


**PATIENT PRESENTING CLINICAL SIGNS**

Lola Cobleby Follow up echo (prev. report attached from 2/28/22). Current meds: Pimobendan, Furosemide, Cardalis  
 Abnormal PE/Chem/CBC/UA Results: ALKP 253, Bun 40

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

Canine

**BREED**

JRT x

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

19 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)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	5.33	3.0	2.0	2.22	39	71	0.3
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)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT	145	1.0	0.88		4.9	3.91	

**Cardiac Presentation**

The cardiac presentation revealed progressive volume overload and tachycardia with prolapse of the anterior mitral valve leaflet. Comet tail lung patterns noted in the lung fields. Volume overload is progressive in the left ventricle as well. Contractility has diminished.

**ULTRASONOGRAPHIC FINDINGS**

- Stage D1 valvular disease, progressive

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Very guarded prognosis. No pericardial or pleural effusion noted. Comparing the presentation with prior echocardiogram, this patient is undergoing myocardial insufficiency, which would suggest D1 valvular disease. Recommend adding to the current protocol: Pimobendan increasing to TID dosing at 0.3 mg/kg, maxing out ACE inhibitor at 0.5 mg/kg BID, increasing Furosemide, and adding Spironolactone at 1-2 mg/kg BID. Recheck echo in 10 days. Prognosis is guarded. Cough suppressant with hycodan or similar would be appropriate. This patient is at risk for sudden death.

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.

