



PATIENT PRESENTING CLINICAL SIGNS

Liam Zagorski

History: Coughing, grade 4/6 murmur.
 Abnormal PE/Chem/CBC/UA Results: Enlarged heart on radiograph. BP 137/89(104), 146/88(109), 139/67(105) Blood pending

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Golden Retriever

The echocardiogram in this patient demonstrated enlarged **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** insufficiency is present, yet the insufficiency jet was under estimated. 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. Occasional arrhythmia was noted. Hepatic veins are prominent, but not overtly congested.

SEX

Neutered male

AGE

11 years

WEIGHT

86 lbs

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUS

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg

REFERRING VET

Dr. Shaw

INVOICE

32442

DATE

8/22/22

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	5.0		1.7	1.9	26	65	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	123		1.2	86 lbs	7.1 max	5.35	



PATIENT

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ULTRASONOGRAPHIC FINDINGS

Mitral valve insufficiency.
Advanced stage B2 valvular disease.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

Golden Retriever

Given the cough main stem bronchus impingement is likely an underlying issue. I recommend initiating Pimobendan at 0.3 mg/kg b.i.d., ace inhibitor at 0.5 mg/kg s.i.d. progressing to b.i.d. and Lasix trial at 2-3 mg/kg b.i.d. I recommend to reassess the cough and radiographs as well as sleeping resting heart rate.

SEX

Neutered male

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

AGE

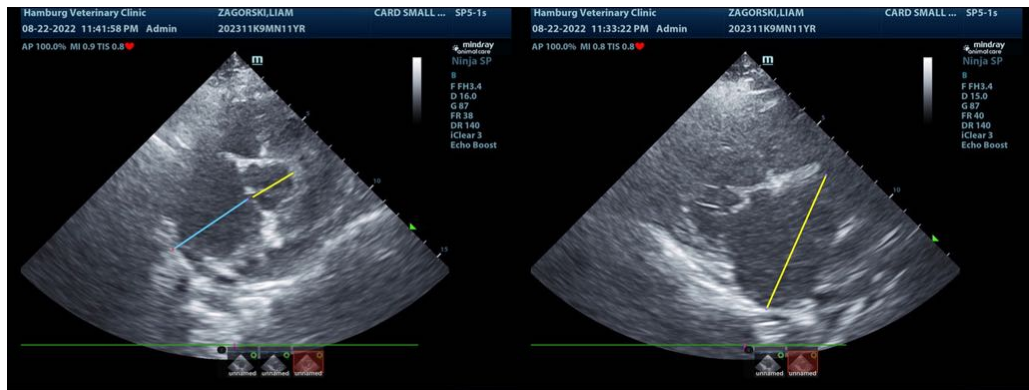
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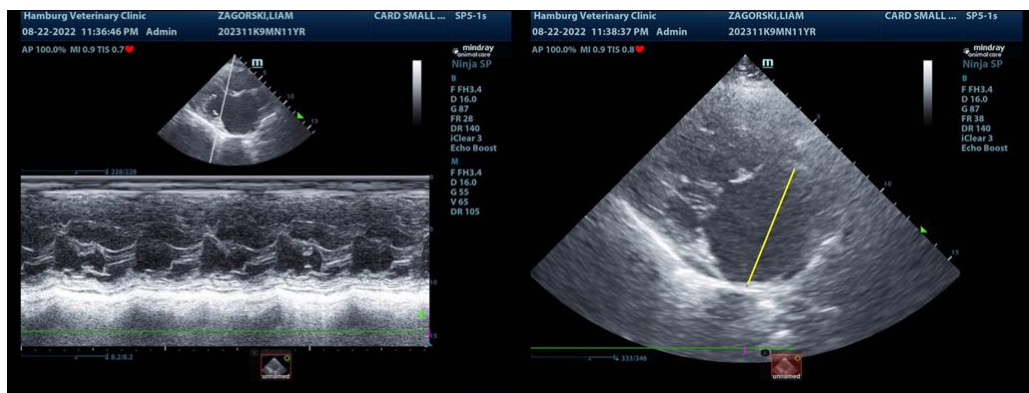


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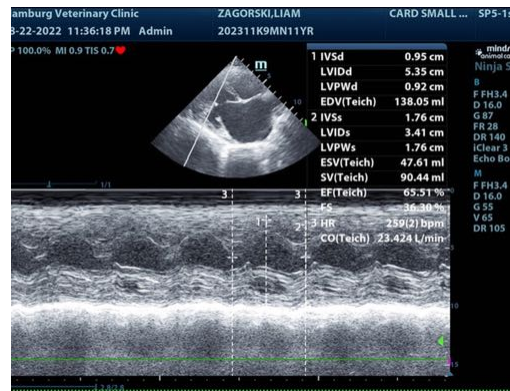
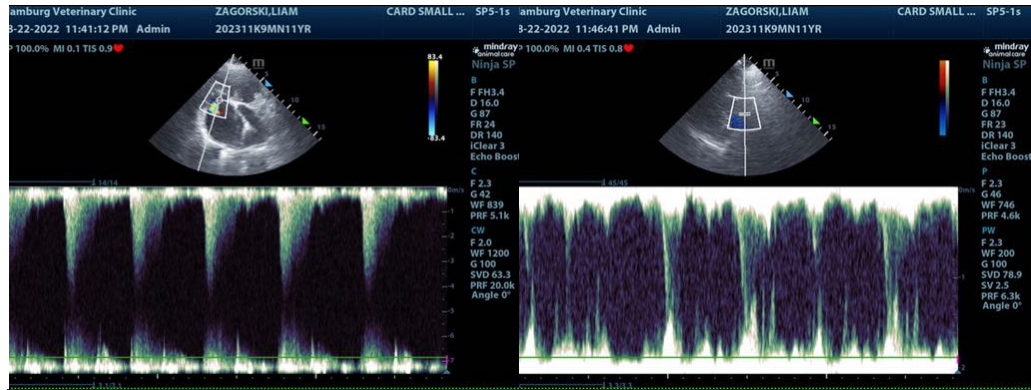
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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