

PATIENT PRESENTING CLINICAL SIGNS

Poppy Marcus

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Spayed Female

History: Distended abdomen Increased respiratory rate Increased heart rate, 5/6 systolic murmur Cough is now frequent, syncopal/weakness episodes more frequent Suspect progression of pulmonary hypertension and right heart enlargement We DID increase the dose of furosemide, based on our visit tonight, to 18.25mg TID (was at 12.5am, 12.5 noon, 10mg PM) We did NOT adjust the Sildenafil dose. Previous report: Chronic degenerative valve disease persists with evidence of significant progression. Severe mitral and moderate tricuspid regurgitation remain with a markedly dilated left heart. Moderate to severe pulmonary hypertension present with subtle septal flattening and right heart enlargement. Ruptured chord is suspected which is likely chronic. Medications -Enalapril 2.5mg 1/2 tab BID Pimobendan 1.25mg 1 tablet TID Spironolactone 25mg 1/4 tab BID Furosemide 12.5mg 1/2 - 1 tab BID-TID (Recently had increased to 12.5mg am, 12.5mg noon, 10mg pm) Sildenafil 5mg TID Coenzyme Q10 Pet Wellbeing Lung Gold - half dose Pet Wellbeing Milk Thistle Pet Wellbeing Young at Heart RX Vitamins Biotic Rx Vitamins Hepato Support RX Vitamins Megaplex RX Vitamins RxZyme RX Vitamins CV Formula Standard Process Canine Renal Support Nordic Naturals Cod Liver Oil Vitamin C powder: 1/8 tsp SID Calcium Cleavers Chickweed Collagen Dandelion Diluted ACV 2-3 drops - most days Fermented goat's milk 1/4 tsp BID

AGE

10 years

WEIGHT

10 lbs

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated severe volume overload in the left atrium with severe mitral prolapse and complete lack of apposition between the septal and free wall leaflets. Left ventricular volume overload was noted with compensatory hypercontractility. Periodic arrhythmia was noted during the echocardiogram. No pericardial or pleural effusion was noted. Severe, chronic left atrial enlargement was present. Right atrial enlargement was noted with vegetative tricuspid valve and significant tricuspid insufficiency consistent with moderate to severe pulmonary hypertension. The hepatic veins and vena cava were dilated. The right ventricle was hypercontractile in compensatory fashion. The vena cava at the level of the diaphragm measured 1.3 cm. Complete filling of the left atrium was noted on color flow assessment of the mitral valve.

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA McKenzie AH

REFERRING VET

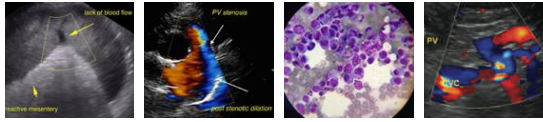
Dr. Fricke

DATE

12/15/21

Invoice
94622

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC PARAMETERS	VMAX (m/s)	VMAX (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	6.0	4.5	2.1	2.6	63	92	0.1
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC PARAMETERS	(BPM)	VMAX (m/s)	MAX (m/s)		2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	132	1.24		10 lbs	> 5.0	3.35	



PATIENT ULTRASONOGRAPHIC FINDINGS

Poppy Marcus Chronic valvular disease with volume overload.

End stage degenerative valvular disease. Advanced stage C1.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

Jack Russell Terrier

According to ACVIM consensus guidelines stage D valvular disease may be treated with Torsemide at 0.1-0.2 mg/kg s.i.d. to b.i.d. in addition to the current protocol. BUN, creatinine, blood pressure measurements and urine specific gravity should be monitored carefully as well as quality of life of the patient. This patient is at significant risk for sudden death. Cough suppressants could be utilized aggressively in the evening to maintain proper sleep habits. Baseline respiratory rate should be attempted to maintain < 20/minute.

