



## PATIENT PRESENTING CLINICAL SIGNS

Coco Wagner

History: Coughing, heart murmur, hx-LAE, MI + PH. No current meds

## SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: BUN 30.4, K+ 3.7, WBC 19.24, NEU 18.25, LYM 0.35,

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

## BREED

Silky Terrier

## SEX

Male

## AGE

16 Years

## WEIGHT

10 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	<1.3	28-40	40-100	<0.6
PATIENT	5.72	--	NM	1.9	40	72	0.1
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				
PATIENT	167	1.03	.66	--	3.36	3.22	--

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Shari Reffi, CVT

## HOSPITAL NAME

Newton VH

## REFERRING VET

Dr. Chun

## INVOICE

15927

## DATE

6/8/22

## Cardiac Presentation

The echocardiogram for this patient presented moderate **left atrial size** expressed both in the LA/AO and LA max measurements. Complete filling of the left atrium was noted on color flow assessment of the mitral valve. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Prolapse of the anterior mitral valve leaflet noted. 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. Arrhythmogenic activity noted during the exam.

## ULTRASONOGRAPHIC FINDINGS

- Advanced stage B-2+ - C-1 valvular disease



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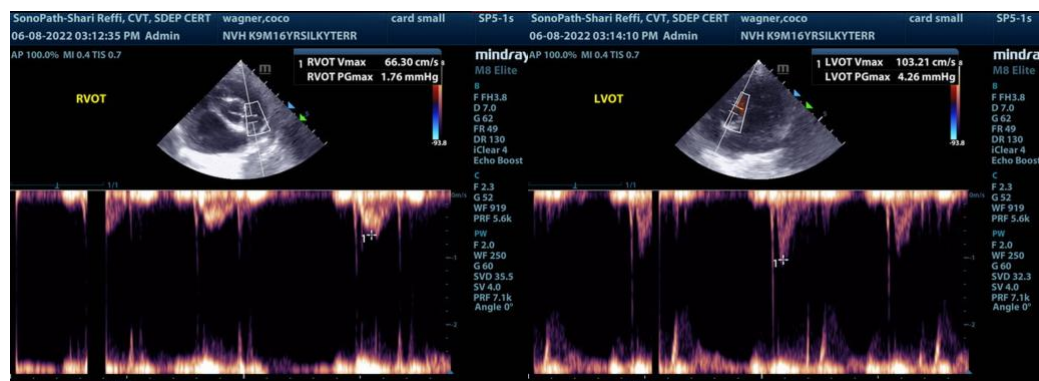
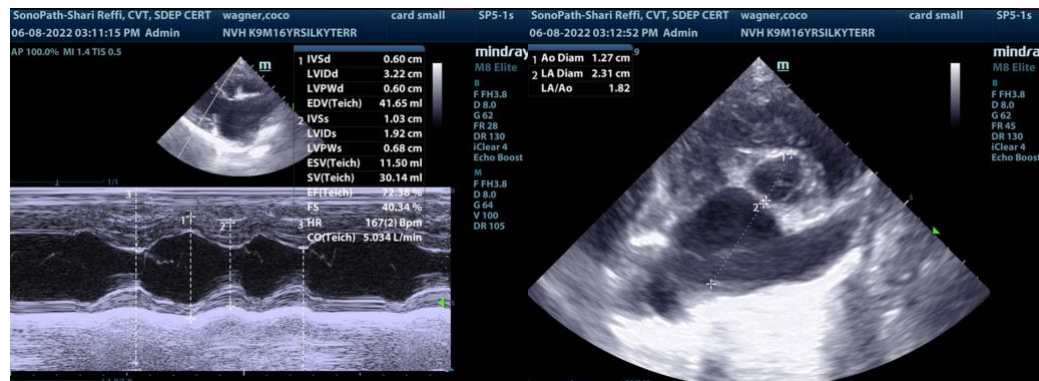
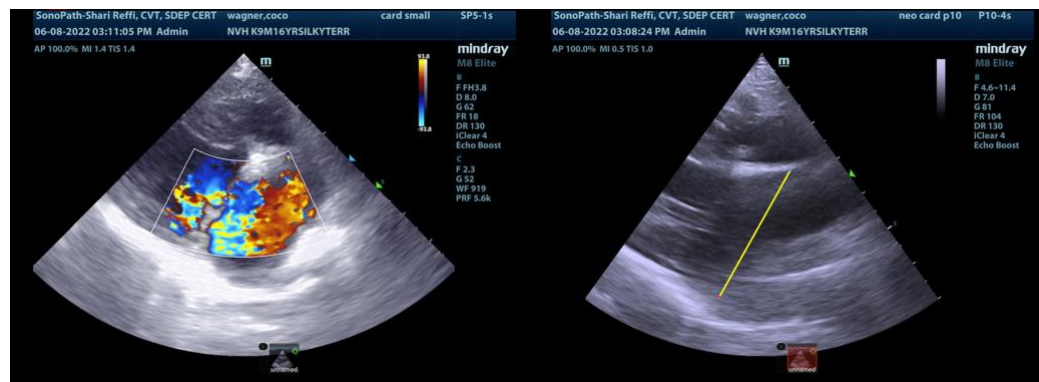
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend quadra therapy in this patient, Lasix at 2 mg/kg BID, Pimobendan at 0.3 mg/kg BID, Ace-Inhibitor at 0.5 mg/kg SID progressing to BID and Spironolactone at 1-2 mg/kg BID. 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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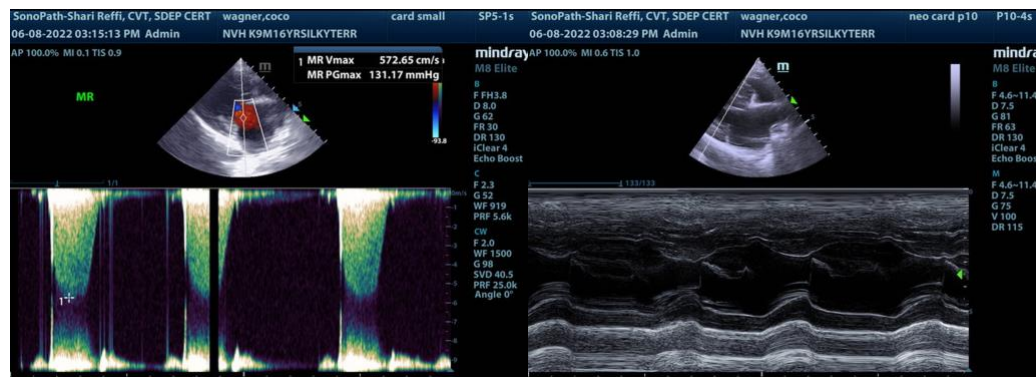
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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