



PATIENT

Zippy Amicucci

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

10

WEIGHT

21.4

PRESENTING CLINICAL SIGNS

History: syncopal episodes increased heart and are of consolidation caudal to heart base on lateral xray
Current meds Spironolactone 25mg BID Enalapril 5 mg BID Pimobendan 2.5 mg BID

Abnormal PE/Chem/CBC/UA Results: elevated ALT ALP

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	<1.3	28-40	40-100	<0.6
PATIENT	6.0	--	1.5	2.0	50	--	0.2
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				
PATIENT	--	1.49	.90	--	3.5	3.3	--

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Bednar

INVOICE

21913

DATE

4/7/23

Cardiac Presentation

The echocardiogram for this patient presented excessive **left atrial size** expressed both in the LA/AO and LA max measurements. 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. Pulmonary B lines were noted through the diaphragm.

ULTRASONOGRAPHIC FINDINGS

- Mitral insufficiency
- Prolapsed left atrial enlargement



PATIENT

- Pulmonary B lines through the diaphragm

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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I recommend continuation of the current triple therapy with Spironolactone, Enalapril and Pimobendan, adding Lasix 1-2 mg/kg BID, ensuring systolic blood pressures are <160, and reassessment of the clinical signs. Holter monitor (may be obtained from our office) would be ideal to assess for paroxysmal arrhythmia. Recheck echo in 3 months or early if clinical signs continue.

