


PATIENT PRESENTING CLINICAL SIGNS

Liam Dalphond

History: History of severe mitral valve regurg, mild pulmonary hypertension, mild TR, and left atrium enlargement. The patient is on sildenafil 2 mg capsule 1 capsule twice a day, Pimobendan 0.625 mg capsule 1 capsule twice a day, Spironolactone 2.5 mg capsule 1 capsule twice a day, enalapril 1 mg capsule 1 capsule twice a day

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Bilateral heart murmur grade 5 out of 6

BREED

Poodle Mix

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated fairly normal volumes in all four chambers with mitral and tricuspid insufficiency. Contractility appeared adequate. There was no pericardial or pleural effusion noted. The hepatic veins were of normal volume with no evidence of right-sided failure.

SEX

Neutered male

AGE

4 years

WEIGHT

10 lbs

INTERPRETED BY

 Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Sharkaway

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			1.5	1.2	55		0.1
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	90		0.6	10 lbs	2-2.5 max	2.1	

ULTRASONOGRAPHIC FINDINGS

This is consistent with compensated mitral and tricuspid disease on the current protocol as long as BUN, creatinine, blood pressure measurements and urine specific gravity are normal.

HOSPITAL NAME

Kew Gardens AH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
REFERRING VET

Dr. Sharkaway

INVOICE

45907

DATE

7/5/23

I recommend maintaining the patient on Spironolactone, ace inhibitor and Pimobendan for the time being followed up with a recheck echocardiogram in 1-3 months. Given the prolapse I am assuming that the patient was in near left-sided failure; however, I cannot justify Sildenafil based on consensus statement or use even if the tricuspid insufficiency velocity is 3.3 m/sec. There is no hepatic vein dilation or evidence of right-sided heart failure. Sildenafil should be based on clinical signs of pulmonary hypertension i.e. exercise intolerance, cyanosis upon exertion, dilated hepatic veins and right-sided heart failure, none of which are present at this time. However, I cannot rule it out being present in the past. Therefore, Sildenafil is debatable on whether it is necessary. Recheck echocardiogram in 3-6 months depending on the stability of the patient. The recommendations are based on normal blood pressure measurements, clinical status, hydration, BUN, creatinine and urine specific gravity results.



PATIENT

Based on the echocardiogram at this time the patient should not be having a gross signs of heard disease.

