


**PATIENT PRESENTING CLINICAL SIGNS**

Pansy Dunn Mild cough.

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**
**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

16 Pounds

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	5.0		NM	>2.5	44	76	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	191	1.0	0.5		4.21	3.8	

**Cardiac Presentation**

The cardiac presentation revealed prolapse of the anterior mitral valve leaflet and severe volume overload in the left atrium and left ventricle. Contractility was noncompensatory entering into myocardial insufficiency. Tricuspid insufficiency noted as well. The right ventricle was unremarkable. Pulmonic and aortic outflow velocities were normal. No pericardial or pleural effusion noted. Left atrial enlargement is severe.

**ULTRASONOGRAPHIC FINDINGS**

- Stage C1 valvular disease

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend adding Enalapril at 0.5 mg/kg BID and Lasix at 2-3 mg/kg BID (increasing as necessary), and ensuring Pimobendan at 0.3 mg/kg BID. Spironolactone should be given at 1-2 mg/kg BID. This patient is at high risk for sudden death. Target respiratory rate at <20/min. Guarded to poor long-term prognosis.

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. 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 preanesthetic echo is ideal if anesthesia is eventually necessary. There is severe anesthetic risk for this patient. Light dose opioids may be used to calm but I do not recommend anesthesia.

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**HOSPITAL NAME**

All Creatures Great &amp; Small Denville

**REFERRING VET**

Dr. Mitrovic

**INVOICE**

36705

**DATE**

4/7/22



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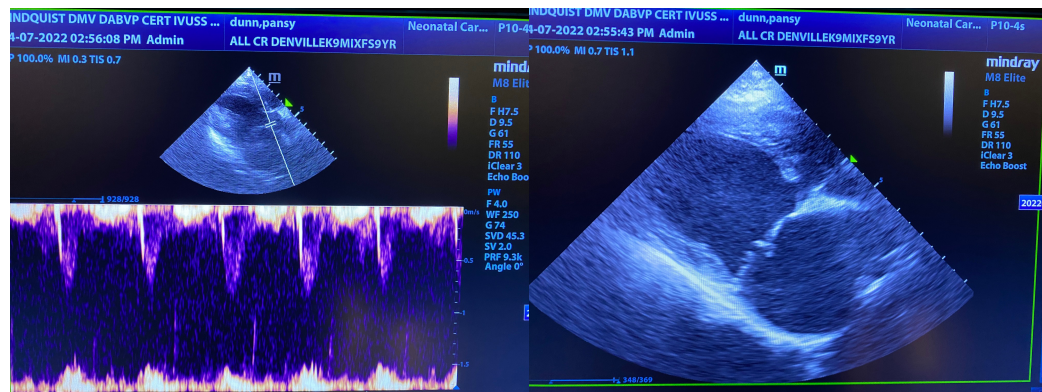
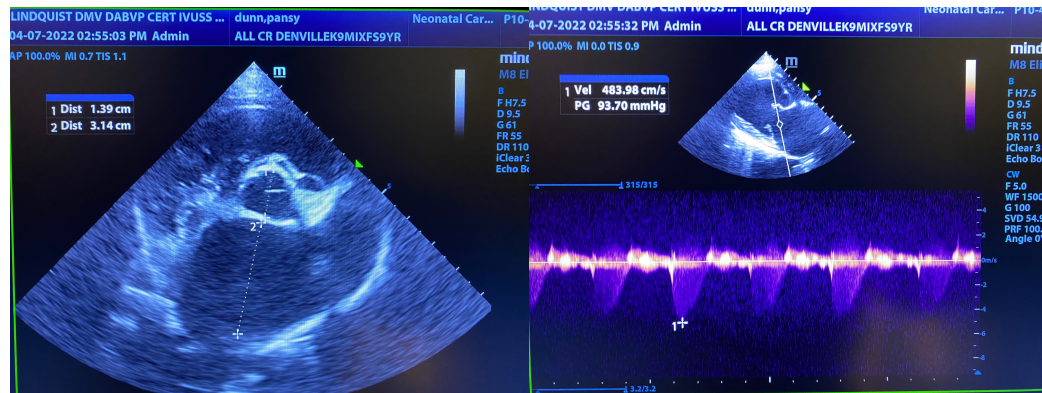
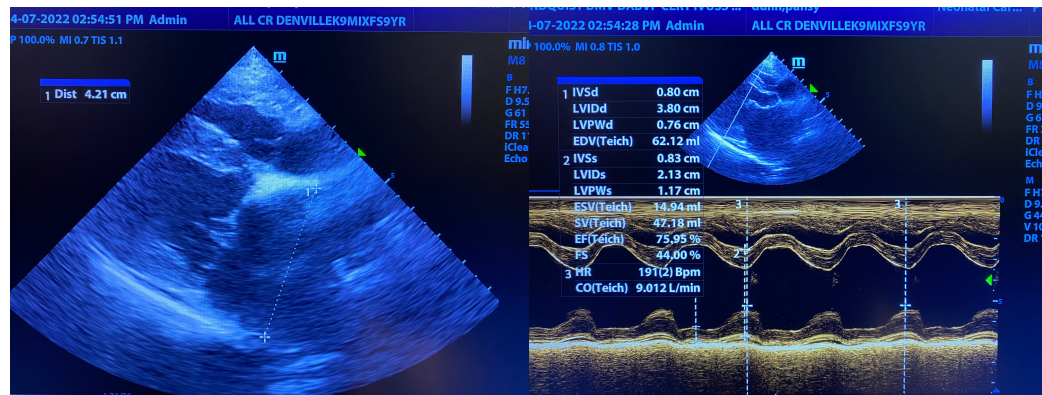
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**

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