



PATIENT

Pipi Hickenbottom

SPECIES

Canine

BREED

King Charles Spaniel

SEX

Spayed Female

AGE

9 Years

WEIGHT

16.2 Pounds

PRESENTING CLINICAL SIGNS

History: Recheck echo, possible sx (tail mass / dental) Current meds: Pimobendan 1.25mg AM + 2.5mg PM, Cardalis 20mg / 2.5mg PM, fish oil, probiotics, joint supplement

Abnormal PE/Chem/CBC/UA Results: May- unremarkable, low normal BUN/Crea/SDMA

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	6.11	2.8	NM	1.8	59	90	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				
PATIENT	156	1.41	.84	--	4.47	2.77	--

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

AH of Roxbury

REFERRING VET

Dr. Hickenbottom

INVOICE

23962

DATE

8/18/23

Cardiac Presentation

The cardiac presentation in this patient presented prolapse of the anterior mitral valve leaflet with persistent moderate left atrial enlargement. Complete filling of the left atrium was noted on color flow assessment. Contractility appeared adequate. Mild volume overload of the left ventricle was noted. Mitral and tricuspid insufficiency were present. Hepatic veins were dilated.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend adding Lasix (1-2 mg/kg BID). Torbutrol (premed), propofol (induction) and isoflurane (maintenance) is the best combination for this patient, however, there is mild anesthetic risk given the persistent left atrial enlargement and the fragile mitral valve. I recommend avoiding excessive excitement on induction and reanimation in this patient during the procedure. Pulse Ox symmetry and ideally, EKG would be present during the anesthetic procedure and minimal anesthetic time is recommended. Recheck echo in 3-6 months, depending on clinical status.