SEX

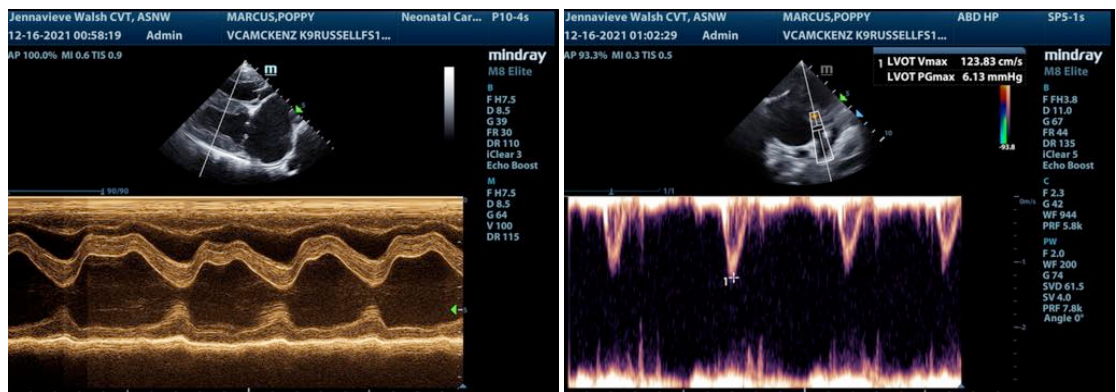
Spayed Female

AGE

10 years

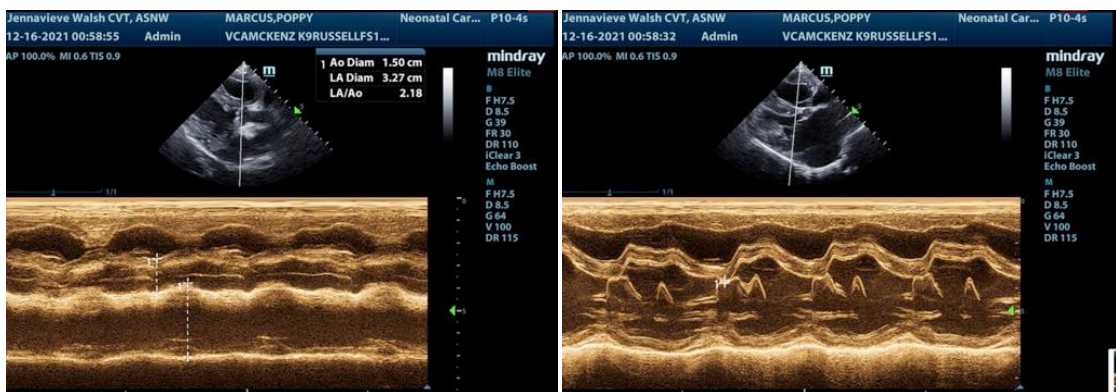
WEIGHT

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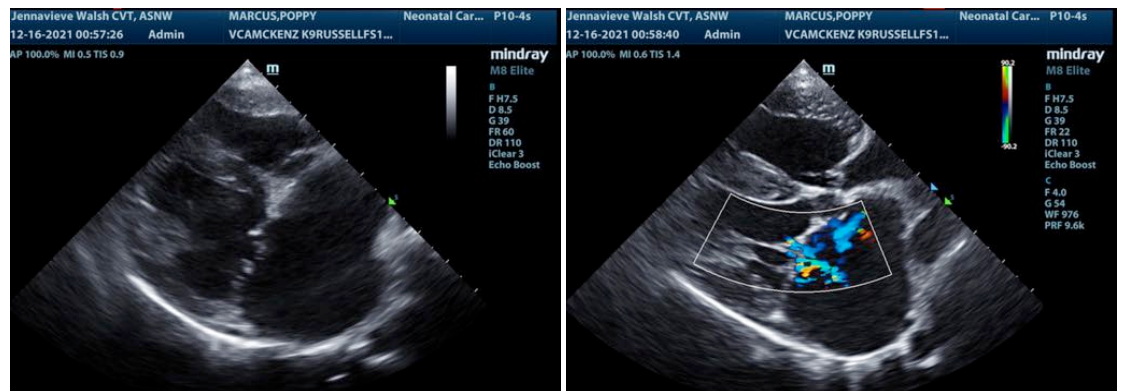
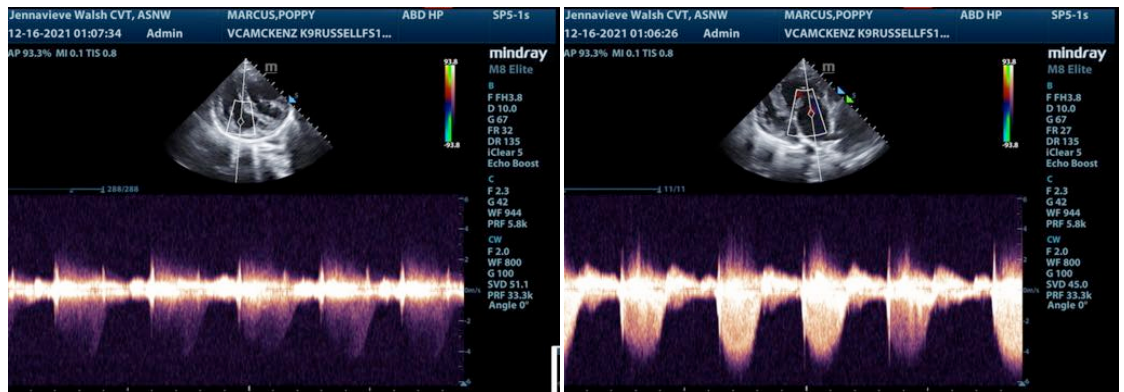
