

PATIENT PRESENTING CLINICAL SIGNS

Carmen York Dyspnea, coughing, lethargy, hypertension, and weight loss Current Medications Furosemide given IV in clinic 0.3mL and sending home 20mg tablets to be started BID; Enalapril 2.5mg 1 1/2 tabs given PO in clinic and being sent home to start giving BID

SPECIES Abnormal PE/Chem/CBC/UA Results: Mild SDMA elevation (emailing bloodwork)

Canine Radiographs revealed generalized cardiomegaly, left atrial enlargement, pulmonary edema and left-sided heart failure.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Dacshund The echocardiogram in this patient demonstrated severely 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. Mitral prolapse was noted. Doppler indicated measurable insufficiency. Severe volume overload of the **left ventricle** with hypocontractility was noted and is non-compensatory. 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.

SEX

Spayed Female

AGE

9 years

WEIGHT

16.75 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

The Ark VC

REFERRING VET

Dr. Sangl

DATE

1/11/22

Invoice

95150

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	5.83		2.4	2.0	58	88	0.1
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				
PATIENT	141		0.96	16.75	5.33	4.52	



PATIENT ULTRASONOGRAPHIC FINDINGS

Carmen York Advanced stage C1-D1 valvular disease.

SPECIES INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Canine

I recommend aggressive quadro therapy in this patient with Pimobendan at 0.3 mg/kg b.i.d., Lasix at 2-4 mg/kg b.i.d., Spironolactone at 1-2 mg/kg b.i.d. and ace inhibitor at 0.5 mg/kg s.i.d. to b.i.d. Cage rest is recommended over the next 24 hours. Very guarded prognosis.

BREED

Dacshund

C1: The heart is in a somewhat precarious state with volume overload and a heart that 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 pre-anesthetic echo is ideal if anesthesia is eventually necessary.

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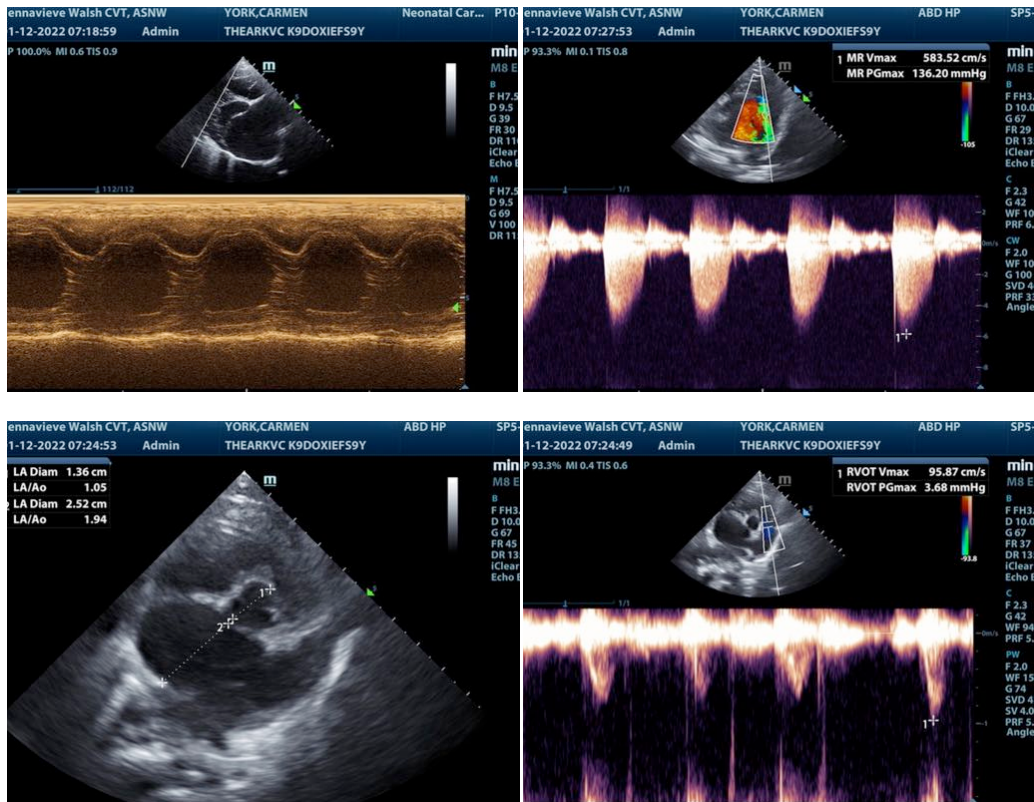
Dr. Sangl

