

PATIENT PRESENTING CLINICAL SIGNS

Bax Domenech History: Cardiomegaly 3/6 HM, fluid in lungs. Current meds: Furocemide, vetmedin, enalapril

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine The echocardiogram in this patient demonstrated significant volume overload and chronic, severe left atrial enlargement. Prolapse of the anterior mitral valve leaflet was noted. There was complete filling of the left atrium was noted on color flow assessment. Volume overload and insufficiency contractility of the left ventricle was noted. The right atrium and right ventricle were unremarkable with moderate tricuspid insufficiency. No pericardial or pleural effusion was noted. Pulmonary B lines were noted in the extracardiac space.

SEX

Male

AGE

9 years

WEIGHT

19.5 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	5.05	2.8	2.3	2.25	43	75	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	159	1.06	0.98	19.5 lbs	5.2	3.75	

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

30591

DATE

5/20/22

ULTRASONOGRAPHIC FINDINGS

Pulmonary B lines were noted in the extracardiac space.

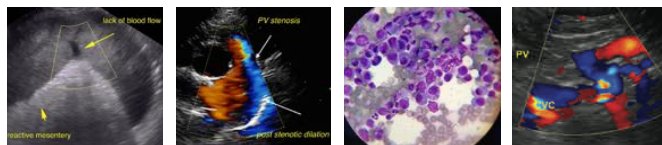
Decompensated valvular disease.

This is most consistent with C1 valvular disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend adding to current protocol. Vetmedin and Enalapril should be b.i.d. dosing, Lasix can be increased up to 3-4 mg/kg b.i.d. and Spironolactone should be added at 1-2 mg/kg b.i.d. Cage rest is recommended. A recheck echocardiogram is recommended in 5-7 days. Guarded prognosis. The patient is at risk for sudden death.

Torsemide rescue therapy can be considered with attentive dose management in respect to renal/urinary side effects.



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Canine

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Dachshund

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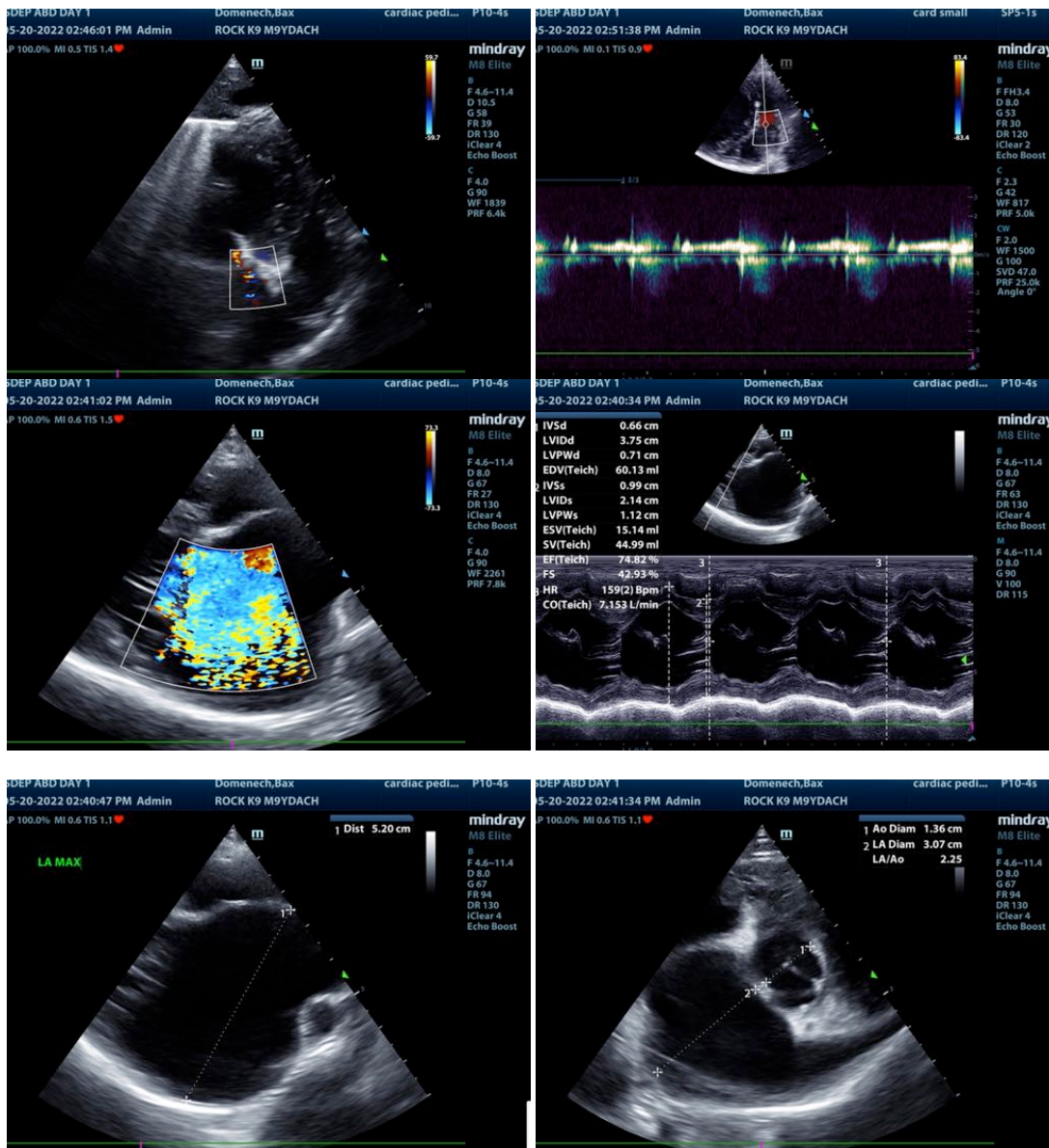
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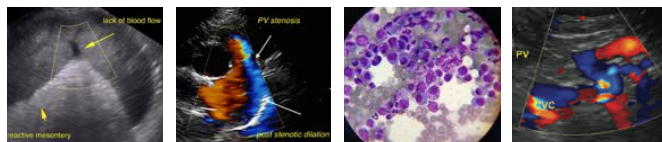
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C1: The heart is in a somewhat precarious state with volume overload and a heart that is working to compensate for the valvular insufficiency. Target respiratory rate is < 20 resp/minute after therapy. After initiating therapy, I recommend recheck 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 pre-anesthetic echo is ideal if anesthesia is eventually necessary.





