



PATIENT PRESENTING CLINICAL SIGNS

Mia Tierny History: Increased RR. Hx of cushings, lethargic, intermittent limping.

SPECIES Abnormal PE/Chem/CBC/UA Results:

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Poodle Mix

SEX

Spayed Female

AGE

8 Years

WEIGHT

20.5 Pounds

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	5.44	--	1.8	1.94	40	70	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	BELOW	BELOW	BELOW	BELOW
PATIENT	154	1.90	1.10	--	4.0	3.87	--

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

12808

DATE

8/27/21

Cardiac Presentation

The echocardiogram for this patient presented mild **left atrial size** expressed in all 3 measurements of left atrial size. Moderate filling of the left atrium noted, consistent with moderate mitral insufficiency. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. 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 **rightventricle** 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

- Stage B2 valvular disease
- Mitral insufficiency with mild left atrial enlargement

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



PATIENT

Mia Tierny

Assuming vertebral heart score is excessive, blood pressure measurements warranted. Pimobendan indicated at 0.3 mg per kg BID. If systolic blood pressure is > 160 then Ace-inhibitor therapy indicated. If coughing is an issue, then low dose Lasix can be considered at 1-2 mg per kg BID. Recheck echo in 2 weeks or earlier if clinical signs and lethargy persist.

