



PATIENT PRESENTING CLINICAL SIGNS

Spooky Goodmonson

Chronic hx of stable stage B2 chronic degenerative valvular disease. On vetmedin and a cardiac diet. Coughs occasionally at home but stable. Normal SRR - no concerns @ home.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Grade 4/6 systolic murmur, otherwise NSF on PE BP performed today: 120 systolic average

BREED

Golden Doodle

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

SEX

Neutered Male

AGE

11 Years

WEIGHT

32 pounds

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	Up to 1.6	28-40	40-100	<0.6
PATIENT	6.0	2.0	1.9	1.8	53	85	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	0.98		4.0	3.7	

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Jessica Bailes

HOSPITAL NAME

All Creatures Great & Small Vet Clinic

REFERRING VET

Dr. Jessica Bailes

INVOICE

44421

DATE

7/27/23

Cardiac Presentation

The cardiac presentation revealed persistent mitral and tricuspid insufficiency with aortic insufficiency noted at 5.5 m/sec. Progressive left atrial enlargement noted based on the prior parameters, as well as left ventricular dilation. No pericardial or pleural effusion noted.

ULTRASONOGRAPHIC FINDINGS

- Persistent mitral and tricuspid insufficiency, aortic insufficiency
- Progressive left atrial enlargement and left ventricular dilation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Blood pressure measurements should be monitored if not already performed. This is still technically Stage B2 valvular disease. Hepatic veins were not dilated. No evidence of pulmonary hypertension at this time. Continuation of Pimobendan recommended and consideration for addition of ACE inhibitor at 0.5 mg/kg BID and Spironolactone at 1-2 mg/kg BID. There is no consensus on this stage of B2 and the use of ACE inhibitor and Spironolactone. However, given the progression of the left atrial and left ventricular dilation, implementation could be considered.

The heart has some volume overload and 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



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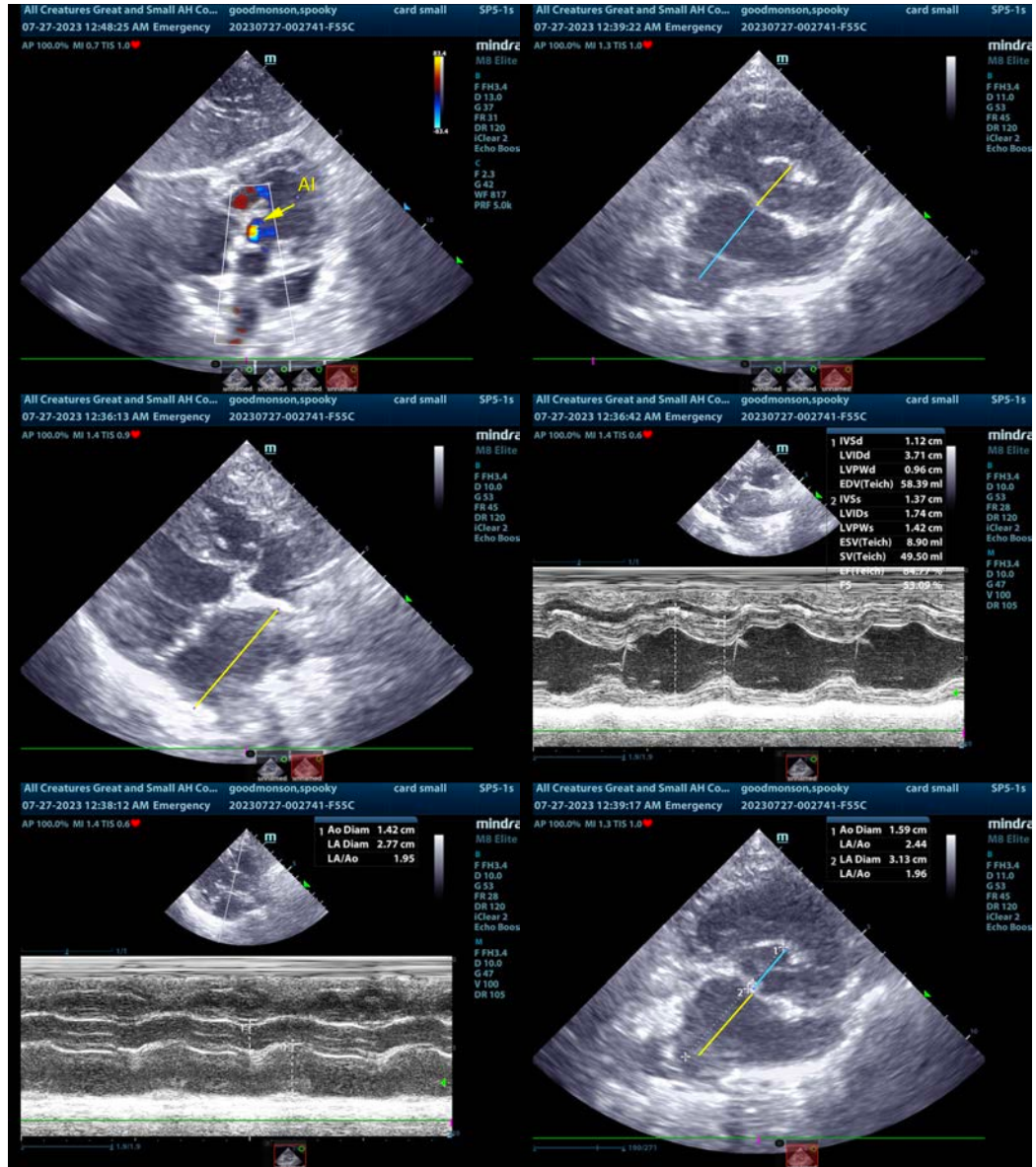
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clinical exam, BUN, Creatinine, USG, Chest radiographs & Blood pressure in 5-7 days. Recheck echo in 1 month. Earlier if clinical decompensation is occurring. I do not recommend anesthesia at this time until stabilization has occurred on the recommended medications. Repeat preanesthetic echo is ideal if anesthesia is eventually necessary. There is moderate anesthetic risk for this patient. I recommend cardiac treatment prior to sedation unless only light opioids are utilized which would have minimal effect on heart function.





