



PATIENT

Ollie McElreath

SPECIES

Canine

BREED

Schnauzer Border
Collie Mix

SEX

Neutered male

AGE

13 years

WEIGHT

27 lbs

PRESENTING CLINICAL SIGNS

History: Labored Breathing and syncope episodes. He is on Enalapril 5 mg BID and Lasix 20 mg BID. Inappetence

Abnormal PE/Chem/CBC/UA Results: Systolic heart murmur 4/6 X-ray: Straight caudal edge of cardiac silhouette and dorsal deviation of trachea ALP 412

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The **echocardiogram** presented a prominent **right heart** with mild **right ventricular** hypertrophy, without significant **tricuspid** regurgitation, and normal **right atrial** size. No evidence of neoplasia was noted in the right auricle, or elsewhere in the heart. The **pulmonary artery** was uniformly prominent with mildly depressed pulmonic velocity measured on PW Doppler. No overt heartworms were noted in the main or visible deep pulmonary arteries. Yet, theoretically heartworms could be present in the deep pulmonary vasculature out of visible sonographic range. More likely, however, this prominent right heart is due to excessive intra-thoracic pressures caused by chronic respiratory disease or potentially excessive intra-thoracic fat (Pickwickian syndrome). The **left heart** demonstrated a linear **ventricular septum**. Contractility was functionally adequate demonstrated by the FS% measurement. The **mitral valve** revealed insufficiency, yet no significant **left atrial** dilation was noted. Prolapse of the anterior mitral valve leaflet was noted. The **left ventricular outflow** demonstrated normal flow patterns and velocities through the aortic valve. No evidence of tumor, pericardial or pleural effusion was noted. The visible **extra-cardiac** tissues were uniformly linear without evidence of masses, infiltrative or inflammatory mediastinal tissue. No evident arrhythmic activity was noted during the exam. The hepatic veins were not dilated. There is no evidence of passive congestion.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Caughman

HOSPITAL NAME

Dogwood AH

REFERRING VET

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INVOICE

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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		1.5	1.8	45		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		0.6		27 lbs	3.9 max	4.1	



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ULTRASONOGRAPHIC FINDINGS

Stage B2 valvular disease.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It is likely that this patient is partially compensating for C1 episode that has been partially treated. I recommend refining therapy by adding Pimobendan to the current protocol at 0.3 mg/kg b.i.d., Spironolactone at 1-2 mg/kg b.i.d. and potentially reducing Lasix dose.

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Collie Mix

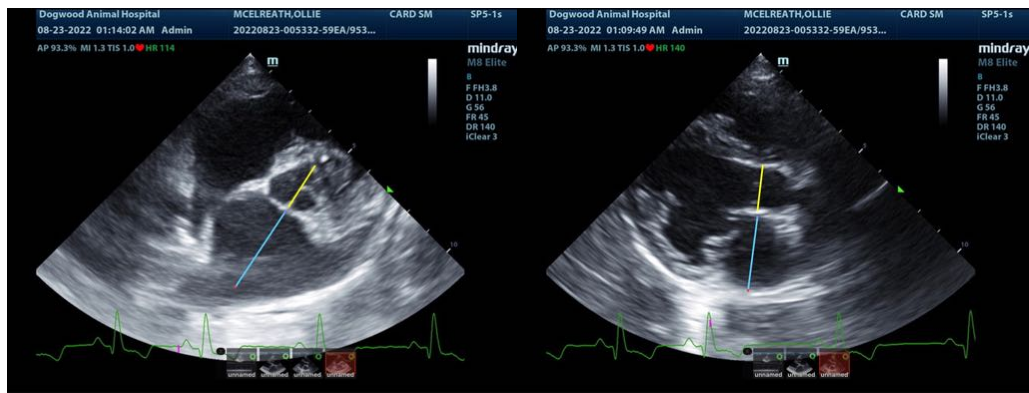
Repeat preanesthetic echo is ideal if anesthesia is eventually necessary. Abdominal sonogram is recommended to assess for cause of inappetence. Blood pressure measurement, BUN, creatinine urine specific gravity should all be monitored carefully. Recheck echocardiogram is recommended in a month. Sleeping target respiratory rate is 25/minute or less.

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13 years



WEIGHT

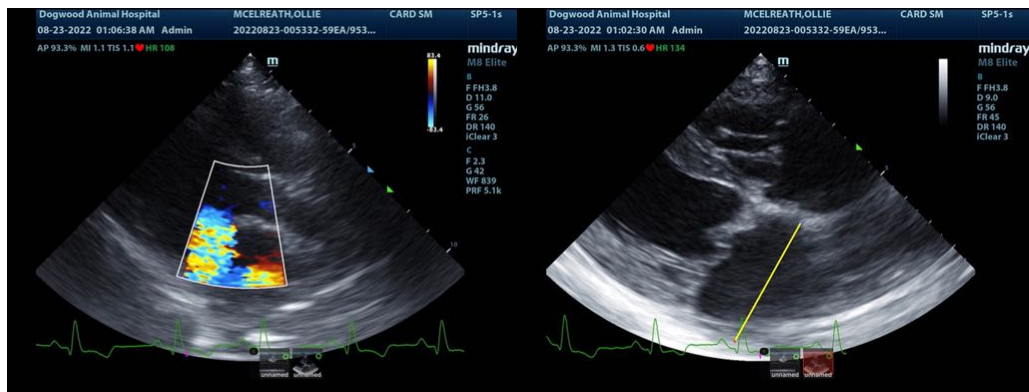
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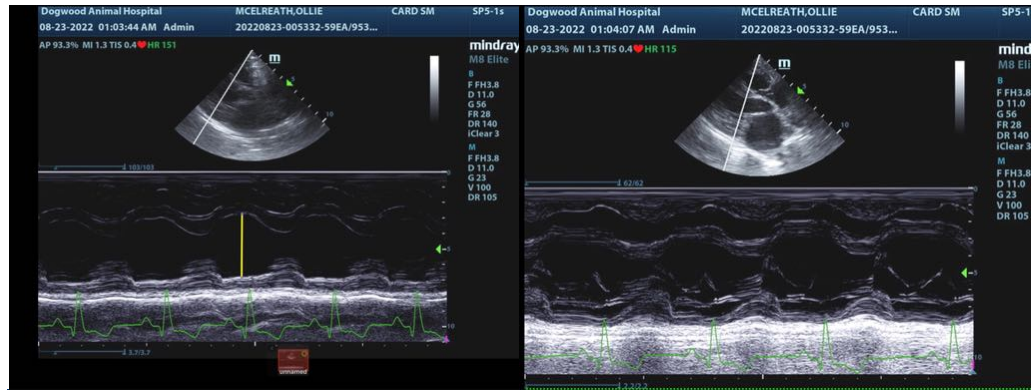
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Dr. Caughman

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.

HOSPITAL NAME

Dogwood AH

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