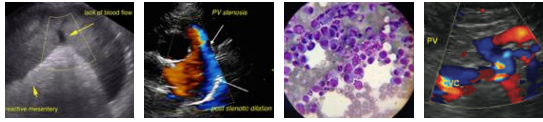
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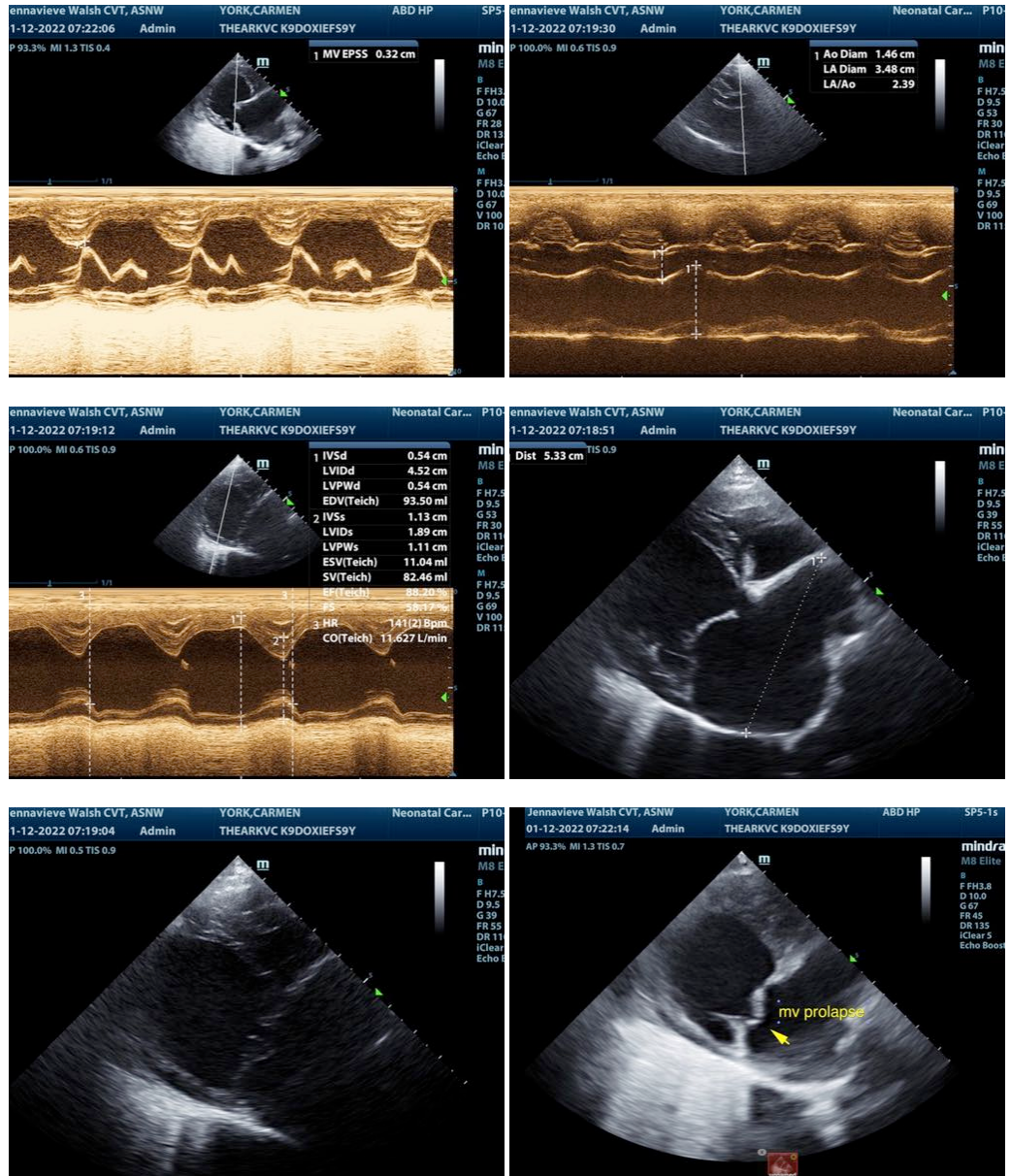
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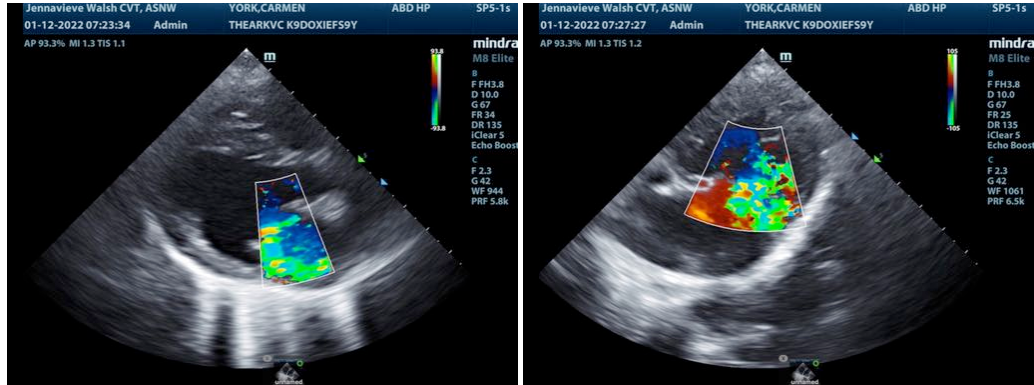
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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