



PATIENT PRESENTING CLINICAL SIGNS

Lola Newman Patient presents for history of heart murmur, this is her first echo. Current meds: Rimadyl, furosemide, enalapril, and pimobendan. Bloods pending.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine

BREED

Pomeranian

SEX

Spayed Female

AGE

11 Years

WEIGHT

12.6 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	6.0	3.8	NM	1.9	41	73	NM
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	127	1.5	0.76		3.3	2.98	

Cardiac Presentation

The echocardiogram for this patient presented excessive **left atrial size** expressed both in the LA/AO and LA max measurements 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. Significant **tricuspid** insufficiency noted, consistent with moderate pulmonary hypertension. 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. Minor hepatic vein dilation noted.

ULTRASONOGRAPHIC FINDINGS

- Stage B2 valvular disease with concurrent pulmonary hypertension and prolapse of the anterior mitral valve leaflet.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend Pimobendan and 0.3 mg/kg BID, ACE inhibitor 0.5 mg/kg SID, and Spironolactone 1-2 mg/kg BID. Recheck echo in one month. Eventual Sildenafil may be necessary. However, recommend

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

North Haledon VC

REFERRING VET

Dr. Mansfield

INVOICE

40223

DATE

8/4/22



PATIENT

Lola Newman

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.

SPECIES

Canine

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

info@SonoPath.com

BREED

Pomeranian

SEX

Spayed Female

AGE

11 Years

WEIGHT

12.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

North Haledon VC

REFERRING VET

Dr. Mansfield

INVOICE

40223

DATE

8/4/22