



**PATIENT PRESENTING CLINICAL SIGNS**

Cooper Adams new HM Current meds Gaba for arthritis  
Abnormal PE/Chem/CBC/UA Results: mild increase in ALP U/A WNL SG 1.042

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

CANINE BREED	CANINE CARDIAC PARAMETERS		MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
	Maltese	NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
SEX	PATIENT			1.4	2.0				
	MN	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)
11		NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
WEIGHT	PATIENT		1.60	0.70		3.0			

12.5

**Cardiac Presentation**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**  
Jenn

**HOSPITAL NAME**

Rockaway Animal Hospital

**REFERRING VET**

Dr. Kahn

**INVOICE**

11714ag

**DATE**

09/26/2022

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. Tricuspid valvular assessment demonstrated adequate linear morphology. 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.

**ULTRASONOGRAPHIC FINDINGS**

- Mitral insufficiency
- Mild LA enlargement
- Early stage B2 valvular disease

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If vertebral heart score is excessive on radiographs, then Pimobendane can be initiated at 0.3 mg/kg PO BID. The heart has some volume overload and is working to compensate for the valvular insufficiency.



**PATIENT**

Cooper Adams

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

**SPECIES**

Canine

**BREED**

Maltese

**SEX**

MN

**AGE**

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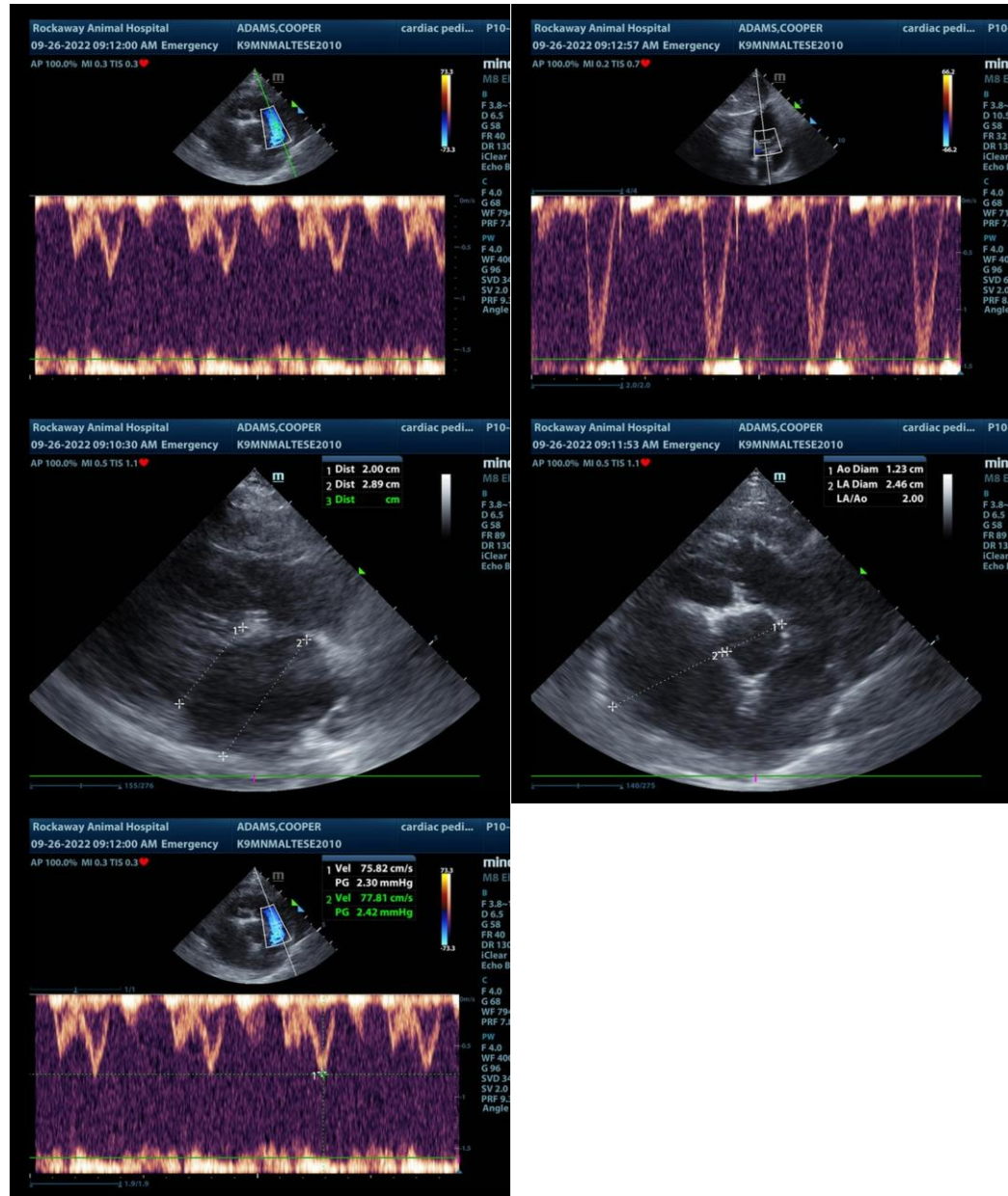
Dr. Kahn

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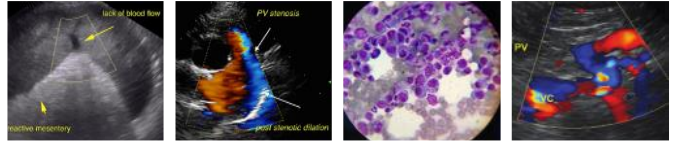
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



**PATIENT**

Cooper Adams

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.

**SPECIES**

Canine

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Maltese

**SEX**

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