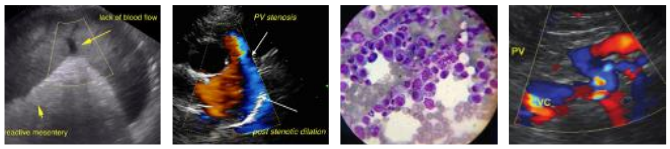
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
George Robbins

SPECIES
Canine

BREED
Cavalier King Charles Spaniel

SEX
Neutered Male

AGE
14 Years

WEIGHT
30.2 Pounds

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Diane McFadden

HOSPITAL NAME
Advanced Veterinary Care

REFERRING VET
Dr. Weingartner

INVOICE
23298

DATE
7/10/23

PRESENTING CLINICAL SIGNS

History: heart murmur; cough; rads show cardiomegaly. On vetmedin 5 mg x 1/2 bid

Abnormal PE/Chem/CBC/UA Results: n/a

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	5.63	2.68	NM	1.5	26	50	NM
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	132	1.30	--	--	4.78	3.07	--

Cardiac Presentation

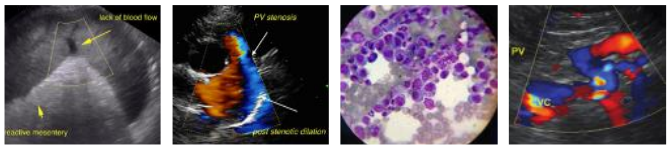
The echocardiogram for this patient presented excessive **left atrial size** expressed both in the LA/AO and LA max measurements Chamber volumes and echogenicity were normal. Prolapse of the anterior mitral valve leaflet was noted. Doppler indicated measurable insufficiency.
The **left ventricle** presented normal 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. Aortic insufficiency was also noted. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** insufficiency was noted. 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 insufficiency with prolapse and mild left atrial enlargement.
- Stage B-2 to B-2+ valvular disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

