



PATIENT PRESENTING CLINICAL SIGNS

KJ Baird History: Heart murmur discovered on examination. No symptoms appreciated. Long standing cutaneous cysts, cataracts, dry eye, glaucoma.

SPECIES Abnormal PE/Chem/CBC/UA Results: **PE:** Cardiac murmur 2/6 systolic left heart base. Eyes typical of chronic KCS and glaucoma. Long nails and mild dental disease. Multiple skin cysts and subcu soft masses. **CBC:** normal **Chem:** SDMA 15 ug/dL, ALP 648U/L, BNP 1932 pmol/L Total and Free T4: normal **Heartworm, Ehrlichia, Lume and Anaplasma negative Fecal clear.**

BREED ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Cockapoo

SEX

SF

AGE

15 yr

WEIGHT

23 lb

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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			NM	1.6	42	75	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				
PATIENT		3.51				3.0	

Cardiac Presentation

The echocardiogram for this patient presented excessive left atrial size expressed both in the LA/AO and LA max measurements 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. Minor tricuspid insufficiency noted at 2.2 m/s. 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. A periodic arrhythmia noted in this patient, an ECG is indicated.

ULTRASONOGRAPHIC FINDINGS

- Advanced stage B2 valvular disease

DATE

05/12/2022

IMAGING PERFORMED BY
Leon Anderson DVM

HOSPITAL NAME

Elizabeth Animal Hospital

REFERRING VET

Leon Anderson DVM

INVOICE

10592ag



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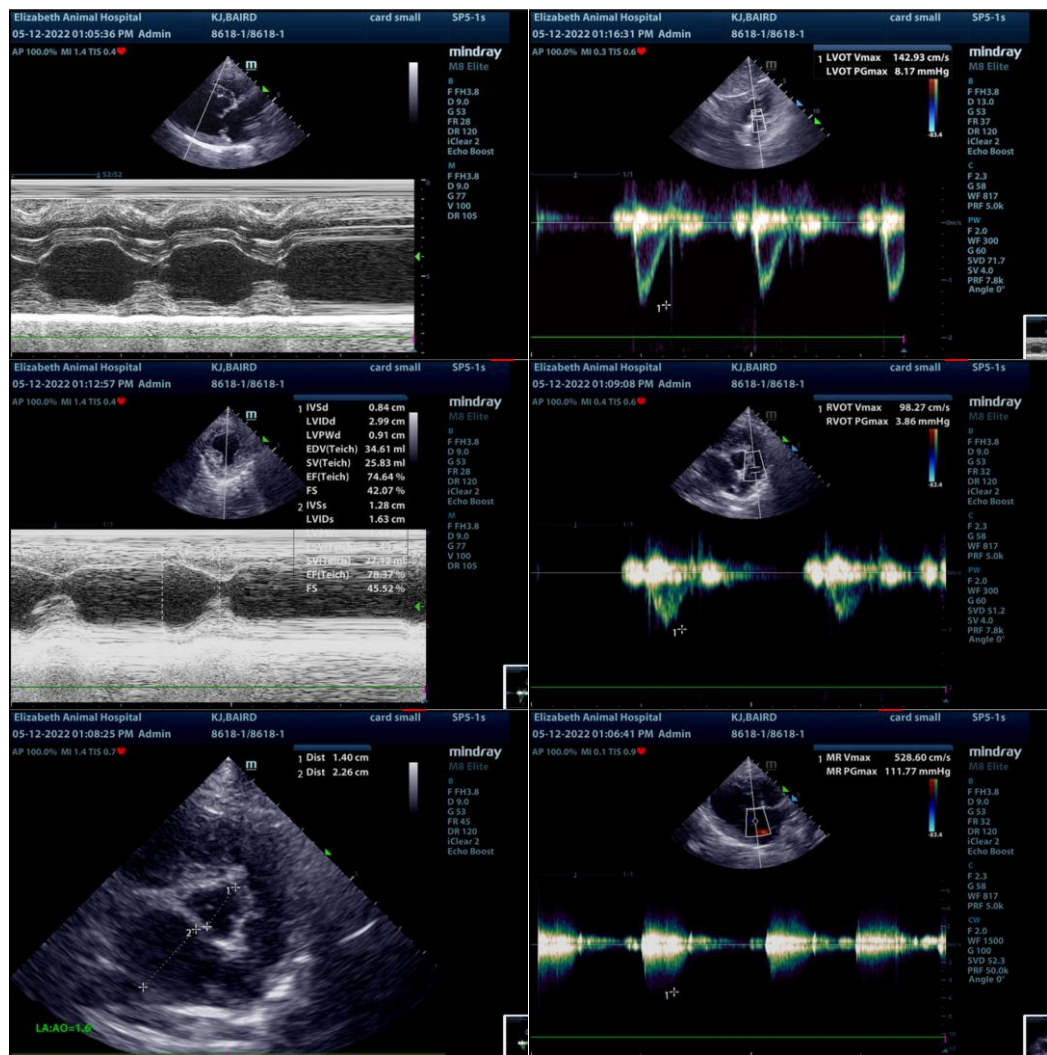
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pimobendan 0.3 mg/kg PO BID is indicated in this patient +/- an ACE inhibitor 0.5 mg/kg PO SID and spironolactone 1-2 mg/kg PO BID could be considered as a preventative.