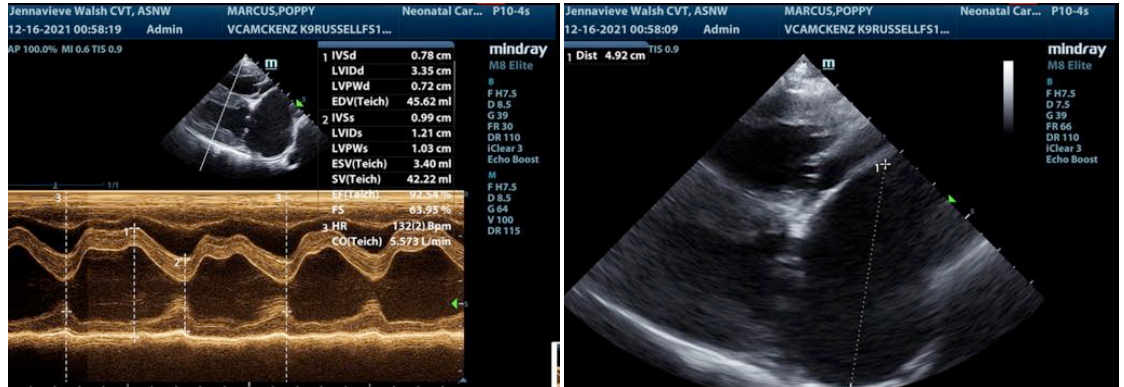
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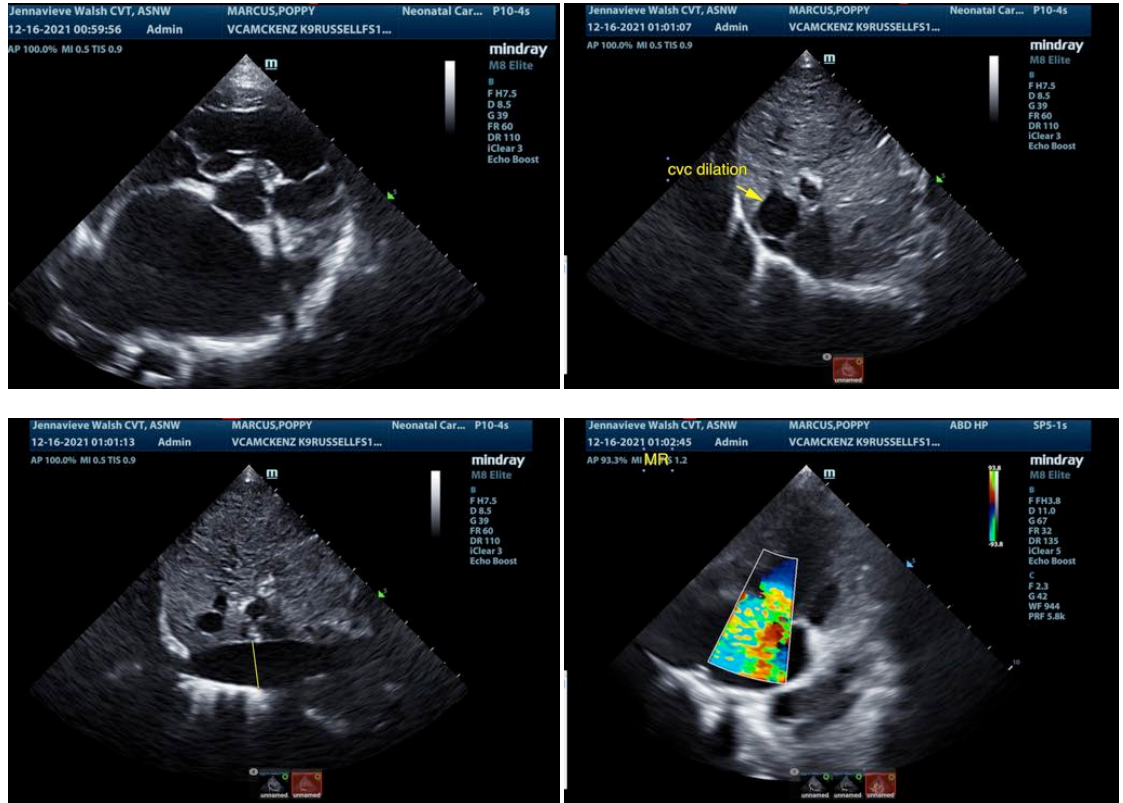
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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