



PATIENT PRESENTING CLINICAL SIGNS

Larry Halfway Home
Rescue

History: Prev u/s on 12/23/22 Stage B2 valvular dz Doing worse at home increase coughing exercise intolerance, wheezing Current meds Benazepril 10 mg 1/2 BID Lasix 50 mg 1 am 1/2 PM Vetmedin 2.5 mg BID

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

The echocardiogram in this patient revealed moderate volume overload of the **left atrium**. **Mitral and tricuspid** insufficiency was noted with prolapse of the anterior mitral valve leaflet.

Lhasa Apso

SEX

Male

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	Up to 1.6	28-40	40-100	<0.6
PATIENT	6.0		1.9	2.2	50		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			0.5	24 lbs	4.3 max	3.3	

AGE

10 years

WEIGHT

24 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

ULTRASONOGRAPHIC FINDINGS

This patient appears to be decompensating with volume overload.

REFERRING VET

Dr. Ascot

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend adjusting current medical protocol with adding Spironolactone at 1-2 mg/kg b.i.d., increasing Lasix to 50 mg b.i.d. and continuation of the Benazepril and Vetmedin. Cough suppressants should be considered. Prognosis long term is guarded. Torsemide rescue therapy can be considered with attentive dose management in respect to renal/urinary side effects.

INVOICE

46587

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.

