



PATIENT

Buster Jessourian

PRESENTING CLINICAL SIGNS

Check for preanesthetic planning

SPECIES

Canine

BREED

Cavalier X

SEX

Neutered Male

AGE

10 Years

WEIGHT

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	<1.3	28-40	40-100	<0.6
PATIENT	6.0	--	1.9	2.3	42	74	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	140	1.50	1.29	--	6.07	4.15	--

Cardiac Presentation

The left atrium presented moderate to severe volume overload. Mitral valve prolapse was noted with insufficiency. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the left ventricle appeared adequate, yet volume overload was noted. 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 was noted.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Franklin Lakes AH

REFERRING VET

Dr. Alan Pomerantz

ULTRASONOGRAPHIC FINDINGS

- Moderate to severe volume overload of the left atrium
- Mitral valve prolapse and insufficiency
- Arrhythmogenic activity was noted

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

EKG indicated given that arrhythmogenic activity was noted. The patient is on Pimobendan and Lasix, so I recommend adding Spironolactone at 1-2 mg/kg BID and Ace-inhibitor at 0.5 mg/kg SID progressing to BID. There is moderate anesthetic risk in this patient and arrhythmic therapy may be

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necessary. However, once the patient is stabilized and assuming sleeping respiratory rate is <25 per minute, then anesthesia could be considered. Short term anesthesia could be considered; however, pulse ox symmetry and EKG should be monitored carefully. Torbutrol (premed), propofol (induction) and isoflurane (maintenance) is recommended.

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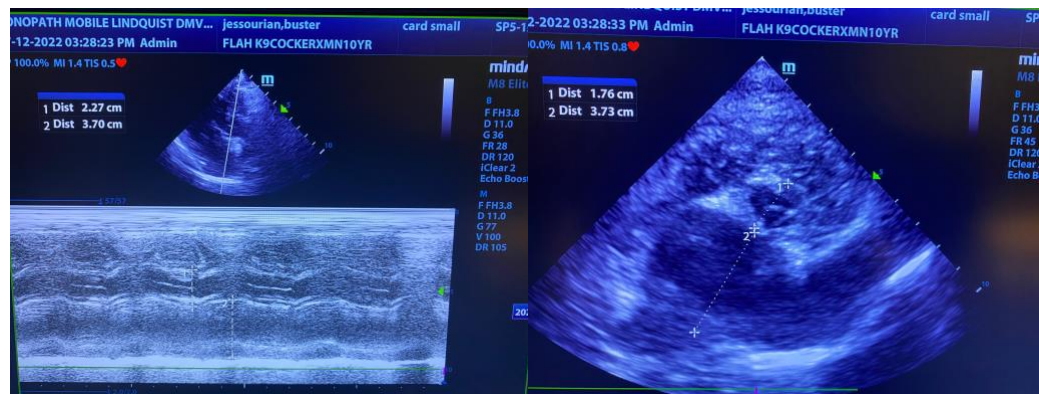
AGE

10 Years



WEIGHT

N/A



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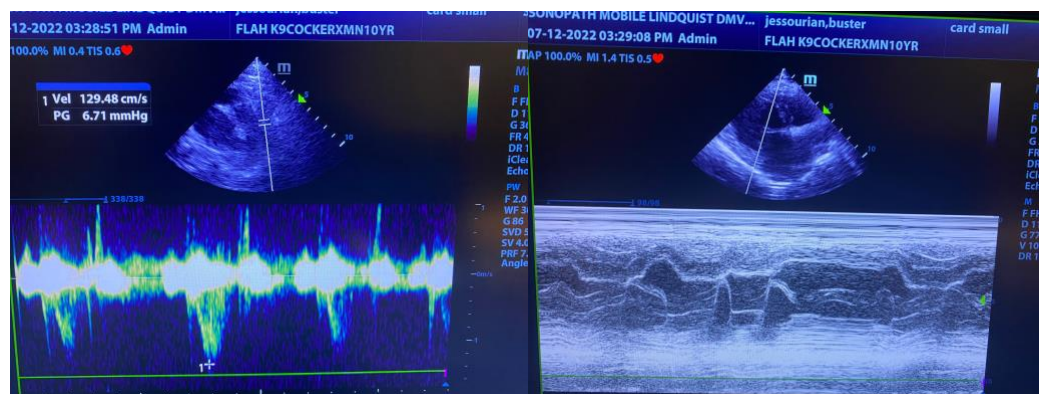
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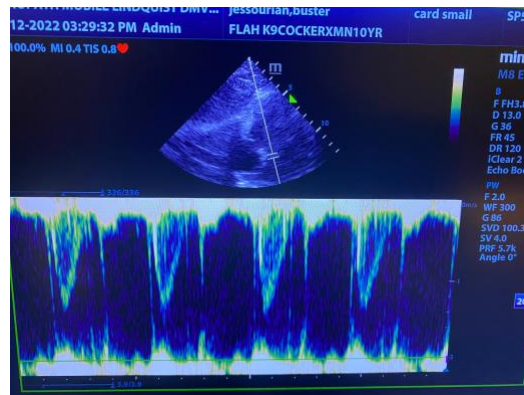
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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