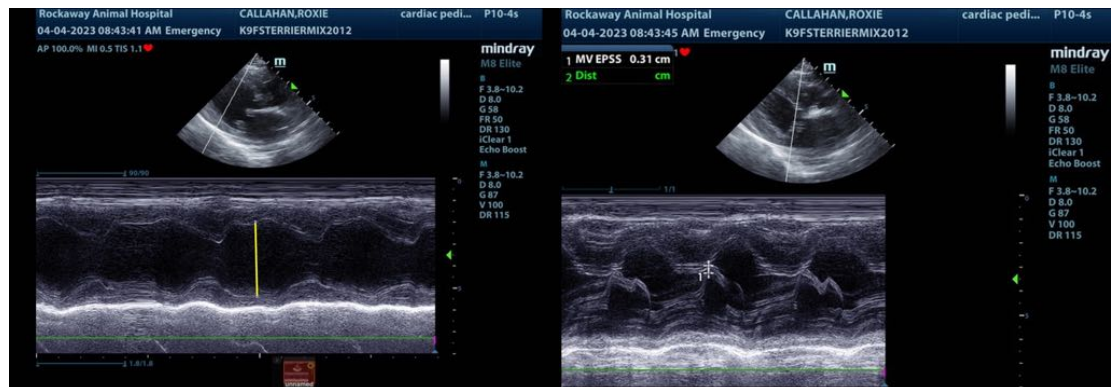
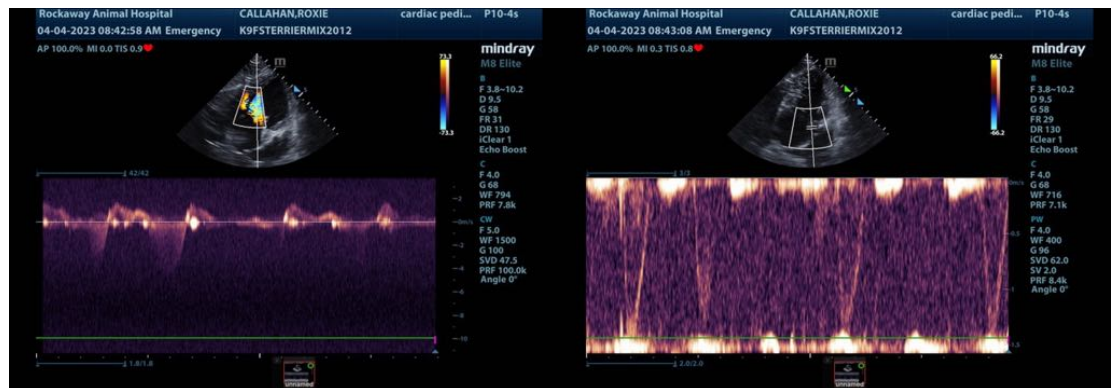
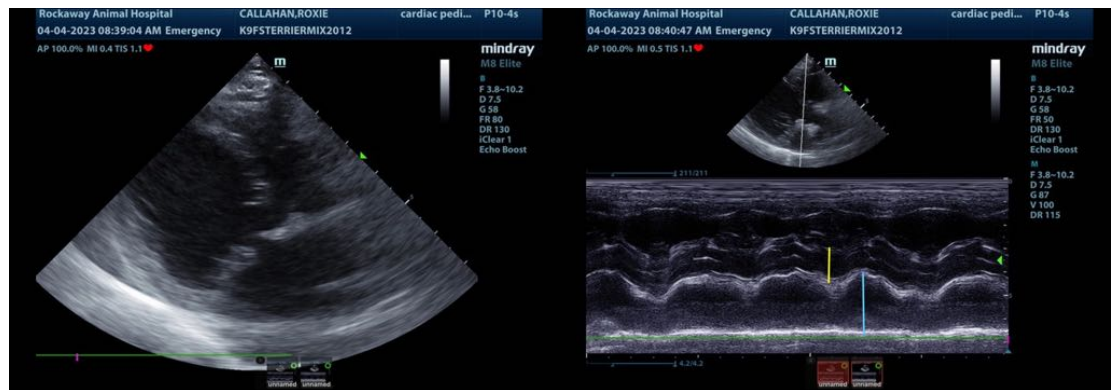
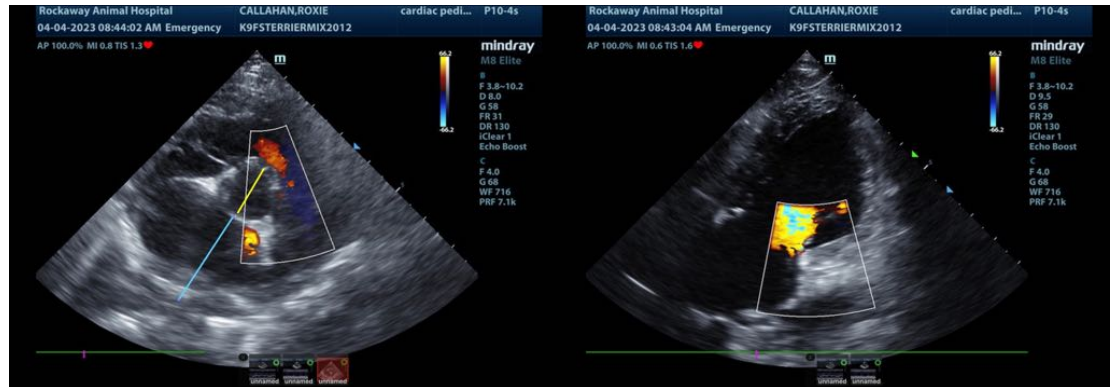
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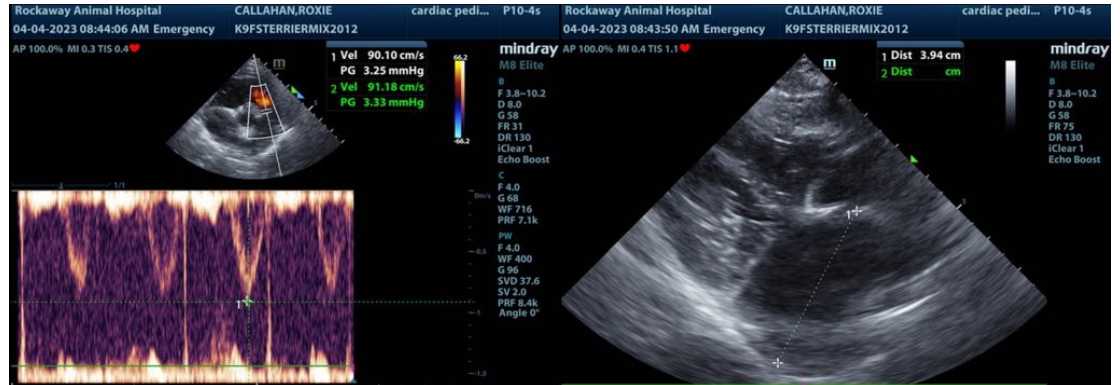
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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