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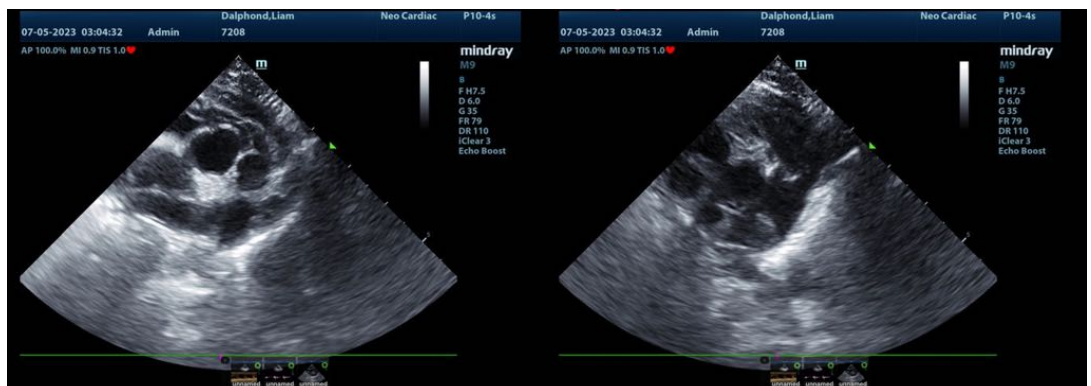
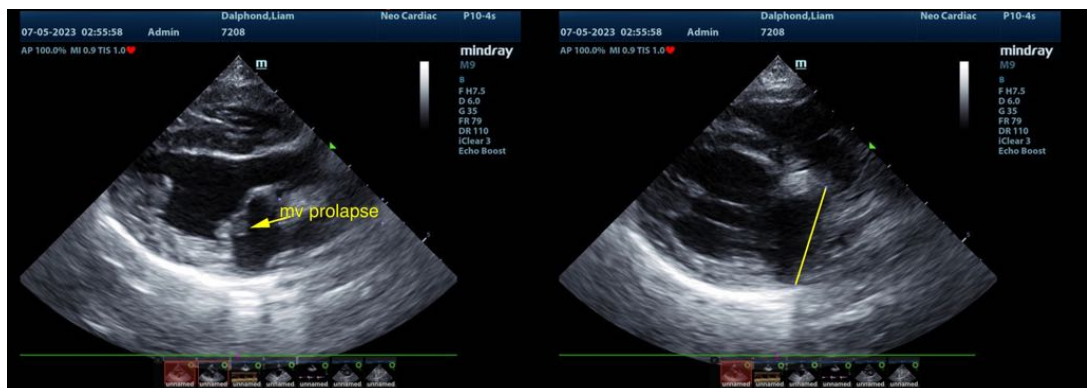
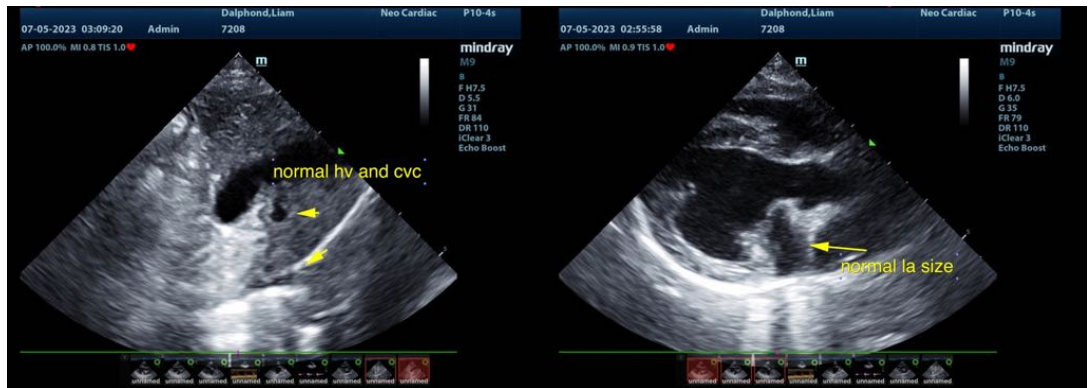
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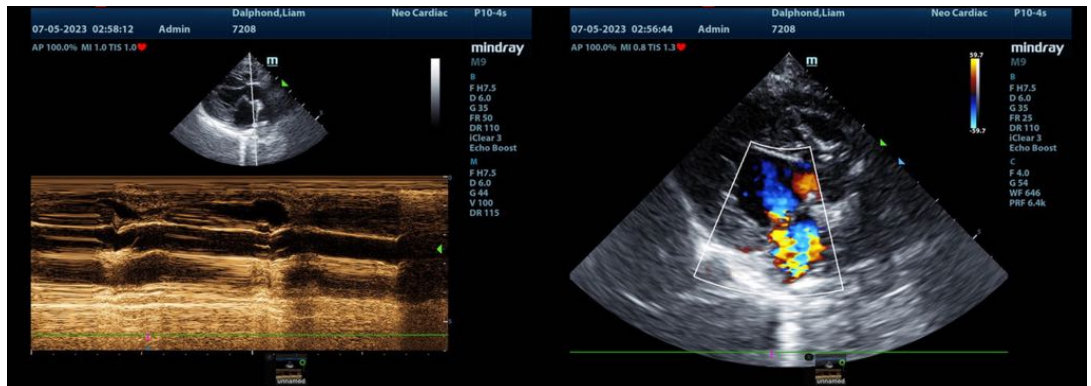
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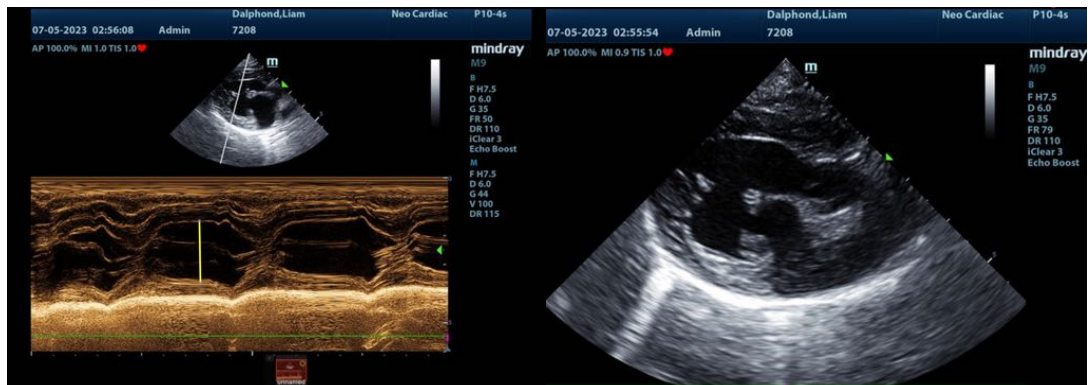


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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com