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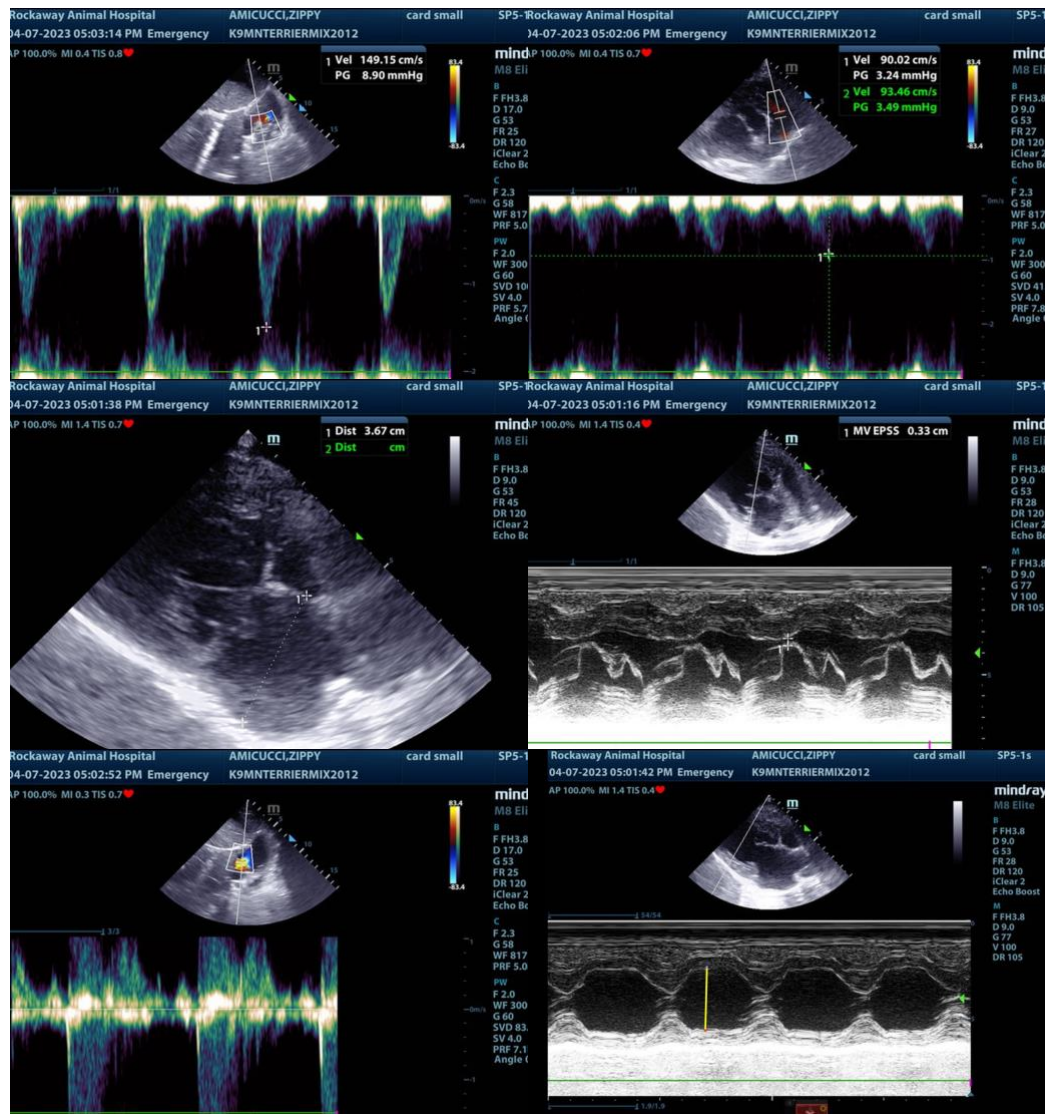
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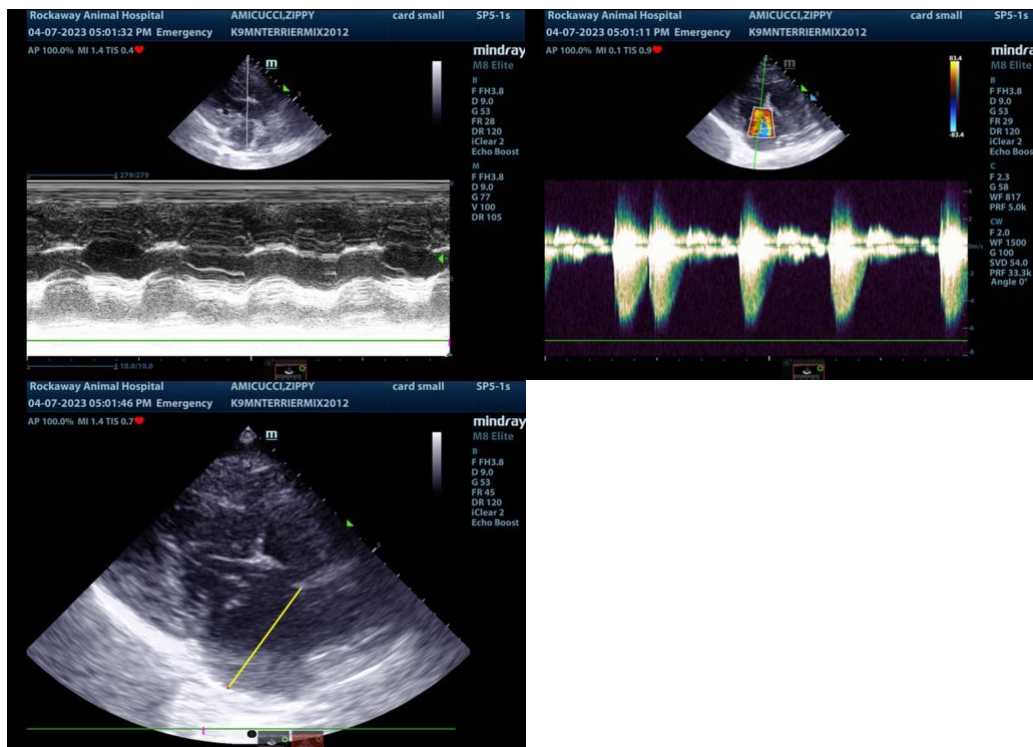
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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