


**PATIENT PRESENTING CLINICAL SIGNS**

Rocky Wayne

**SPECIES**

Canine

**BREED**

Havanese

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

20 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Danielle Kitz

**HOSPITAL NAME**

Woodlands AH

**REFERRING VET**

Dr. Danielle Kitz

**INVOICE**

43677

**DATE**

7/1/23

Patient has history of hypertension and mitral valve endocardiosis dx via previous echo - submitted 7/18/2022 He has been on benazepril 5 mg BID and Vetmedin 2.5 mg BID since that time. His blood pressures were previously controlled well on that dose of ACE inhibitor, but at recent senior annual exam his blood pressure had escaped control. He also needs a dental cleaning for some gingivitis/early periodontal disease- and would like advice on whether that is a reasonable endeavor. Clinically the owner reports he is doing well with normal SRR.

Abnormal PE/Chem/CBC/UA Results: Blood pressure - systolic repeatedly over 200 Grade III-IV left systolic murmur.

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

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	5.20		1.4	2.57	31	61	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	BELOW	BELOW	BELOW	BELOW
PATIENT		2.0	1.06		3.7	3.23	

**Cardiac Presentation**

The cardiac presentation presented mild volume overload in the left atrium with mitral insufficiency and prolapse of the anterior mitral valve leaflet, which was also clubbed. Left atrial enlargement was present in all 3 measurements. Aortic insufficiency also noted. Mild increased left ventricular outflow velocity, likely compensatory. Minor tricuspid insufficiency noted. The right atrium and right ventricle were unremarkable. Pulmonary outflow tract was unremarkable. No pericardial or pleural effusion.

**ULTRASONOGRAPHIC FINDINGS**

- Mitral insufficiency with mild persistent left atrial enlargement
- B2/B2+ valvular disease, somewhat stable

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend refinement of therapy, adding Spironolactone at 1-2 mg/kg BID, theoretically synergized with the ACE inhibitor. Continuation of Benazepril and Vetmedin warranted. Recheck echo in 6 months, earlier if murmur grade increases.



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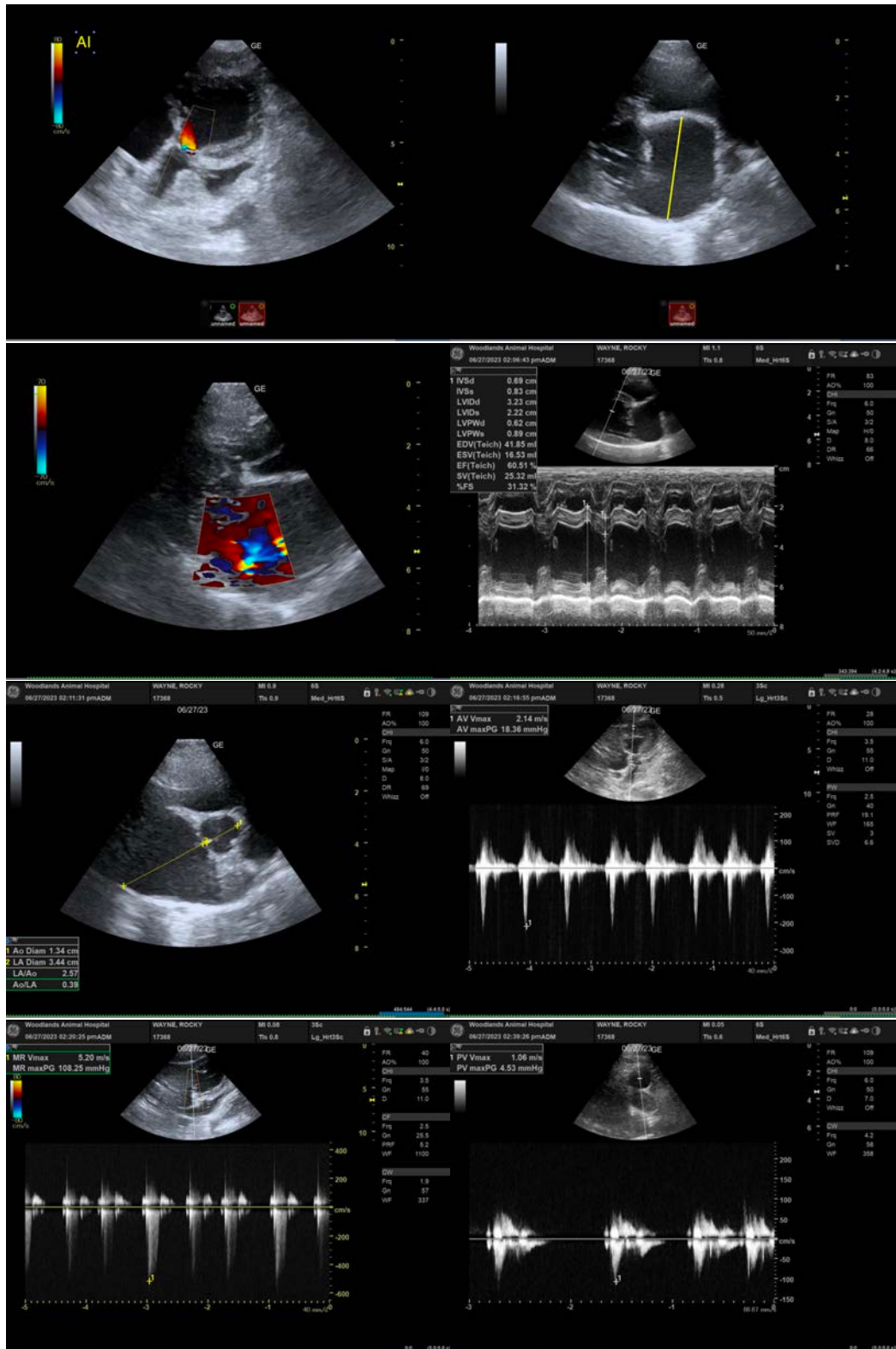
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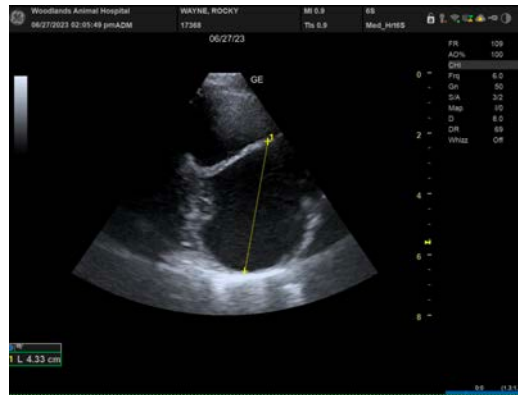
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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