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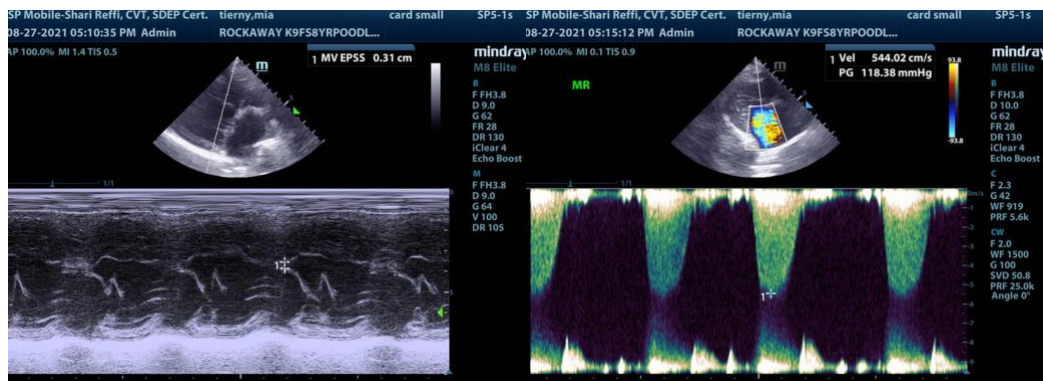
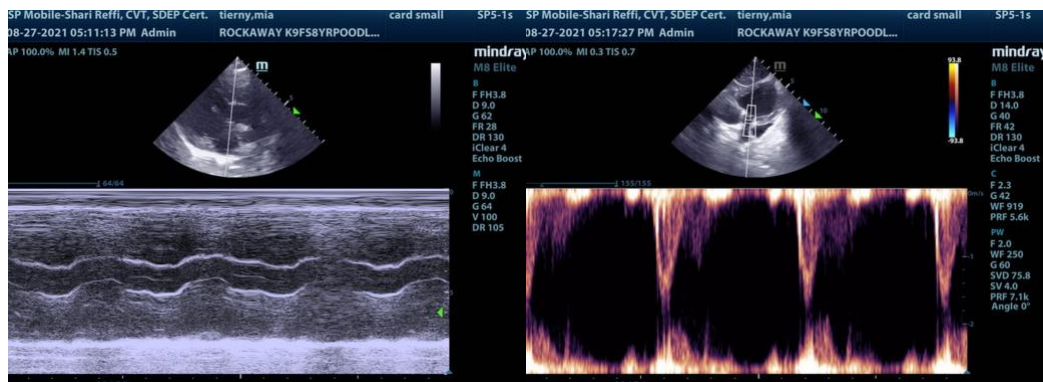
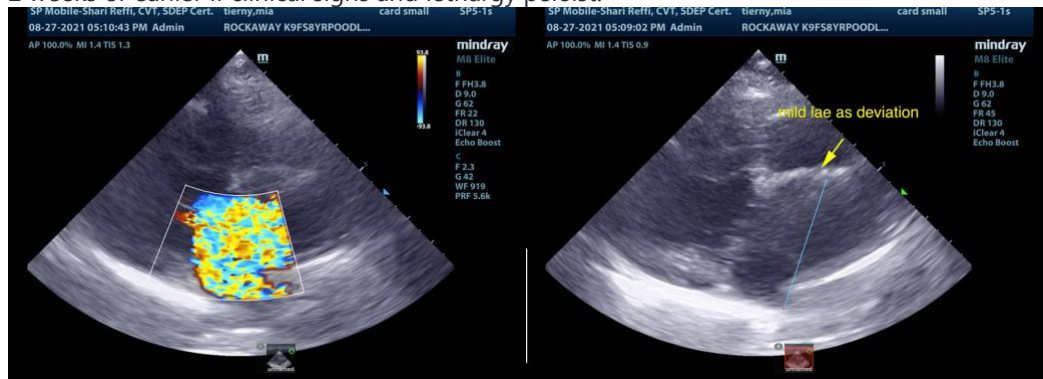
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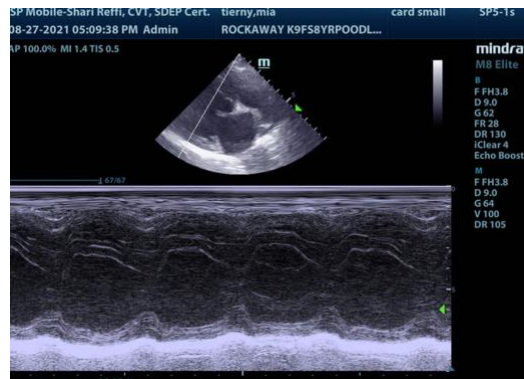
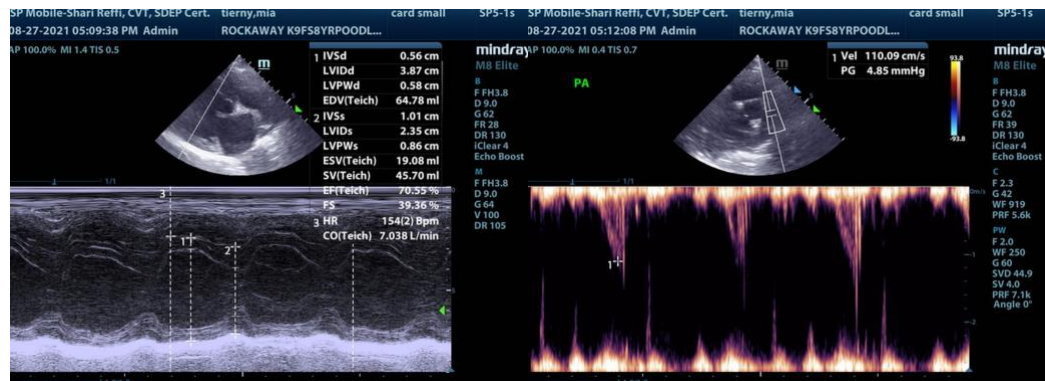
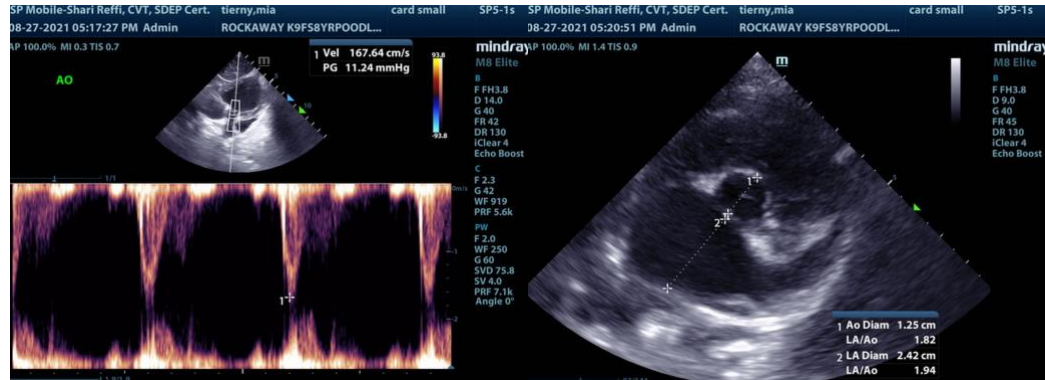
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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