



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Tracie Cox
SPECIES Canine
BREED Schnauzer

History: Diagnosed with CHF Feb 2022. Hospitalized for several days at E-clinic. Has done well on heart meds but was again hospitalized recently for CHF. Was discharged 1 week ago. Since then sleeping respiratory rate high 30s Current meds: Vetmedin 1.25mg 1 PO TID Enalapril 2.5mg 1 PO BID Furosemide 12.5mg 1 PO TID Spironolactone 25mg 1/2 PO BID
 Abnormal PE/Chem/CBC/UA Results: Previous Echo - Feb 2022 at time of CHF diagnosis Blood Pressure = borderline hypertensive - systolic BP varied from 146 - 223 (she is also moderately anxious)
 Creatinine 1.7, BUN 67 Elevated ALT/ALP

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

SEX	CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
MN								
AGE	NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
12	PATIENT	5.5	2.5	1.8	>2.5	49	81	0.3
WEIGHT	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)
13lb								
INTERPRETED BY	NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
Eric Lindquist, DMV DABVP, Cert. IVUSS	PATIENT	121					3.7	

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. A prolapsed 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 minor insufficiency. 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

ULTRASONOGRAPHIC FINDINGS

- Stage C1 valvular disease-somewhat compensated

IMAGING PERFORMED BY
 Gudrun Gunther

HOSPITAL NAME

New Frontier Animal Medical Center

REFERRING VET

Gudrun Gunther

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DATE

05/02/2022



PATIENT

Tracie Cox

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend increasing Lasix in this patient or consider torsemide. Prognosis is guarded long term.

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Schnauzer

SEX

MN

AGE

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WEIGHT

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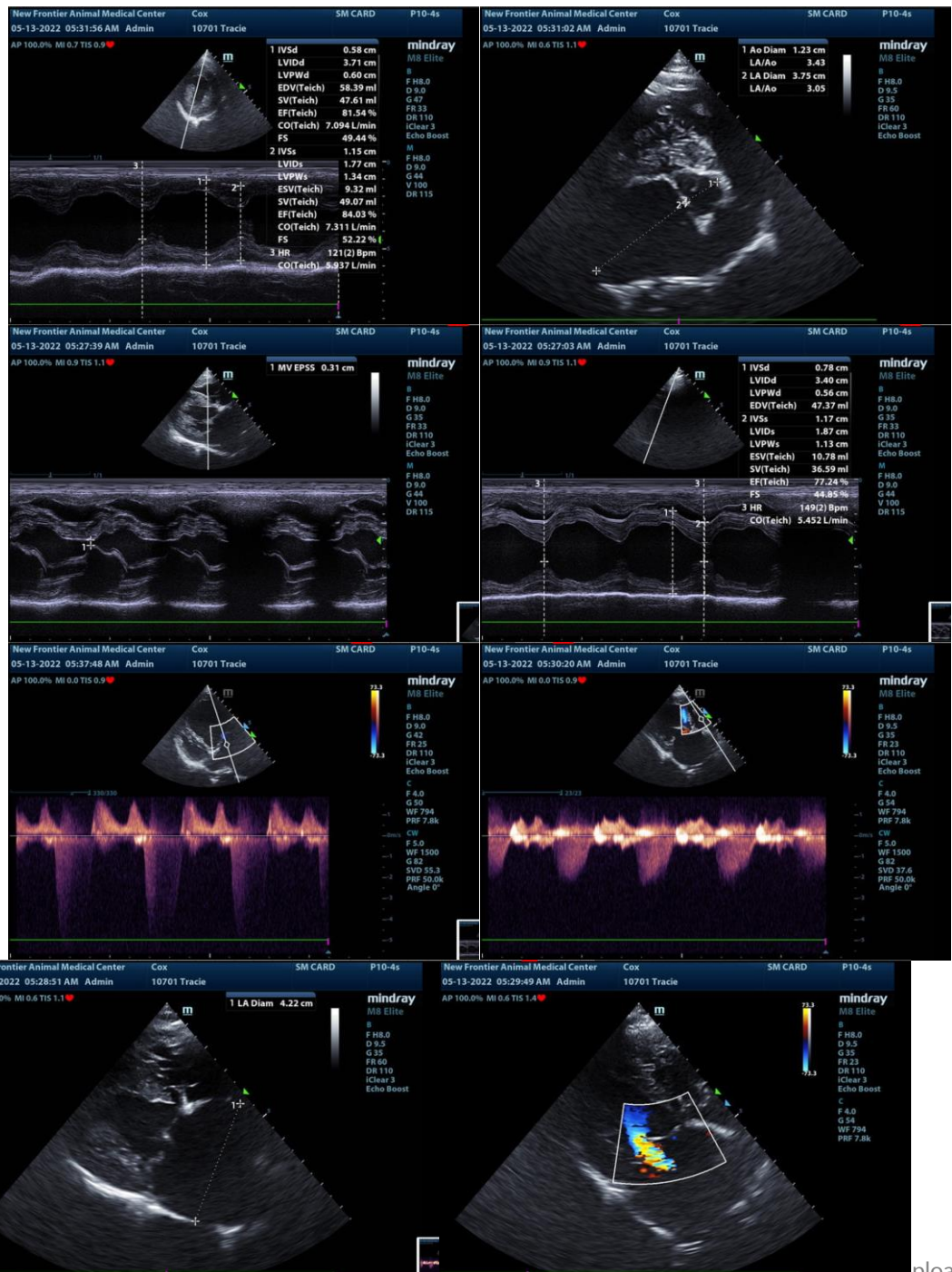
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The information and recommendations provided are based on the images presented by the referring



PATIENT

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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.

SPECIES

Canine

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Eric.Lindquist@SonoPath.com

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