

PATIENT

Noodles Eckman

SPECIES

Canine

BREED

Miniature Poodle

SEX

Spayed Female

AGE

10 Years

WEIGHT

12 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Warren AH

REFERRING VET

Dr. Duffy

INVOICE

23904

DATE

8/11/23

PRESENTING CLINICAL SIGNS

History: grade 4/6 murmur; on furosemide and Pimobendan

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	<1.6	28-40	40-100	<0.6
PATIENT	6.0		1.36	1.07	44	78	0.3
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	172	1.08		--	2.6	2.59	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable insufficiency. 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 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.

ULTRASONOGRAPHIC FINDINGS

- Compensated mitral insufficiency on the current protocol

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It is difficult to recommend exactly how to manage the use of Pimobendan and Furosemide in this



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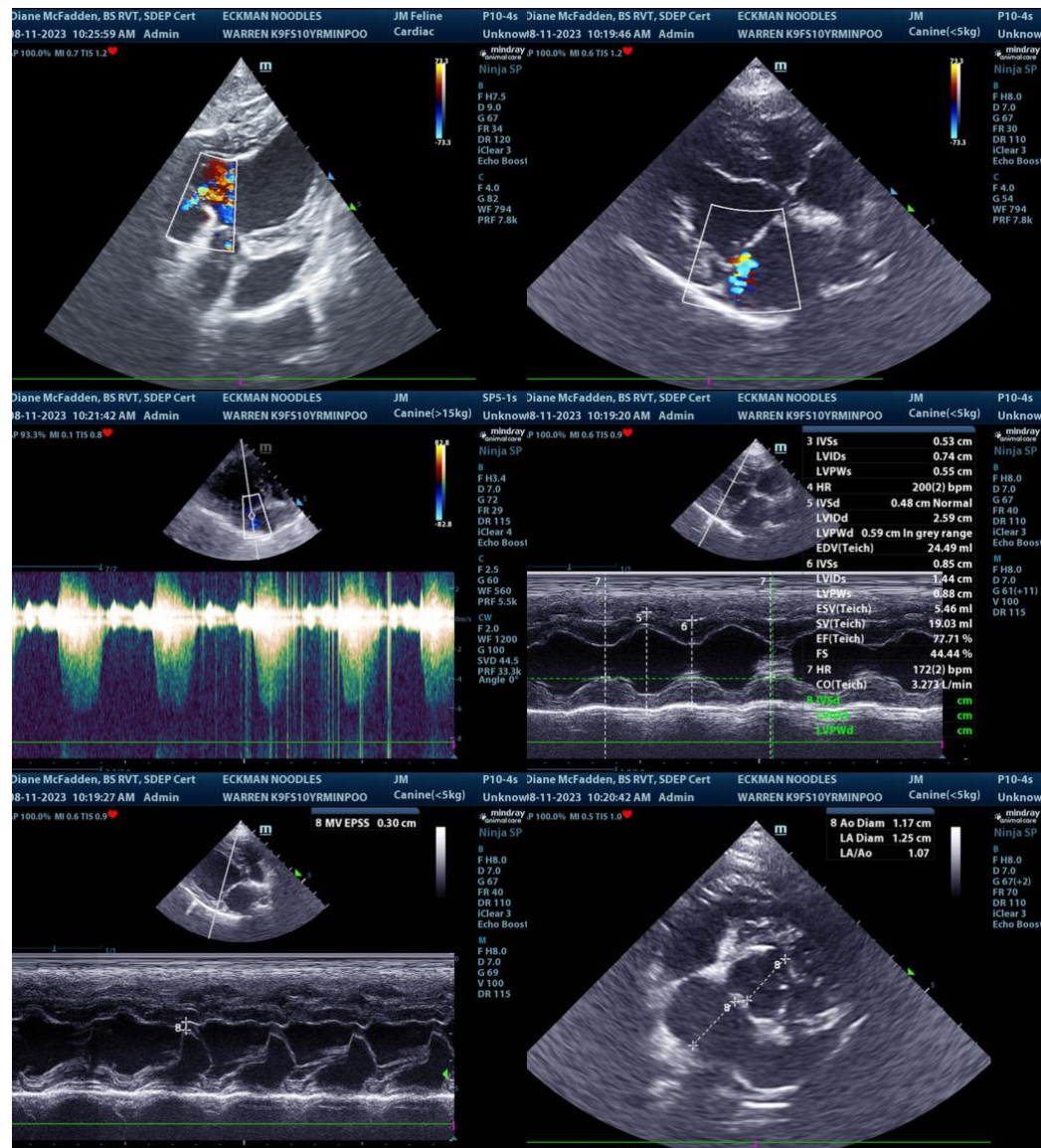
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patient, given that currently the volumes are normal, and without a differential of what the heart appeared prior to treatment, it's difficult to say whether the patient should be kept on Furosemide and Pimobendan. If left atrial enlargement and/or pulmonary edema were present on radiographs at presentation, then I recommend continuation of the current protocol. However, if no pulmonary edema is present, then I recommend continuing Pimobendan and potentially transitioning to Ace-inhibitor and Spironolactone, as opposed to Furosemide, given that Furosemide is the best option for rapid treatment during a decompensation episode in the future. Regardless, recheck echo in 6 months. BUN, creatinine and blood pressures should be monitored in this patient.