George Robbins

SPECIES

Canine

BREED

Cavalier King Charles Spaniel

SEX

Neutered Male

AGE

14 Years

WEIGHT

30.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Advanced Veterinary Care

REFERRING VET

Dr. Weingartner

INVOICE

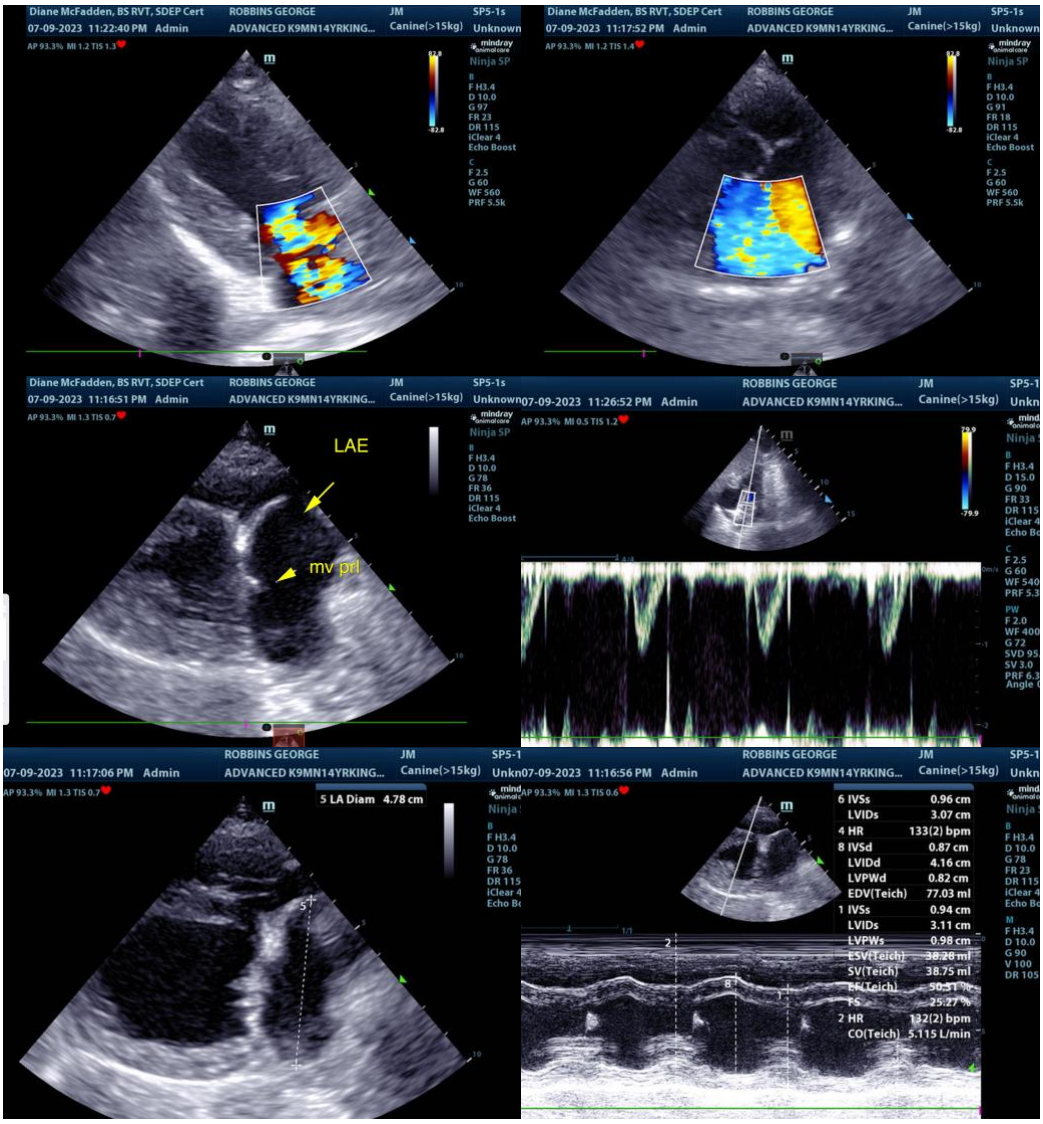
23298

DATE

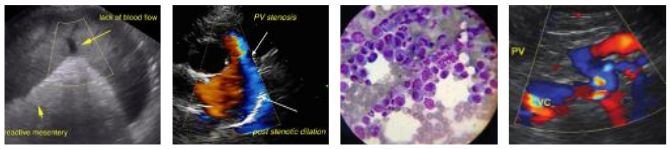
7/10/23

Blood pressure measurements are warranted. Given that this patient is on Pimobendan, and left atrial enlargement is present, main stem bronchus impingement is likely an issue. This is progressive B-2 to B-2+ valvular disease. I recommend adding ace-inhibitor 0.5 mg/kg SID, progressing to BID and spironolactone at 1-2 mg/kg BID. Low dose Lasix trial may also be necessary. Concurrent bronchial disease may also be playing a role, depending upon radiographic findings.

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 3-6 months depending upon response to therapy. 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.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

George Robbins

SPECIES

Canine

BREED

Cavalier King Charles Spaniel

SEX

Neutered Male

AGE

14 Years

WEIGHT

30.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Advanced Veterinary Care

REFERRING VET

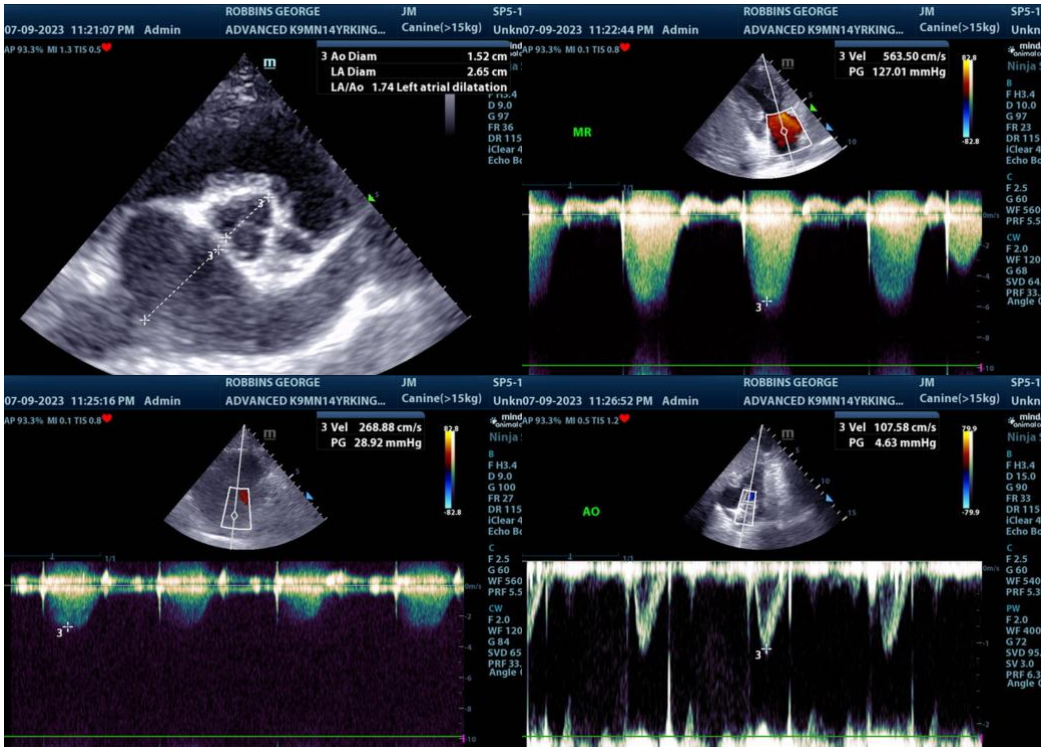
Dr. Weingartner

INVOICE

23298

DATE

7/10/23



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