



**PATIENT PRESENTING CLINICAL SIGNS**

CJ Reidinger History: Follow-up. Current meds: Clindamycin 20 mg BID, Pimobendan 5mg 1/4 BID, Spironolactone 25mg 1/4 SID, Enalapril 2.5mg 1 SID, Furosemide 12.5mg 1/2 BID

**SPECIES** Abnormal PE/Chem/CBC/UA Results: 3/9/23 BP Avg 164/94, MAP 118, HR 154; 11/9/22 ALT 233, Alk Phos 379  
Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

**BREED**

Toy Terrier

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

9.7 Pounds

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
<b>PATIENT</b>	6.50	3.2	2.0	2.17	63	92	0.16
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)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6				
<b>PATIENT</b>	125	1.16	.85	--	4.6	3.42	--

**INTERPRETED BY**

Eric Lindquist, DMV DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Chester AH

**REFERRING VET**

Dr. Migliaccio

**INVOICE**

22311

**DATE**

5/5/23

**Cardiac Presentation**

The cardiac presentation presented severe mitral valve prolapse of the anterior leaflet. Moderate to severe volume overload of the left atrium and left ventricle was noted. Tachycardia was present. Right sided atrial enlargement was noted. No pericardial or pleural effusion were noted. The hepatic veins were not dilated. No evidence of right sided failure, however, the patient appears to be struggling to compensate on the left heart.

**ULTRASONOGRAPHIC FINDINGS**

- Mildly decompensating C-1 valvular disease

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The left atrial parameters have progressed compared to the prior echocardiogram. However, the tricuspid insufficiency that was noted on the prior echocardiogram could not be repeated, and the hepatic veins were not dilated, therefore, the pulmonary hypertension appears to be compensated at this point, however, this can change at any time. The mitral insufficiency velocity has increased significantly, this may be reflective of the systemic hypertension in this patient.

If the patient does not have any clinical signs, such as cough, exercise intolerance, cyanosis, then I recommend only minor adjustment of the current protocol, increasing spironolactone to 1-2 mg/kg BID, as opposed to SID, and increasing enalapril to BID 0.5 mg/kg given the minor hypertension and