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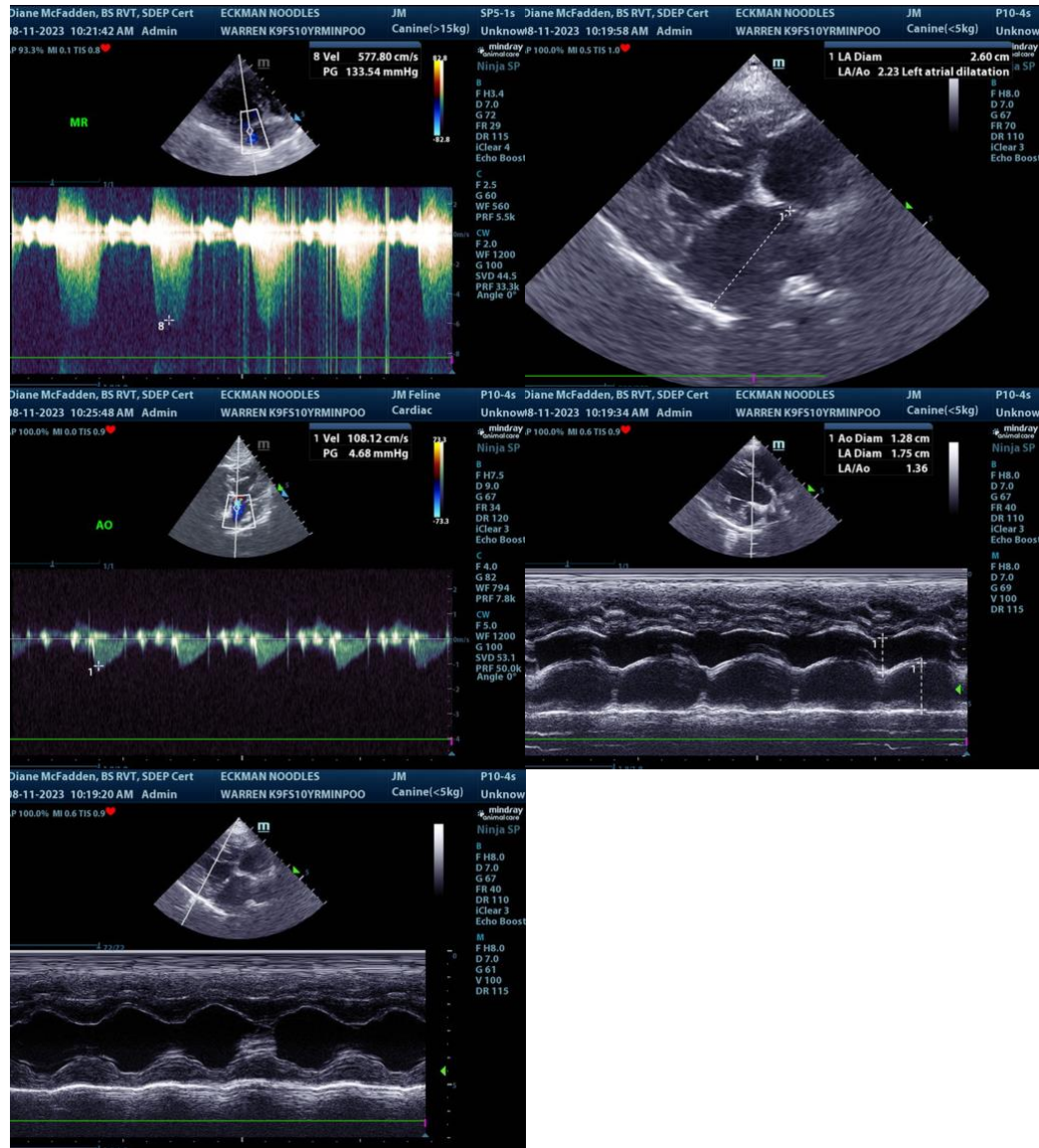
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com