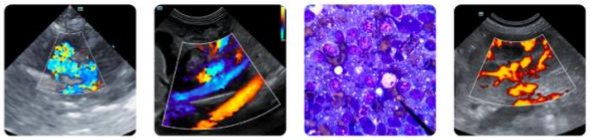


PATIENT

Martin DePierro

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

12 Years

WEIGHT

15 Pounds

INTERPRETED BY

Eric Lindquist, DMV, DABVP (Canine & Feline), Cert. IVUSS

IMAGING PERFORMED BY

Samuel

HOSPITAL NAME

Central Jersey AH

REFERRING VET

Dr. Samuel Gabriel

INVOICE

37256

DATE

5/28/26

PRESENTING CLINICAL SIGNS

History: coughing and hacking for 1 month, chest xray last month shows mild left side cardiomegaly, owner would like to know risk of anesthesia for dental cleaning.

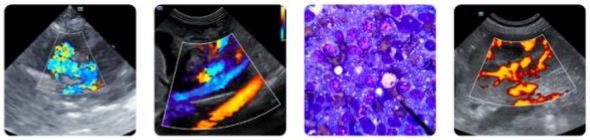
Abnormal PE/Chem/CBC/UA Results: grade 5 heart murmur cbc, chem: high alp chest xray: left sided cardiomegaly periodontal disease.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE CARDIAC PARAMETERS	**MR VMAX** (m/s)	**TR VMAX** (m/s)	**LA/AO** (M-Mode)	**LA/AO** (Heart Base; Swe)	**FS** (%)	**EF** (%)	**EPSS** (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	6.40		1.59	1.8	--	--	0.34
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT**	**LAD** LA MAX 4 Chamber	**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	--	1.30	.88	15	3.4	--	--

Cardiac Presentation

Mild **left atrial** enlargement was noted. 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.



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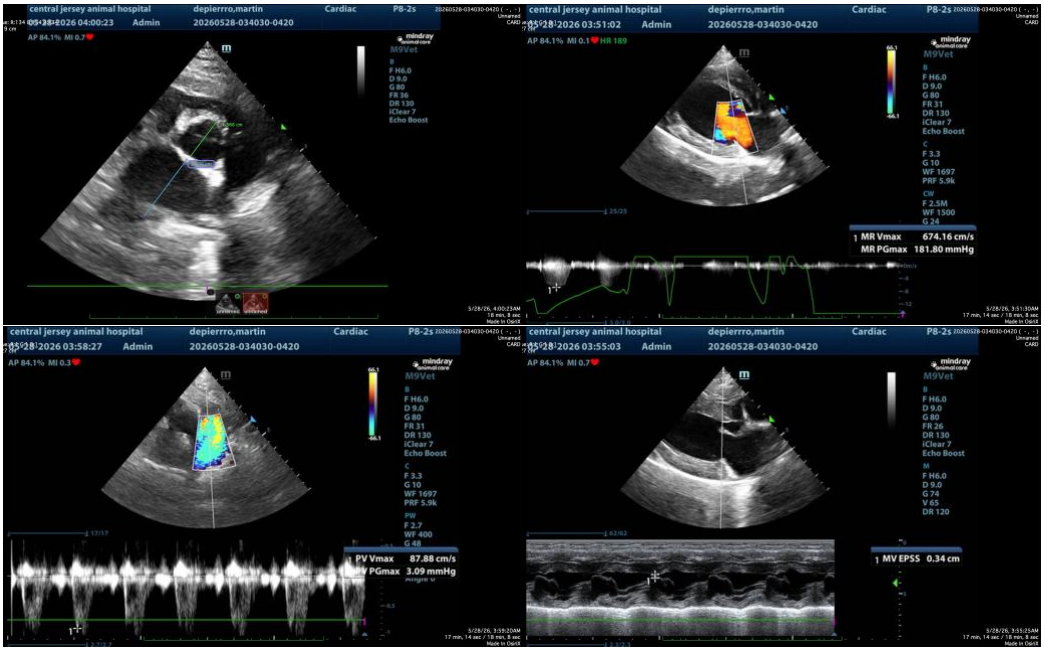
ULTRASONOGRAPHIC FINDINGS

- Mitral insufficiency
- Mild left atrial enlargement

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If vertebral heart score is excessive on radiographs, then management for stage B2 valvular disease is indicated. Pimobendan at a dose of 0.3 mg/kg BID. Blood pressure measurements are indicated. Anesthetic risk is mild. The cough may be cardiogenic if mainstem bronchus impingement is present or concurrent respiratory disease may be playing a role.

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 preanesthetic echo is ideal if anesthesia is eventually necessary.



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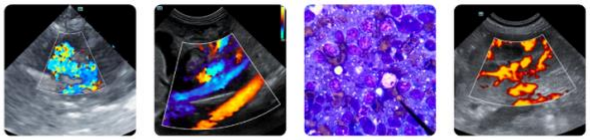

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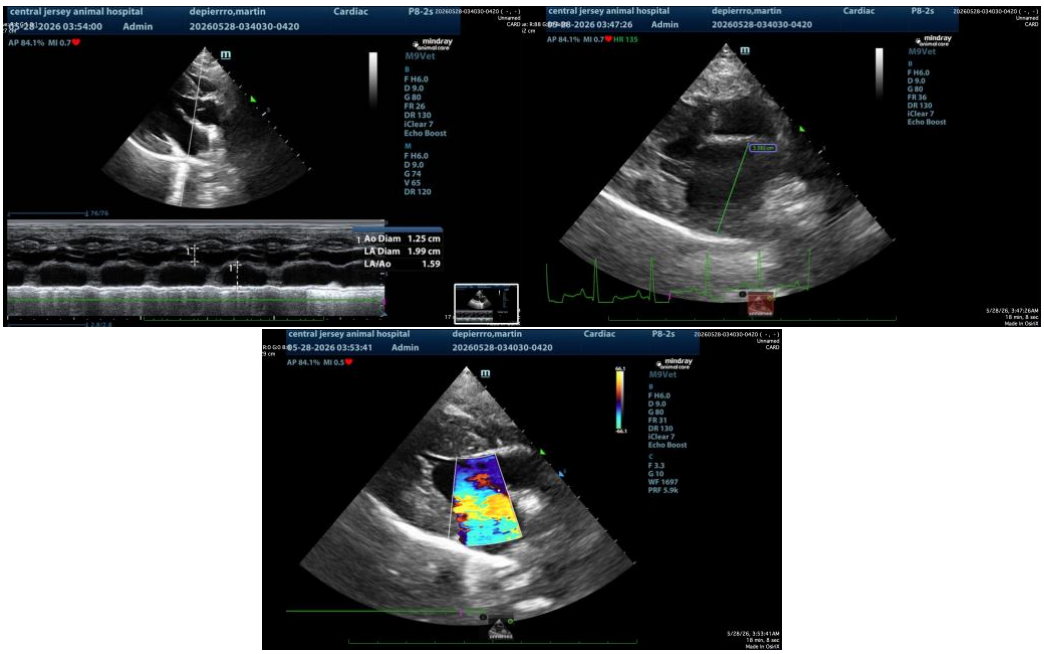

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com