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Newton Vet Hospital

**REFERRING VET**

Dr. Bladek

**INVOICE**

38306

**DATE**

6/2/22



**PATIENT**

Lola Cobley

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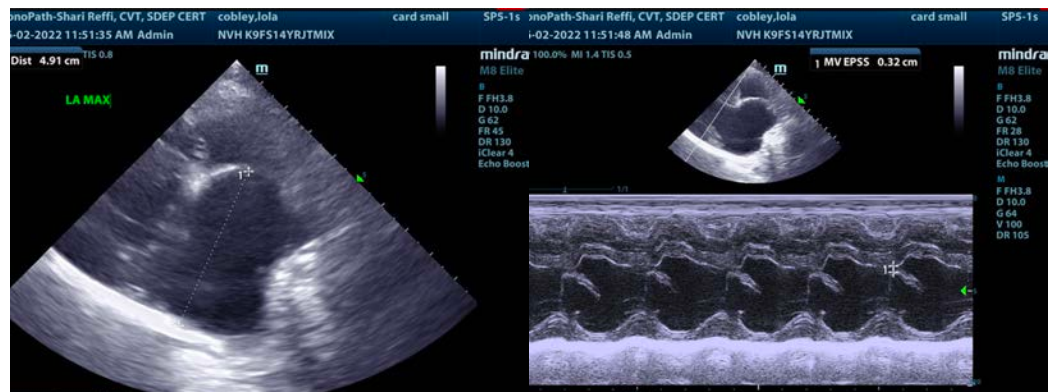
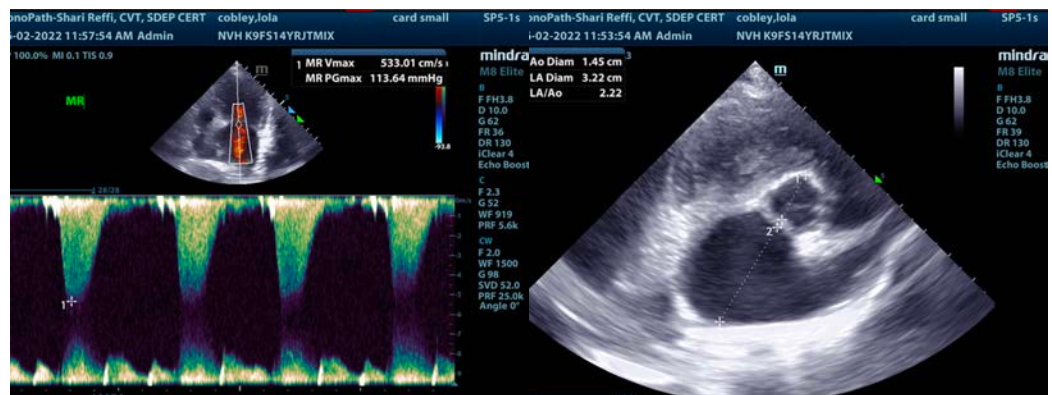
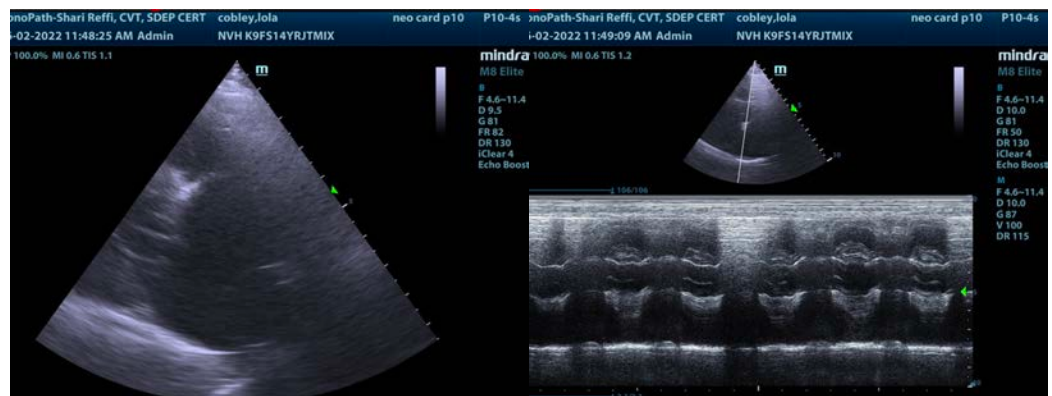
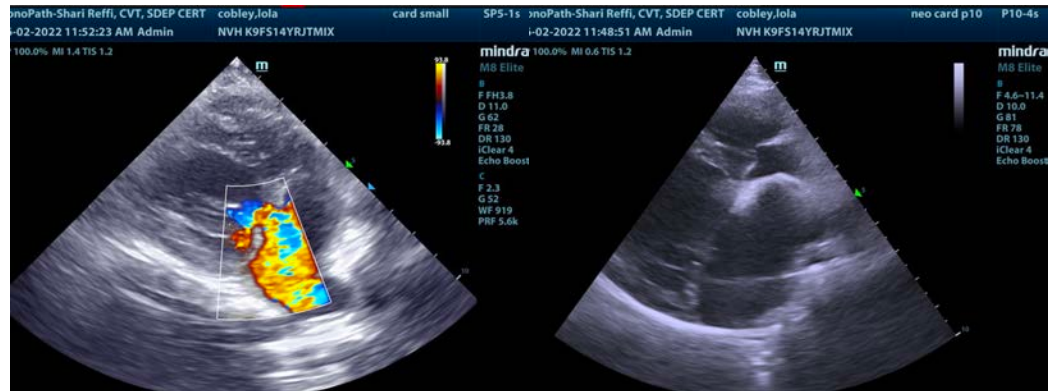
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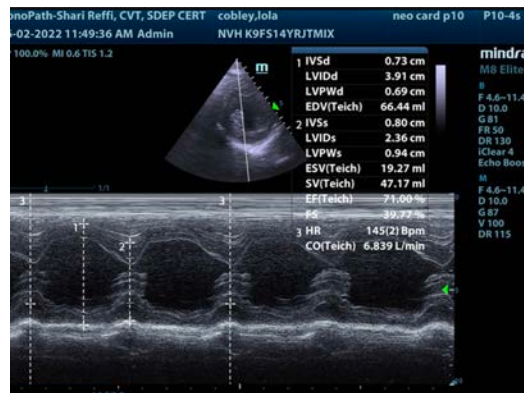
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

[info@SonoPath.com](mailto:info@SonoPath.com)