



PATIENT PRESENTING CLINICAL SIGNS

Loa Pilone Very anxious. O reports lethargy and difficulty breathing. PE WNL, Afebrile. 4-5/6 heart murmur. Currently on vetmedin. Plan to begin cardalis.
 Abnormal PE/Chem/CBC/UA Results: SDMA 22, BUN: 32, Creat 1.3

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED	CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
Havanese								
SEX	NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
Spayed Female	PATIENT	6.0	2.5	1.5	3.6	54	86	0.1
AGE	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)
15 Years								
WEIGHT	NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
10.6 Pounds	PATIENT	--	1.2	--		3.53	3.1	

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield Vet Services

REFERRING VET

Dr. Rodriguez

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. Prolapse of the anterior mitral valve leaflet noted. 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. Aortic insufficiency noted. 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.

ULTRASONOGRAPHIC FINDINGS

- Mitral insufficiency and left atrial enlargement – consistent with advanced Stage B2+ valvular disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ruptured chordae tendineae likely causing the sudden onset. Recommend quadrotherapy in this patient. Lasix 2 mg/kg BID, ACE inhibitor 0.5 mg/kg SID progressing to BID, Pimobendan 0.3 mg/kg BID,

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and Spironolactone 1-2 mg/kg BID. Concurrent aortic insufficiency also noted. Cage rest warranted. Prognosis is guarded.

SPECIES

Canine

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. There is severe anesthetic risk for this patient. Light dose opioids may be used to calm but I do not recommend anesthesia.

BREED

Havanese

SEX

Spayed Female

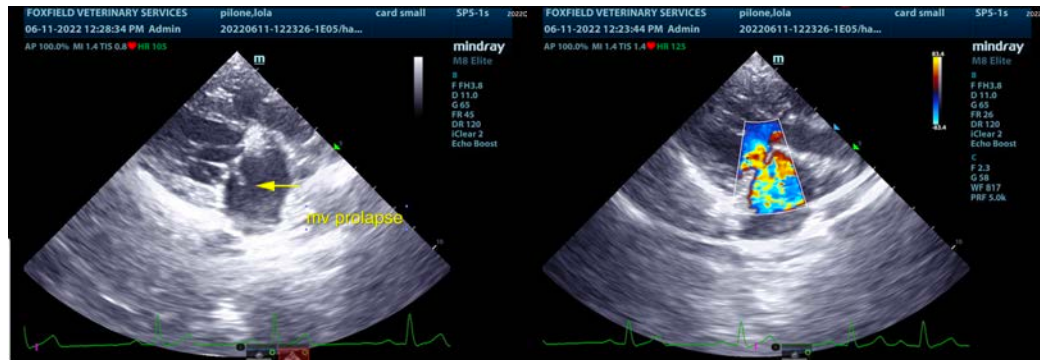
Radiographs: Cardiomegaly, left atrial enlargement, minor hilar edema, consistent with early left-sided heart failure.

AGE

15 Years

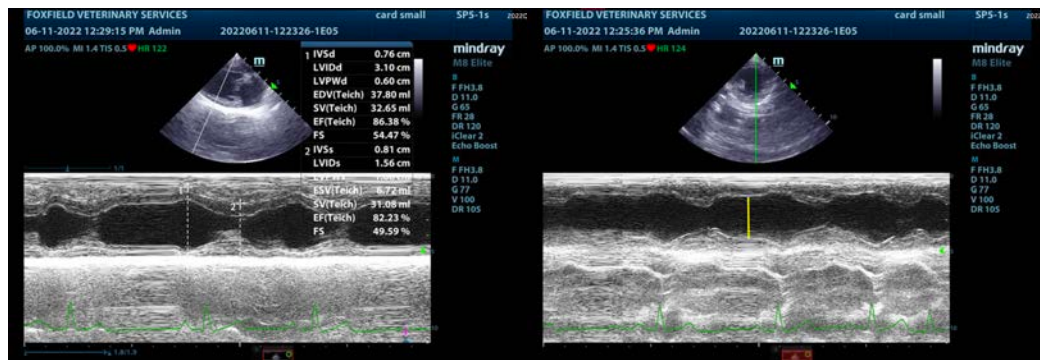
WEIGHT

10.6 Pounds



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Havanese

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Spayed Female

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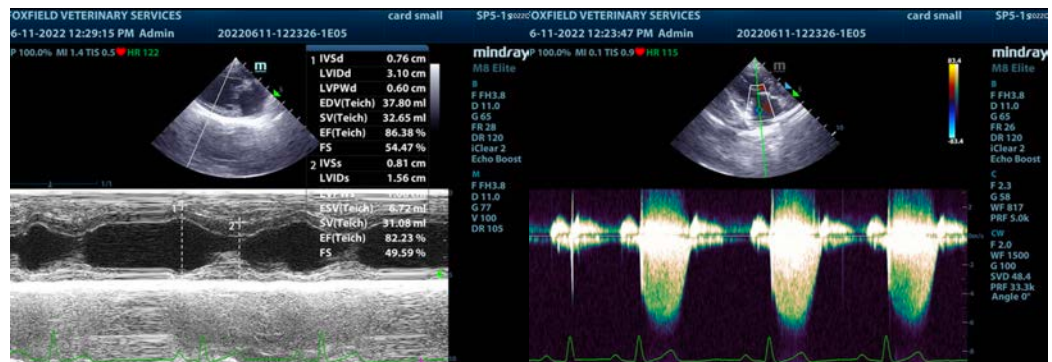
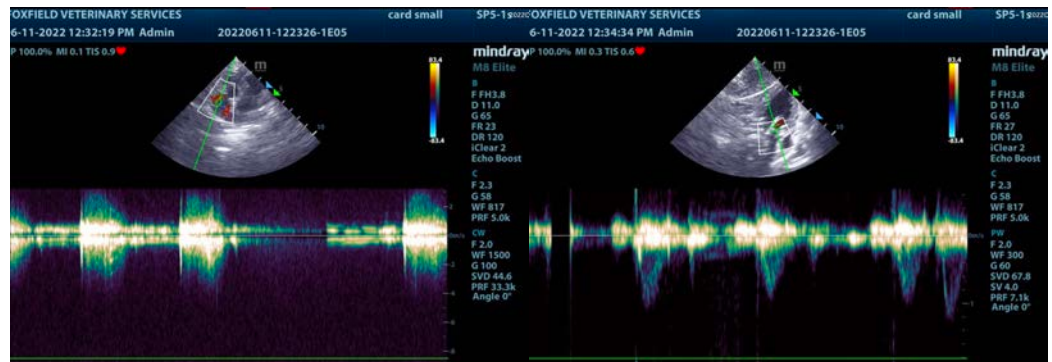
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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