



PATIENT

Oscar Campanaro

SPECIES

Canine

BREED

Maltese

SEX

Neutered male

AGE

16 years

WEIGHT

7.8 lbs

PRESENTING CLINICAL SIGNS

History: Oscar was presented today for echocardiogram, he had echo last year and shows that Advanced Stage B2-C1 valvular disease last week he had episode of possible stroke where he fell over and was circling around and he came out of it most recent blood work shows high d dimer and mild azotemia currently on Entyce .3mg daily Meclizine 25 mg daily Cerenia 8mg daily Benazepril 2.5mg daily Furosemide 6.75mg twice daily Vetmedin 2.5mg twice daily
 Abnormal PE/Chem/CBC/UA Results: cbc : wnl chemistry : mild alt elevation 125 mg/dl mild azotemia (bun 44, creat 1.7) sdma 25 d dimer 1205 (normal less than 250) chest xray shows sever left sided cardiomegaly without any evidence of pulmonary edema or any vascular pattern

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The cardiac presentation presented persistent **mitral valve** prolapse and moderate to severe chronic **left atrial** enlargement. Contractility appeared adequate. The **left ventricular** internal diameter is mildly excessive. Complete filling of the left atrium was noted on color flow assessment of the mitral valve. Considerable volume overload is persistently present. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** 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. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gabriel

HOSPITAL NAME

Central Jersey AH

REFERRING VET

Dr. Gabriel

INVOICE

3181

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7/21/22

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	5.5		NM	2.2	60	91	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	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			0.8	7.8 lbs	3.4 max	2.82	

ULTRASONOGRAPHIC FINDINGS

Moderately decompensated mitral valve disease.



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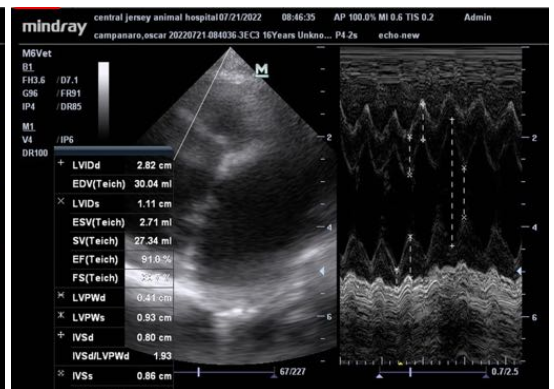
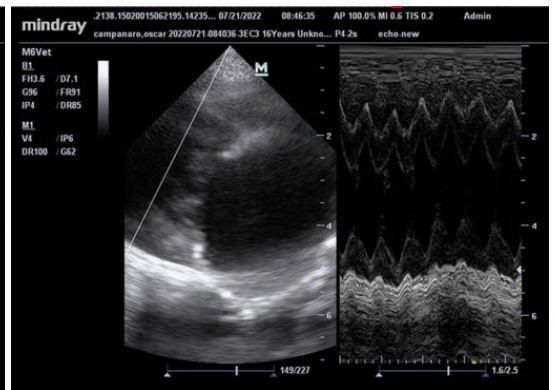
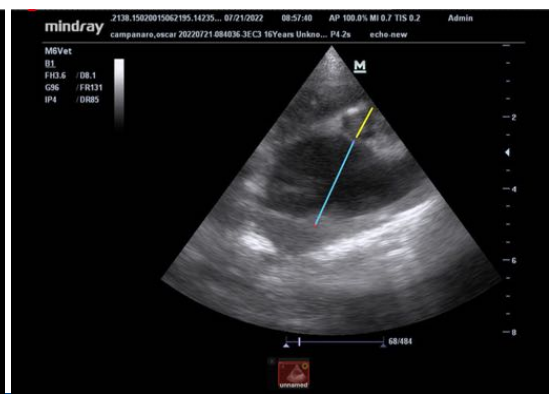
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend adjusting the current medication protocol by increasing ace inhibitor to b.i.d. dosing if the patient tolerates it regarding azotemia and blood pressure measurements. I recommend adding Spironolactone at 1-2 mg/kg b.i.d. and slightly increasing Lasix. Sleeping respiratory rate and target less than 25-30/minute. Recheck echocardiogram is recommended in 3 months. An abdominal sonogram may be ideal to ensure adequate renal structure given the medication protocol. I recommend monitoring of blood pressure measurements as well as BUN and creatinine. Full physical exam and chest radiographs are recommended in 5-7 days.





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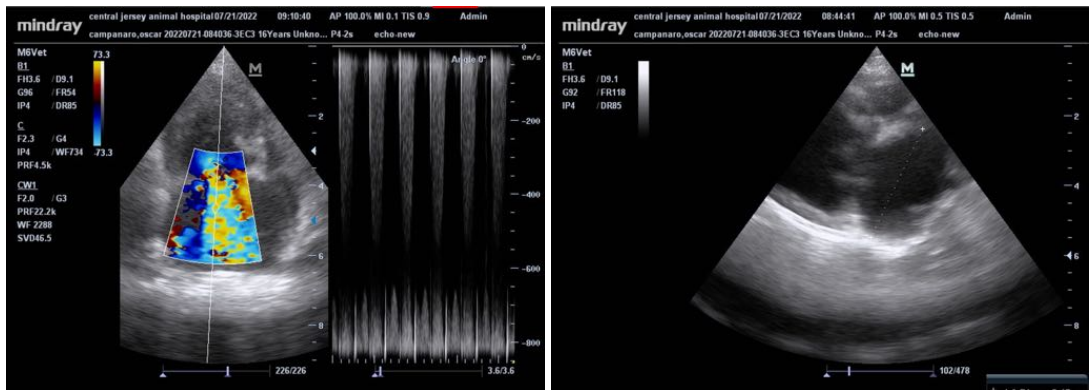
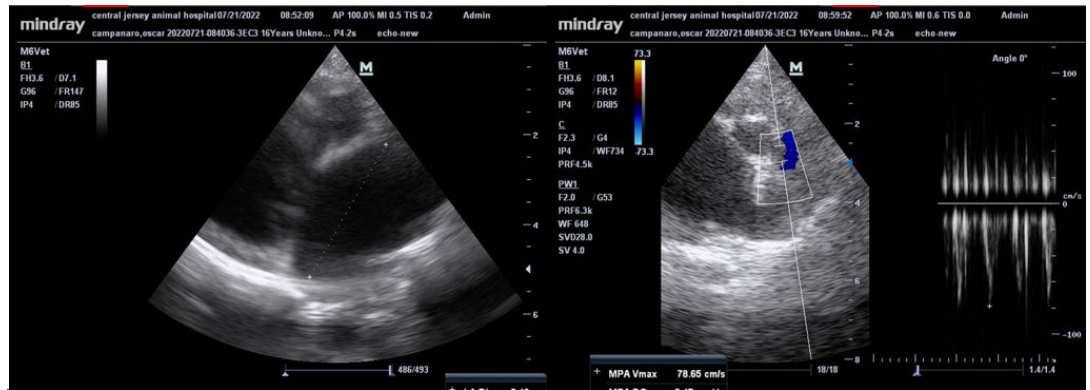
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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