



PATIENT PRESENTING CLINICAL SIGNS

Kindra George Presented for a cough. Heart murmur 2/6. Began 15mg enalapril SID and 40mg Lasix BID on 6/16/22
Abnormal PE/Chem/CBC/UA Results: WNL

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine

BREED

Lab

SEX

Spayed Female

AGE

13.7 Years

WEIGHT

53 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	5.5		1.4	1.8	29	60	0.4
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	--	1.1	--		3.2	3.72	

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. The **left ventricle** presented volume overload with mild hypocontractility. **Aortic** insufficiency noted at 2.0 m/sec. 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 and aortic insufficiency
- Emerging left-sided heart failure with myocardial insufficiency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is a mixed presentation, as valvular disease is present as well as volume overload. However, contractility is poor. Nutritional cardiomyopathy, emerging DCM or other causes of myocardial insufficiency should be considered. Recommend adding to the current Lasix protocol – Pimobendan 0.3 mg/kg BID and Spironolactone at 1-2 mg/kg BID. Taurine testing and supplementation indicated. Consideration for cause of myocarditis would also be indicated. Recheck echo in 1 month if stable. Thyroid assessment also indicated as well as blood pressure. Cough suppressant such hycodan could also be considered.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield Vet Services

REFERRING VET

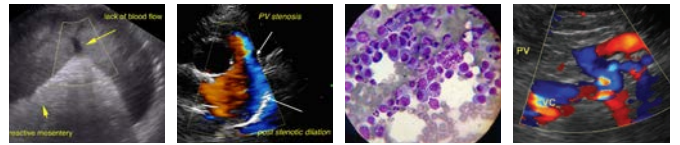
Dr. Rodriguez

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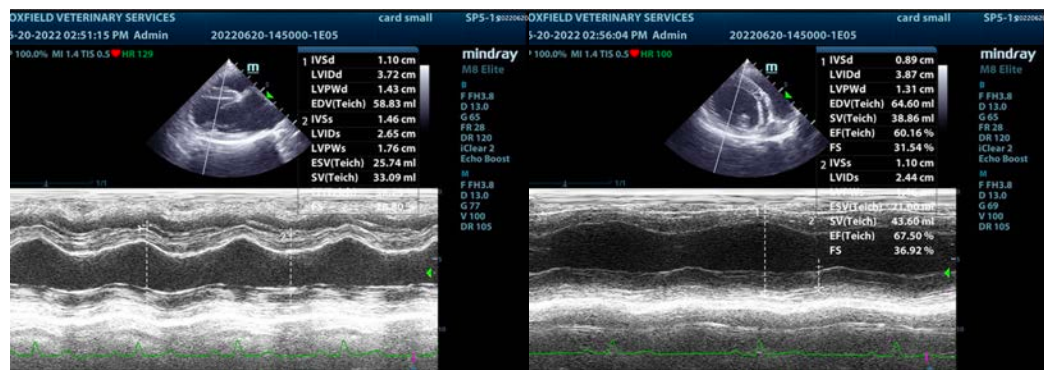
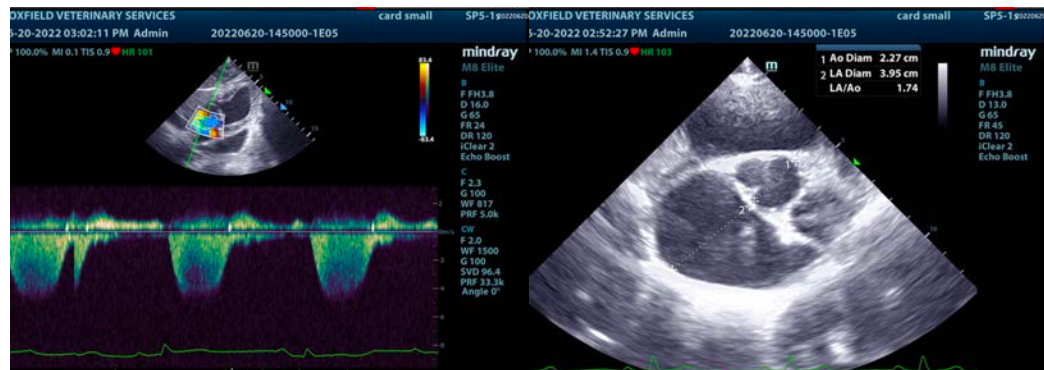
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PATIENT

Kindra George

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.

SPECIES

Canine

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

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