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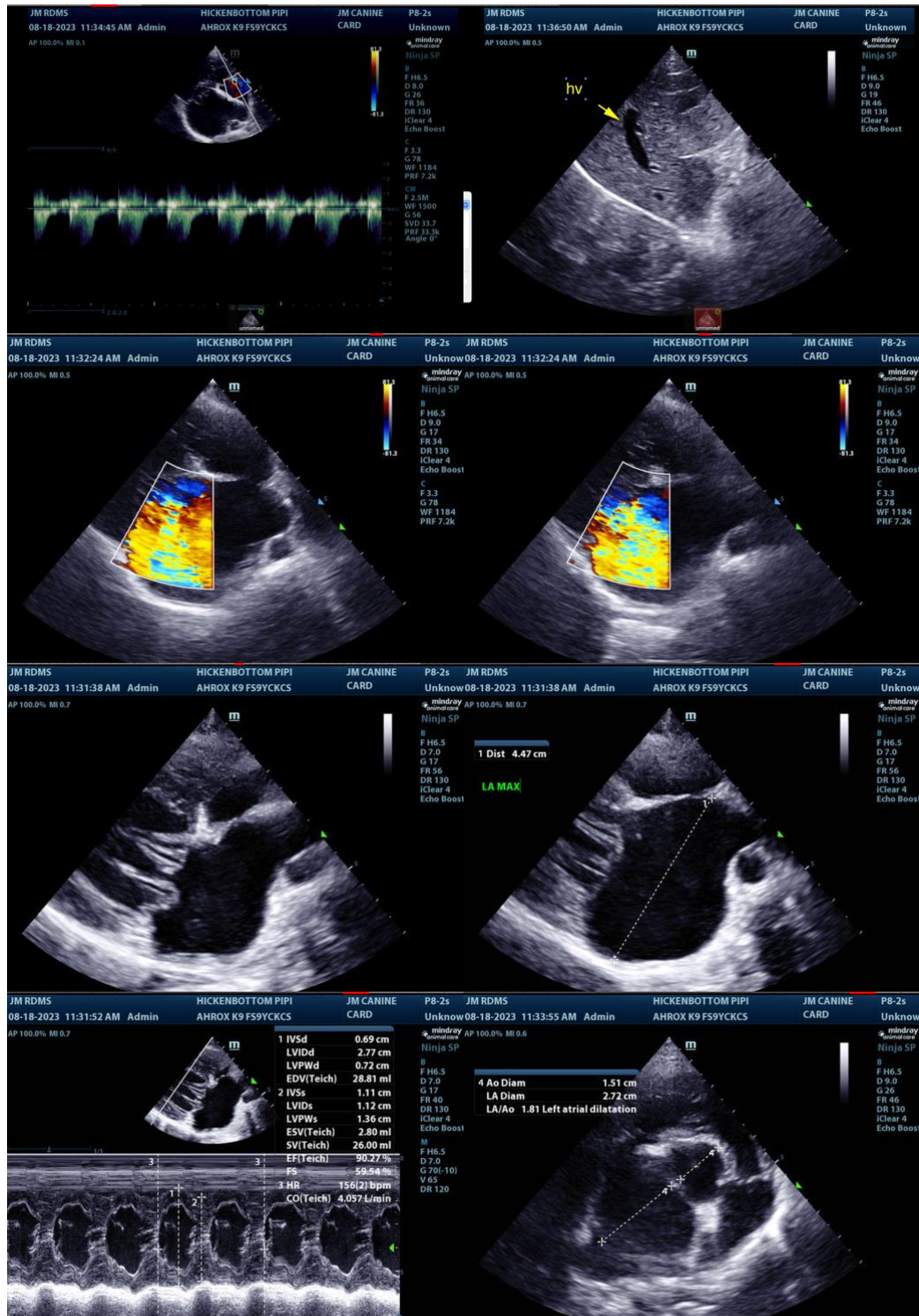
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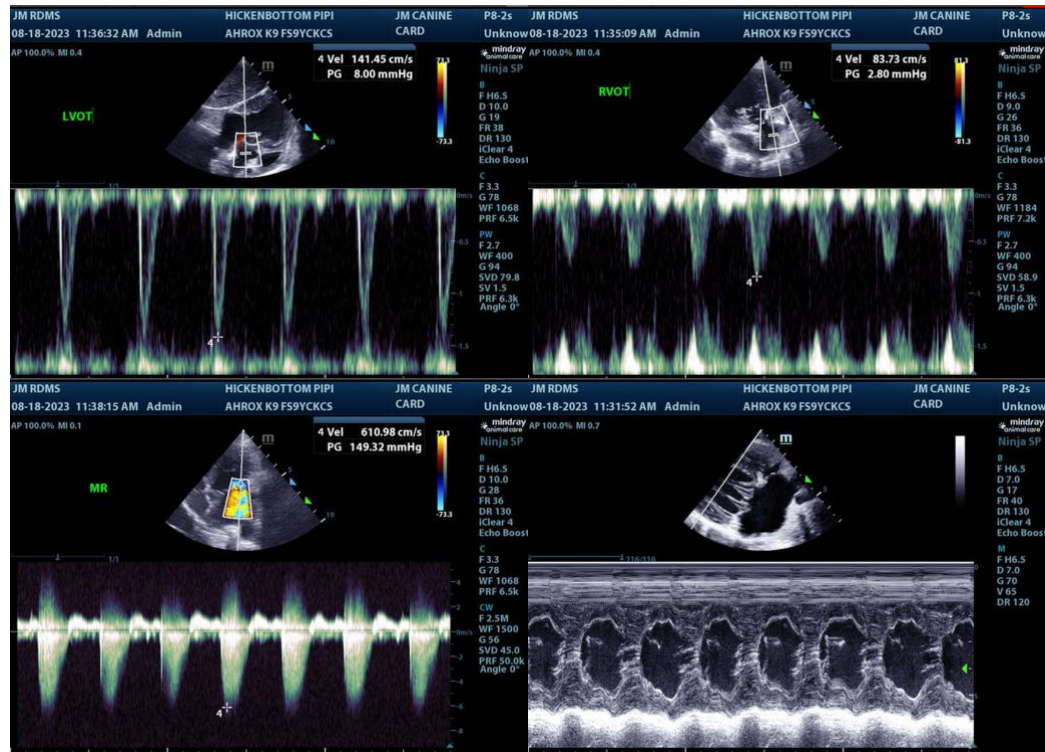
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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