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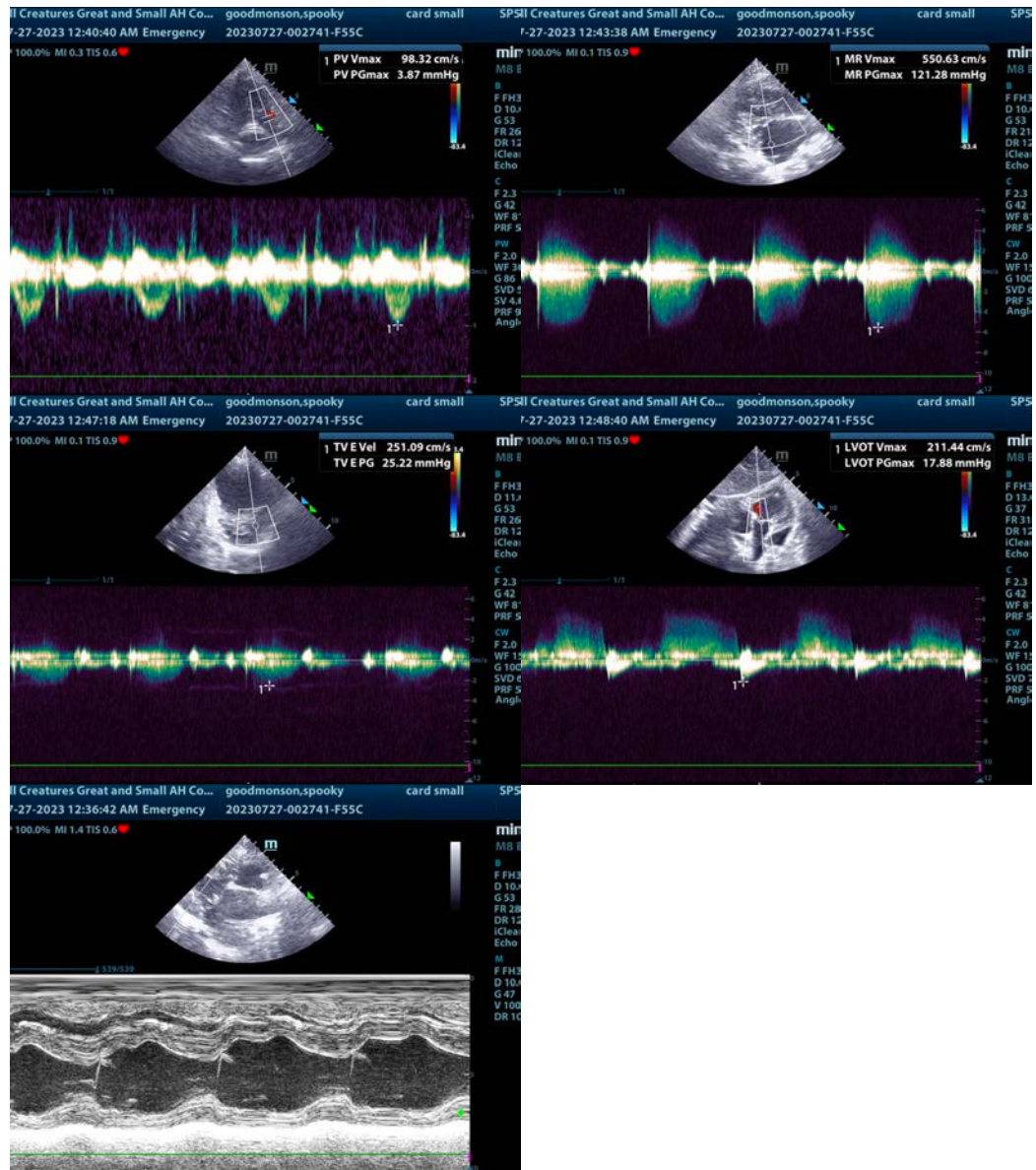
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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