



PATIENT

Daisy Dudzic

SPECIES

Canine

BREED

Beagle Mix

SEX

Spayed female

AGE

9 years

WEIGHT

32 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Swart

HOSPITAL NAME

Swart Veterinary
Imaging

REFERRING VET

Dr. Swart

INVOICE

45911

DATE

7/5/23

PRESENTING CLINICAL SIGNS

History: Recent history of acute cough. Coughing seemed to be worse at night. Patient does have hx of murmur so echo is to r/o cardiogenic cough. Radiology review of thoracic rads showed mildly enlarged cardiac silhouette. Diffuse mild to moderate bronchointerstitial opacity that might be worse at the perihilar region. All else was normal. Grade III-IV left apical murmur was auscultated today. No crackles. Patient did cough when pulling on slip leash, otherwise staff reported no coughing in hospital today. Owner reported cough has improved and she is now only coughing occasionally.
Abnormal PE/Chem/CBC/UA Results: Very mild eosinophilia, BNP mildly elevated at 1124 (high end of normal is 900)

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. The **left ventricle** presented 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. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. 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.

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base;)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	5.0	3.3	1.43	1.7	44		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		1.7	1.09	32 lbs	3.9 max	3.75	



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ULTRASONOGRAPHIC FINDINGS

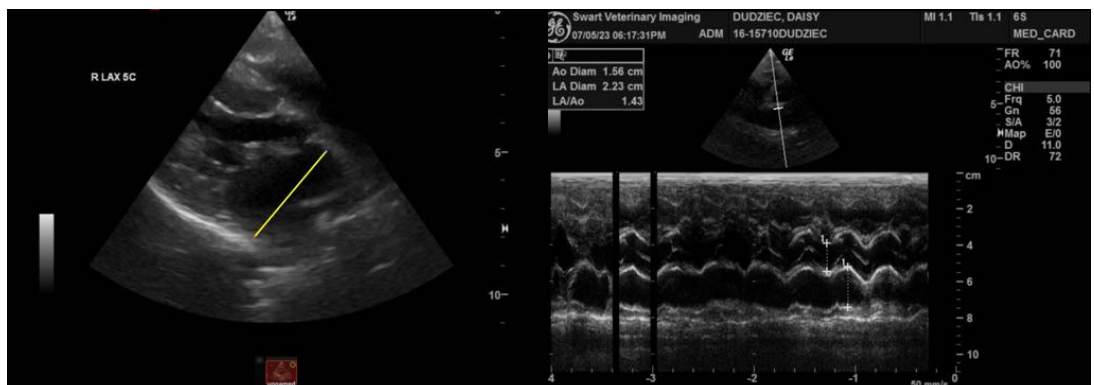
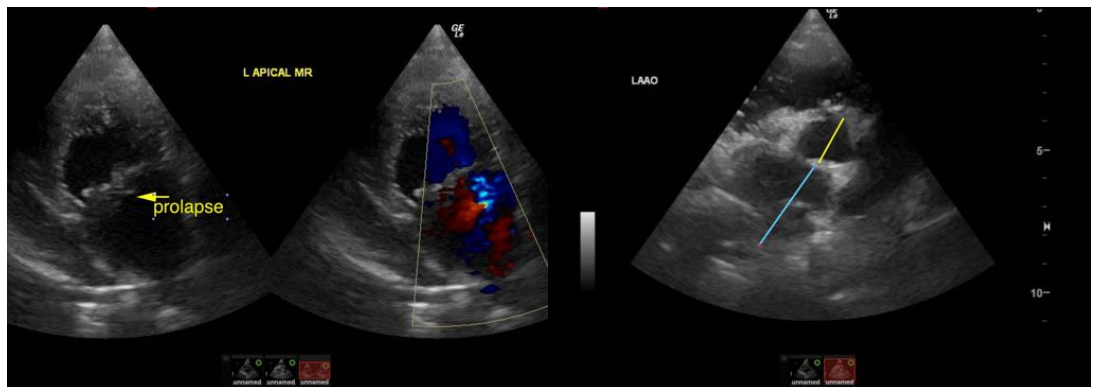
Minor left atrial enlargement noted in this patient.

Slight prolapse of the mitral valve.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It is not likely that the cough is directly related to the cardiac presentation; however, minor left atrial enlargement is present with prolapse of the anterior mitral valve leaflet. I recommend initiating Pimobendan at 0.3 mg/kg b.i.d. An ace inhibitor is indicated if systemic hypertension is present (systolic pressure > 160). Primary respiratory protocol is likely necessary in this patient based on radiographic findings.

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 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.





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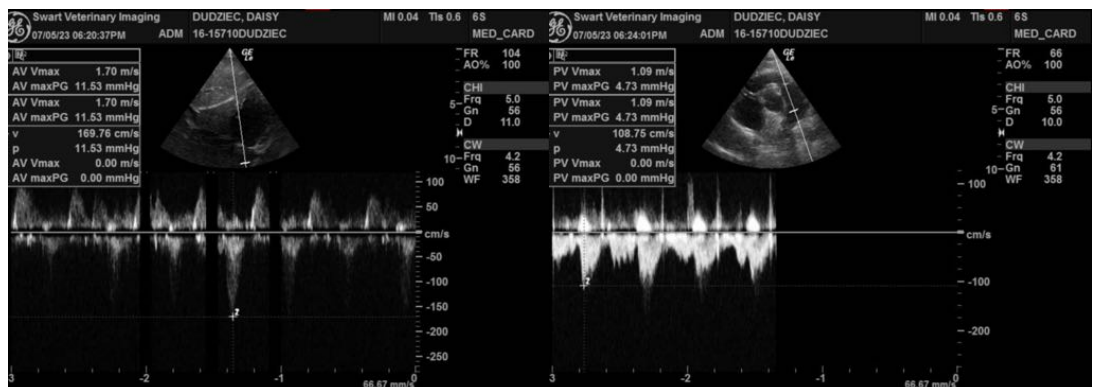
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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