**PATIENT**

CJ Reidinger

the volume overload. However, BUN, creatinine and blood pressures should be monitored carefully. If the patient is having more significant clinical signs, then increasing Lasix could also be considered. Recheck echo in 3-6 months, depending upon the clinical status of the patient. Target respiratory rate is < 20 resp/minute after therapy. 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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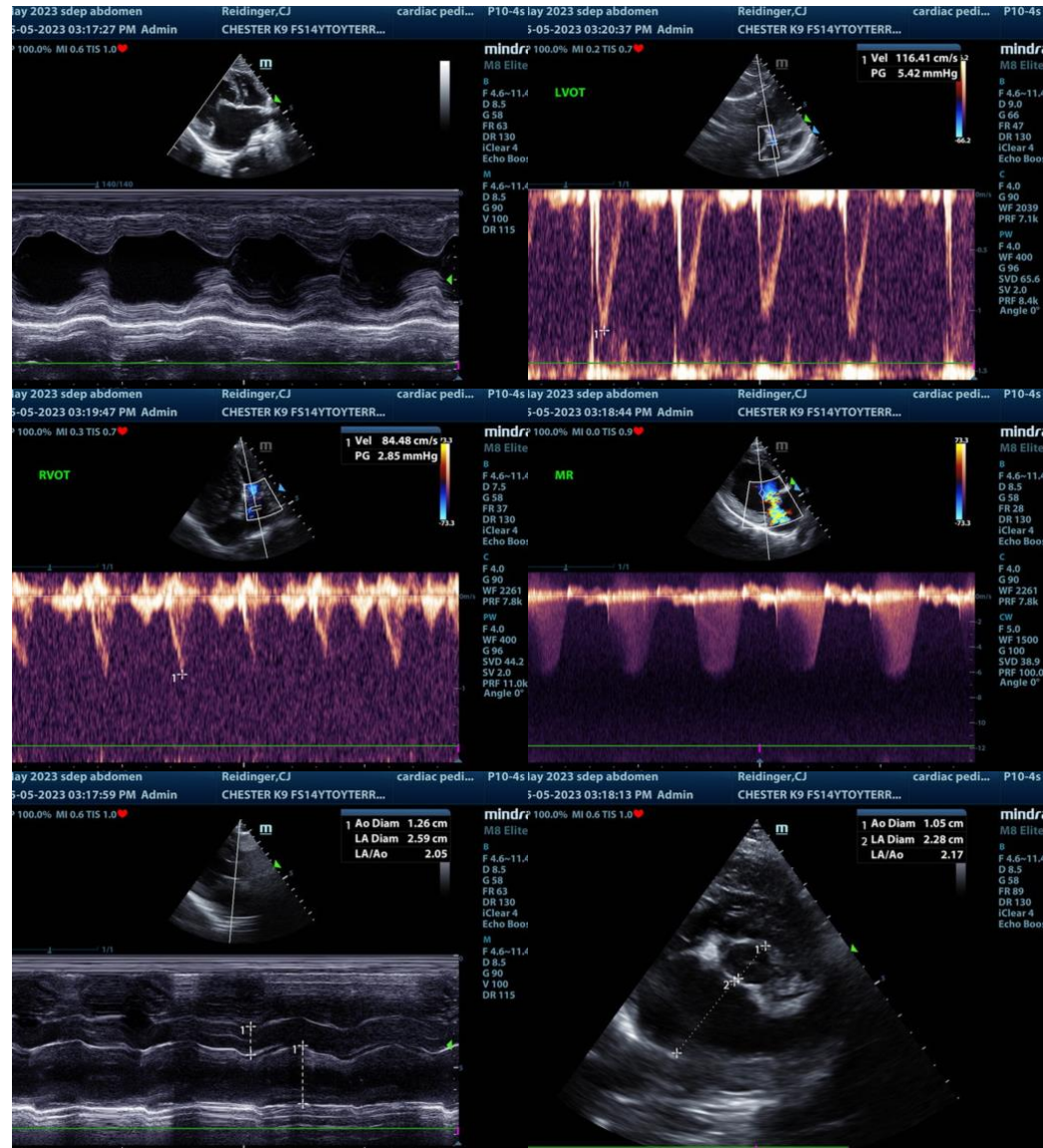
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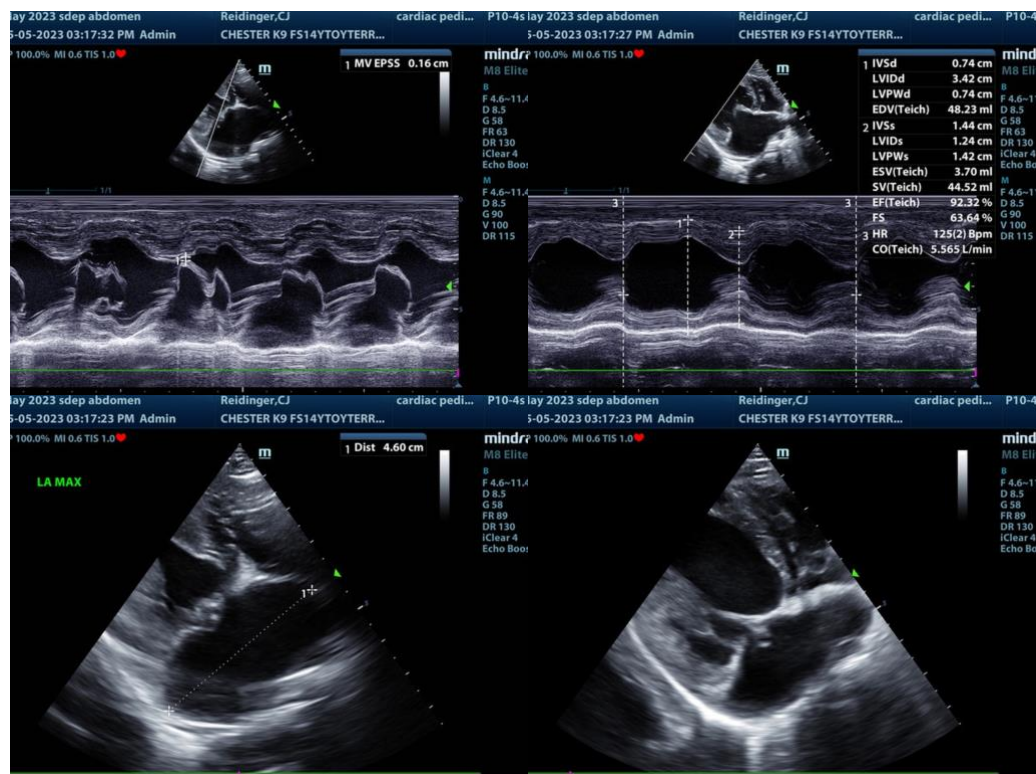
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com