



## PATIENT PRESENTING CLINICAL SIGNS

Dooly Park

History: Patient presented to the hospital for an echo ultrasound due to having congestive heart failure. Patient is currently taking Tylosin 100 mg, Pimobendan 2.5 mg, and Furosemide 12.5 mg. During examination patient was BAR-H and tachypnea respiration. Patient has heart murmur left grade 4/6 , right grade 2/6.

## SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Canine pro BNP test: 10,000

## BREED

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Maltese

## SEX

Male

## AGE

11 Years

## WEIGHT

9.3 Pounds

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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	5.82	--	>2.0	>2.87	47	79	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	--	1.72	--	--	4.2	3.54	--

## Cardiac Presentation

The echocardiogram for this patient presented excessive **left atrial size** expressed both in the LA/AO and LA max measurements Persistent volume overload was noted in the left atrium and left ventricle. Prolapse of the anterior mitral valve leaflet noted. Doppler indicated measurable insufficiency. 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.

## IMAGING PERFORMED BY

Dr. Kim

## HOSPITAL NAME

Ridgefield Park AH

## REFERRING VET

Dr. Kim

## INVOICE

15937

## DATE

6/8/22

## ULTRASONOGRAPHIC FINDINGS

- Partially compensated stage C-1 valvular disease



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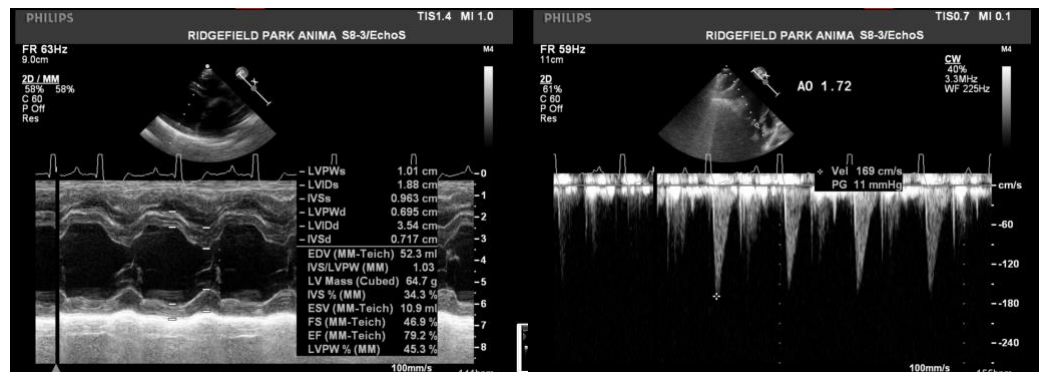
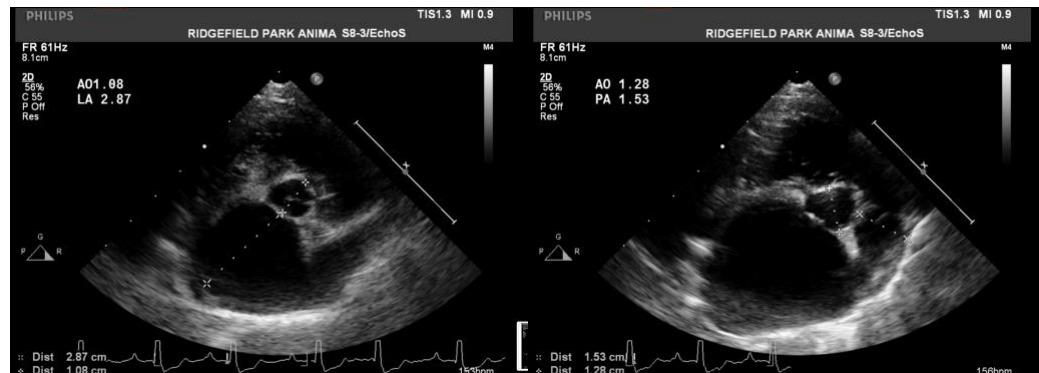
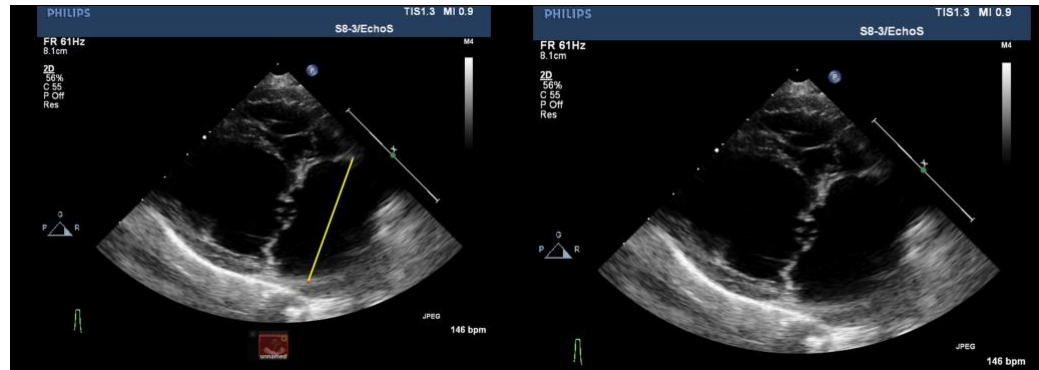
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The patient is partially compensated on the current protocol, I recommend adding Spironolactone at 1-2 mg/kg BID and Ace-Inhibitor at 0.5 mg/kg SID, progressing to BID. Furosemide can also be increased, as needed. Recheck echo in 3-4 weeks. Blood pressures, BUN, creatinine, chest radiographs and respiratory rate should all be monitored. Target respiratory rate <20 per minute.





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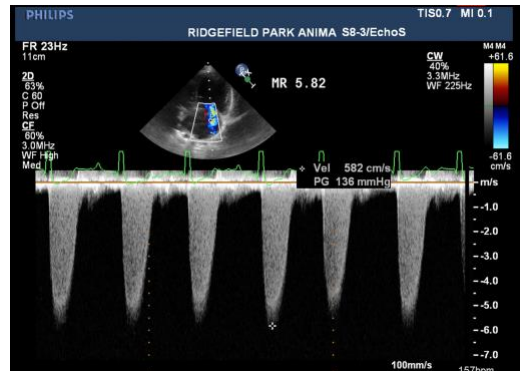
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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