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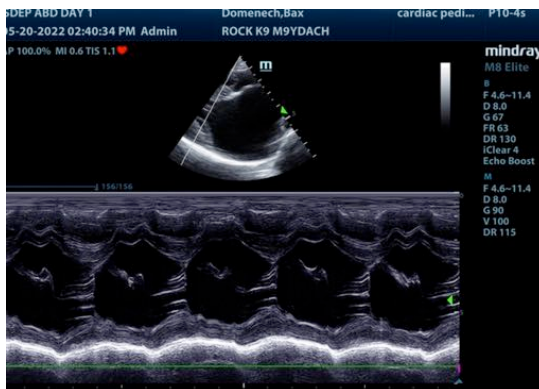
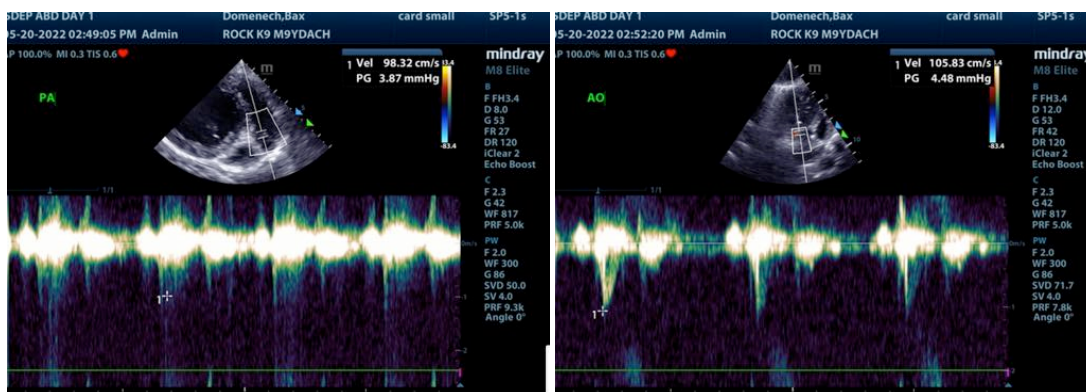
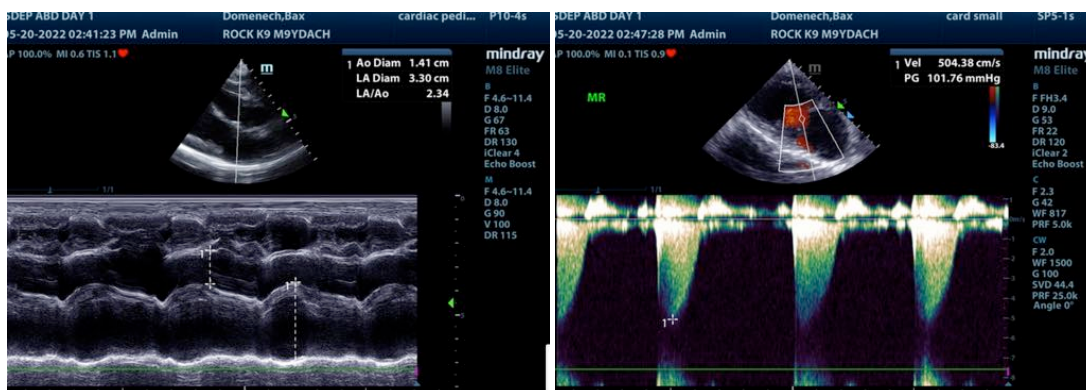
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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