B2: The heart has some volume overload and 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





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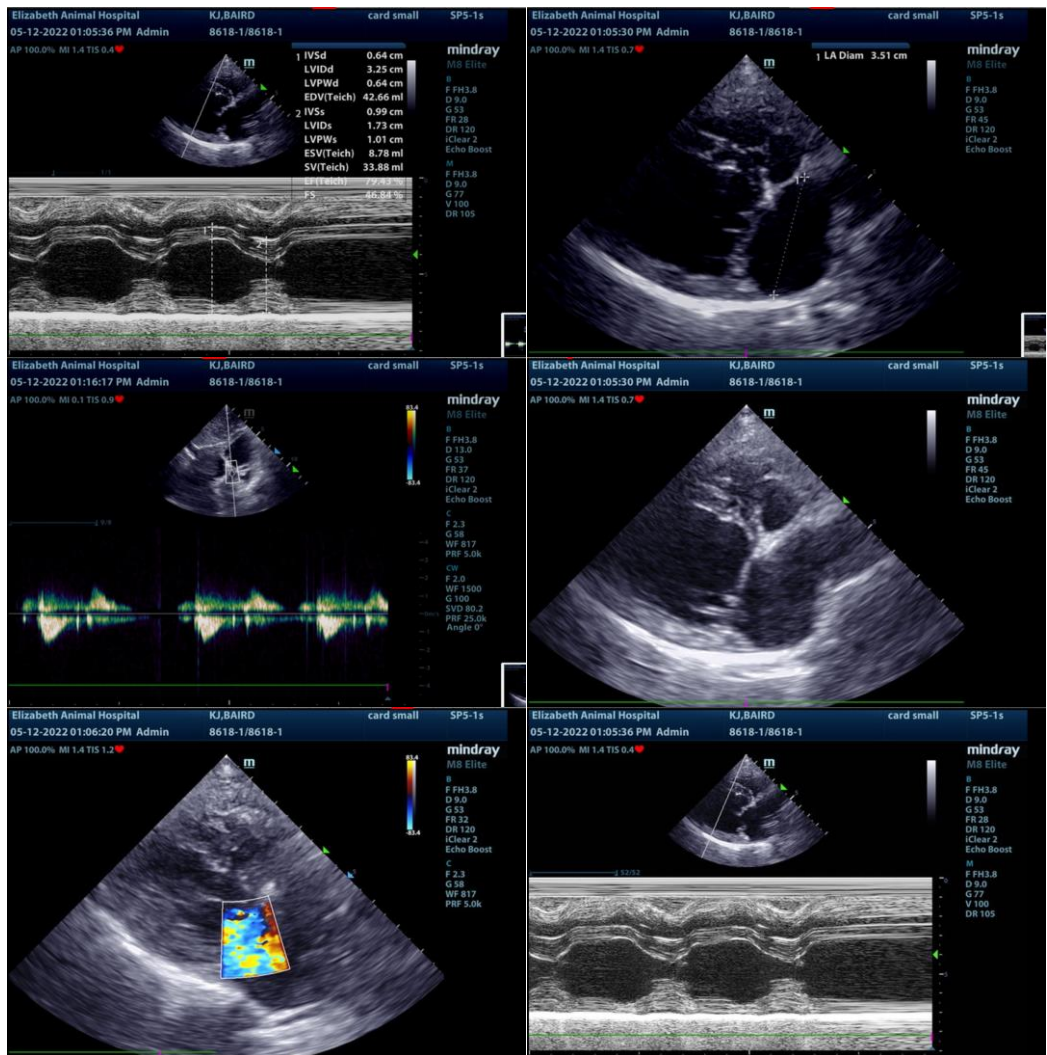
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com