



PATIENT PRESENTING CLINICAL SIGNS

Jolie Blantz History of MVR, LA enlargement on pimobendan, 6 month echo. Echo from December 2021 The patient's heart rate is 124. There is mild left atrial enlargement. The diameter of the aorta is 1.79 cm. The diameter of the left atrium is 2.40 cm. The diameter of the right atrium is 1.75 cm. The LA:AO ratio is 1.34. The RA:AO ratio is 1. The left ventricle is slightly dilated, measuring 3.61 cm in diameter. Ventricular systolic function is adequate (fractional shortening is 44%). The intraventricular septum and left ventricular free wall are normal in thickness, measuring 0.91 cm and 1.00 cm in diastole. Doppler echocardiography reveals mitral and tricuspid regurgitation. The pressure of the mitral regurgitation measures 100.1 mmHg (possible systemic hypertension). The pressure of the tricuspid regurgitation measures 19.6 mmHg (no pulmonary hypertension). Aortic pressure is within normal limits, measuring 6.4 mmHg. There are no cardiac masses visualized. There is no pleural or pericardial effusion visualized.

SPECIES

Canine

BREED

Poodle

SEX

Spayed Female

AGE

13 years

WEIGHT

25 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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. 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.

IMAGING PERFORMED BY

Dr. Petrone

HOSPITAL NAME

Long Branch AH

REFERRING VET

Dr. Petrone

INVOICE

30232

DATE

5/10/22

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			1.4	1.5			NM
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			1.1	25 lbs	3.7 max		



PATIENT

ULTRASONOGRAPHIC FINDINGS

Jolie Blantz

Fairly stable stage B2 valvular disease with mild residual left atrial enlargement.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend adding ace inhibitor in this patient at 0.5 mg/kg s.i.d. progressing to b.i.d. and Spironolactone at 1-2 mg/kg b.i.d. Recheck echocardiogram is recommended in 3 months if stable or earlier if any clinical signs are present.

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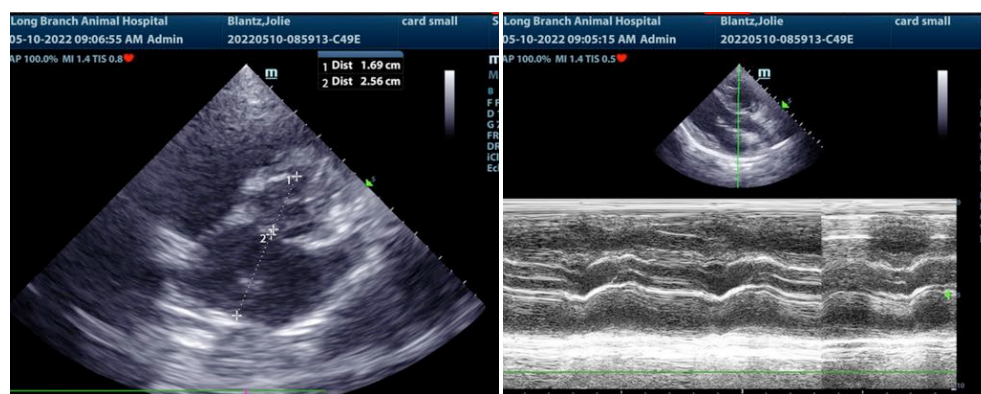
Spayed Female

AGE

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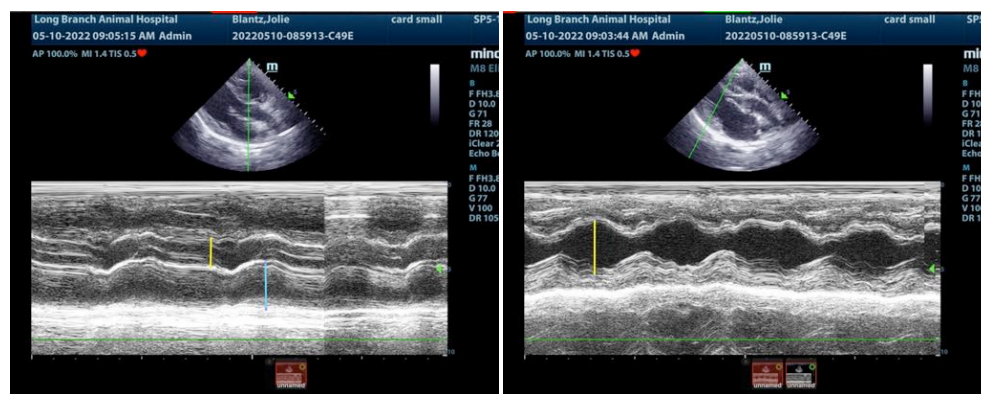
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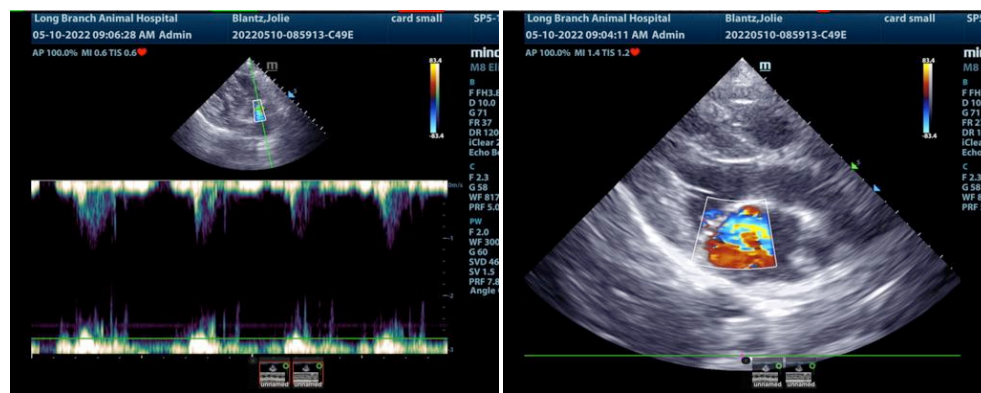


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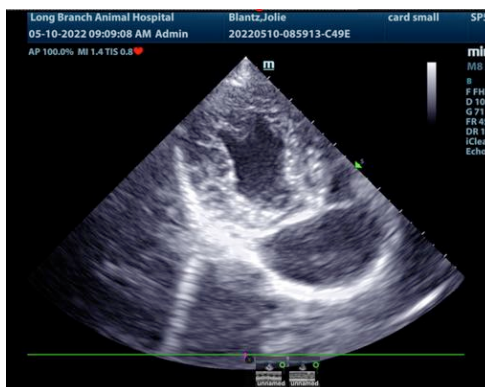
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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