DATE

8/15/23



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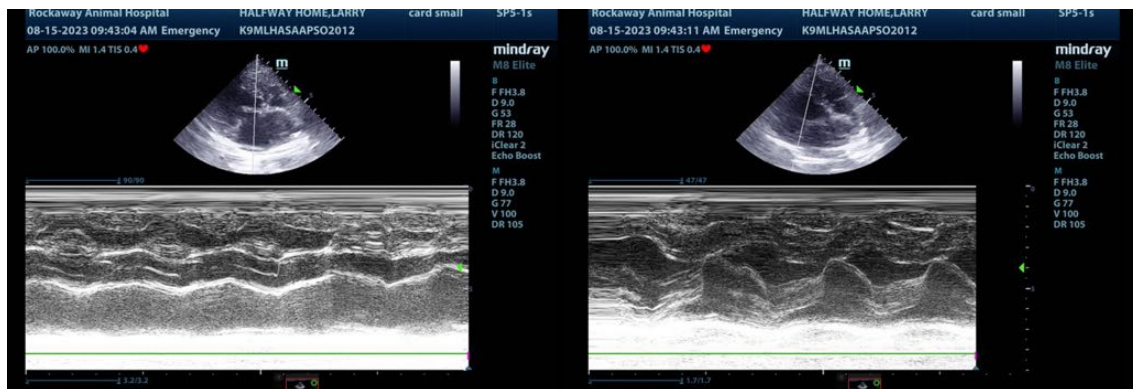
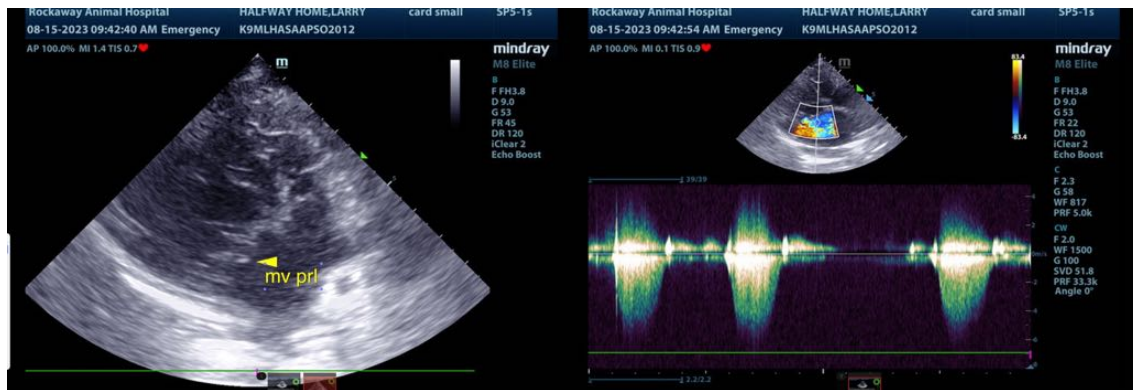
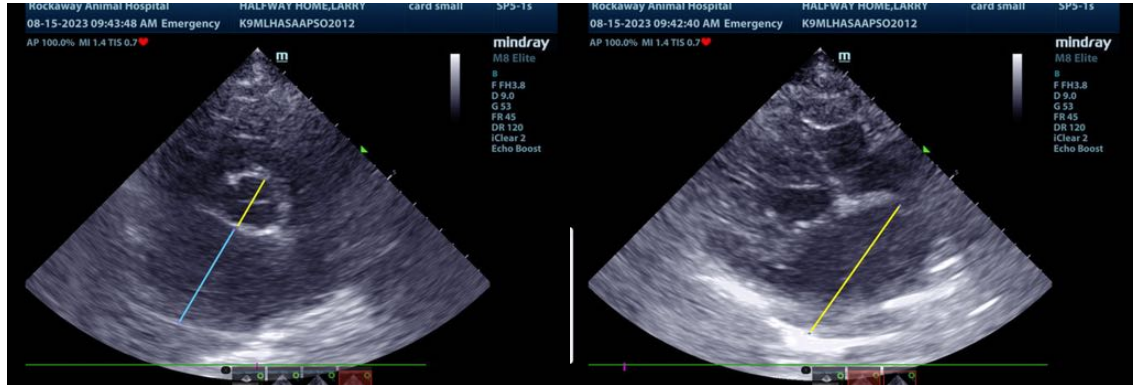
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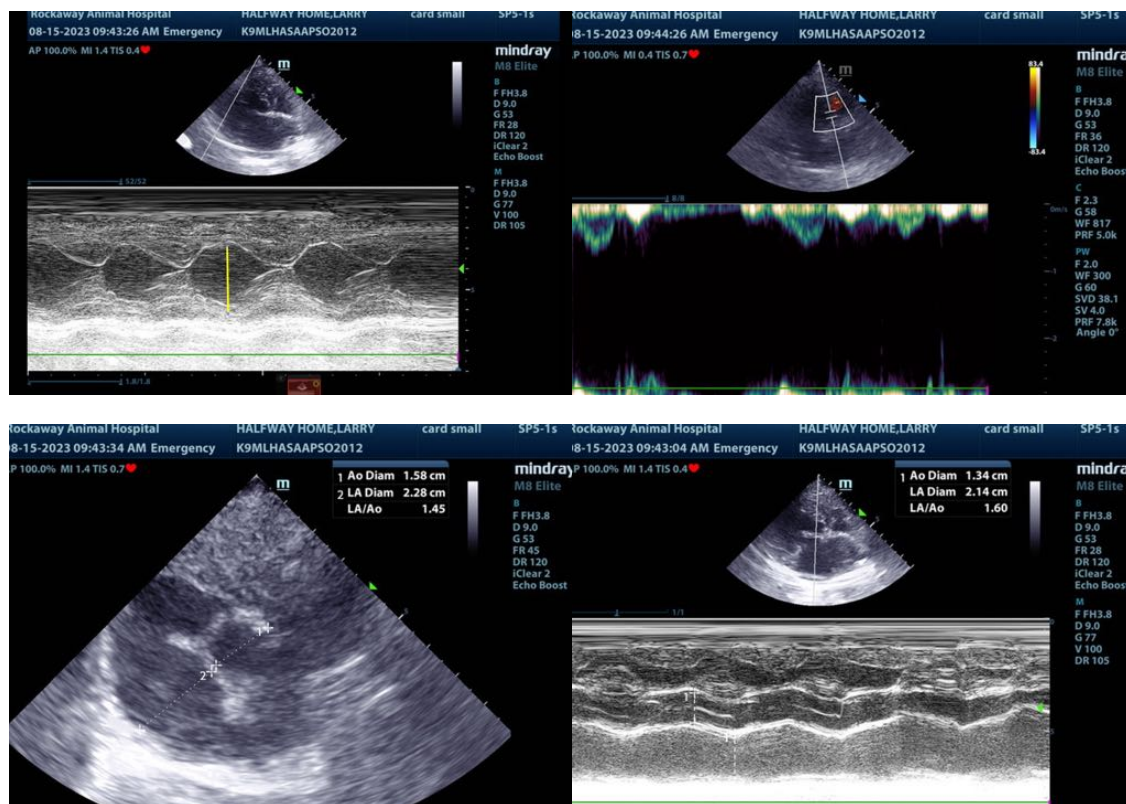
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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