



PATIENT PRESENTING CLINICAL SIGNS

Tank Riley Seen in Mid- December - A: panting, nosier breathing - r/o: laryngeal paralysis, cardiac disease, pulmonary disease rear limb atrophy, weakness - r/o: joint disease, cardiac disease, open Owner reported pt had been coughing and hacking for about 4 weeks, seems to have resolved in the last week.

SPECIES Deep throaty heavy panting when getting excited for the past 6 months. Painful hips/stiff joints.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Rottweiler Cross

SEX

Neutered male

AGE

10.5 years

WEIGHT

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. 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** insufficiency was noted. 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). Trace **pericardial** effusion 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. Arrhythmogenic activity was noted.

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Countryside AC

REFERRING VET

Dr. Cox

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	5.0	3.36	2.26	> 2.5	46	76	0.4
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	140	1.3			9.7	7.39	

DATE

2/7/22

Invoice
95833



PATIENT ULTRASONOGRAPHIC FINDINGS

Tank Riley Severely enlarged left atrium.
 Severe mitral and tricuspid insufficiency with severe volume overload.

SPECIES
Canine Arrhythmogenic activity.
 Trace pericardial effusion.

BREED
Rottweiler Cross Stage C1 valvular disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX
Neutered male I recommend quadrotherapy in this patient. Lasix 2-3 mg/kg BID, Pimobendan 0.3 mg/kg BID, ACE inhibitor 0.5 mg/kg SID progressing to BID over 5-7 days and Spironolactone at 1-2 mg/kg BID. Recheck echo is recommended in 10-14 days. The patient is at risk for sudden death.

AGE
10.5 years B2/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.

WEIGHT

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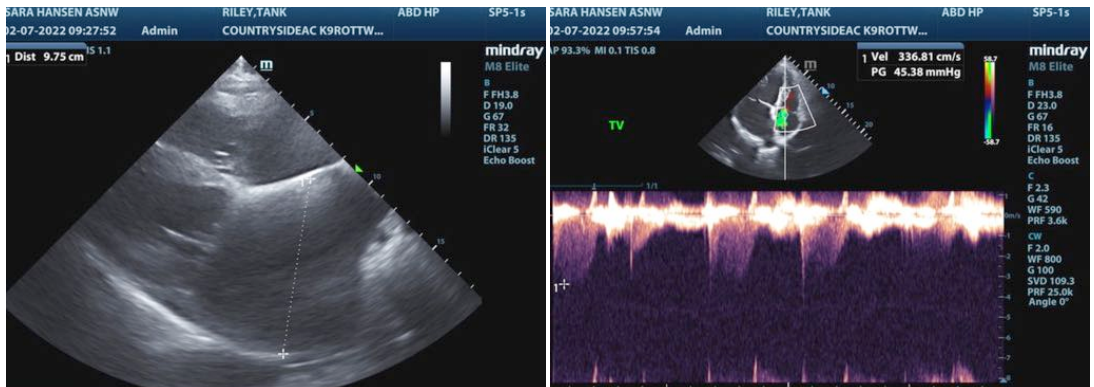
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PATIENT

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SPECIES

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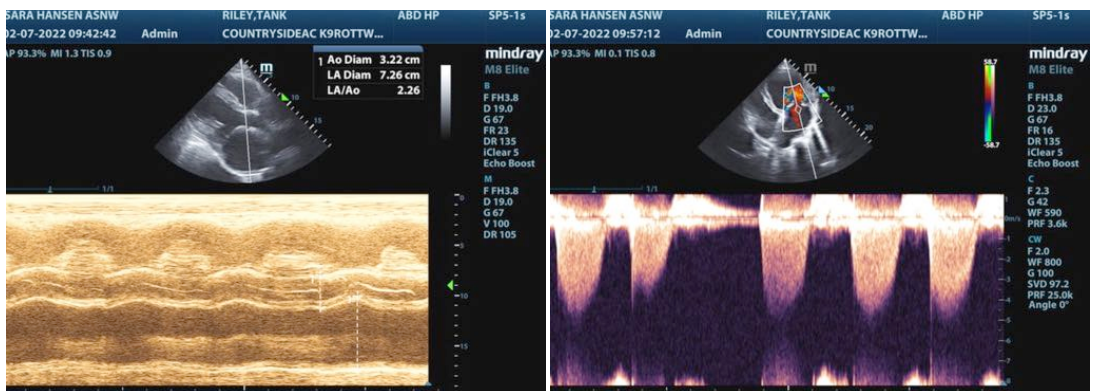
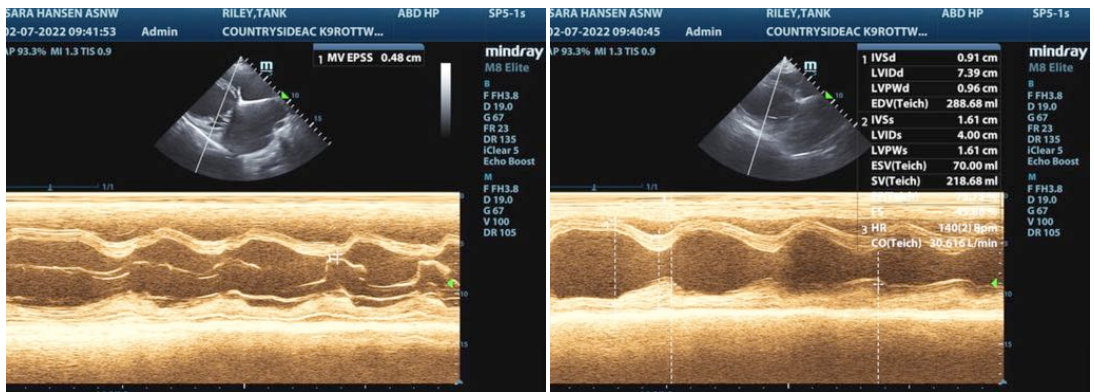
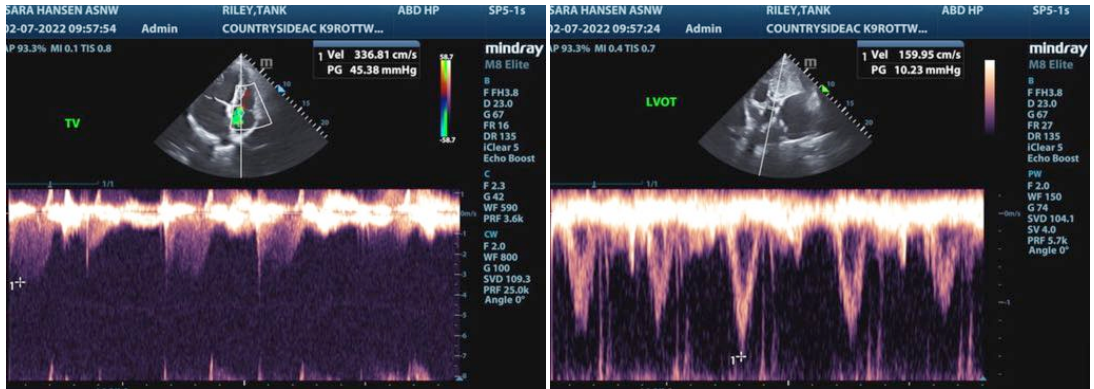
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PATIENT

Tank Riley

SPECIES

Canine

BREED

Rottweiler Cross

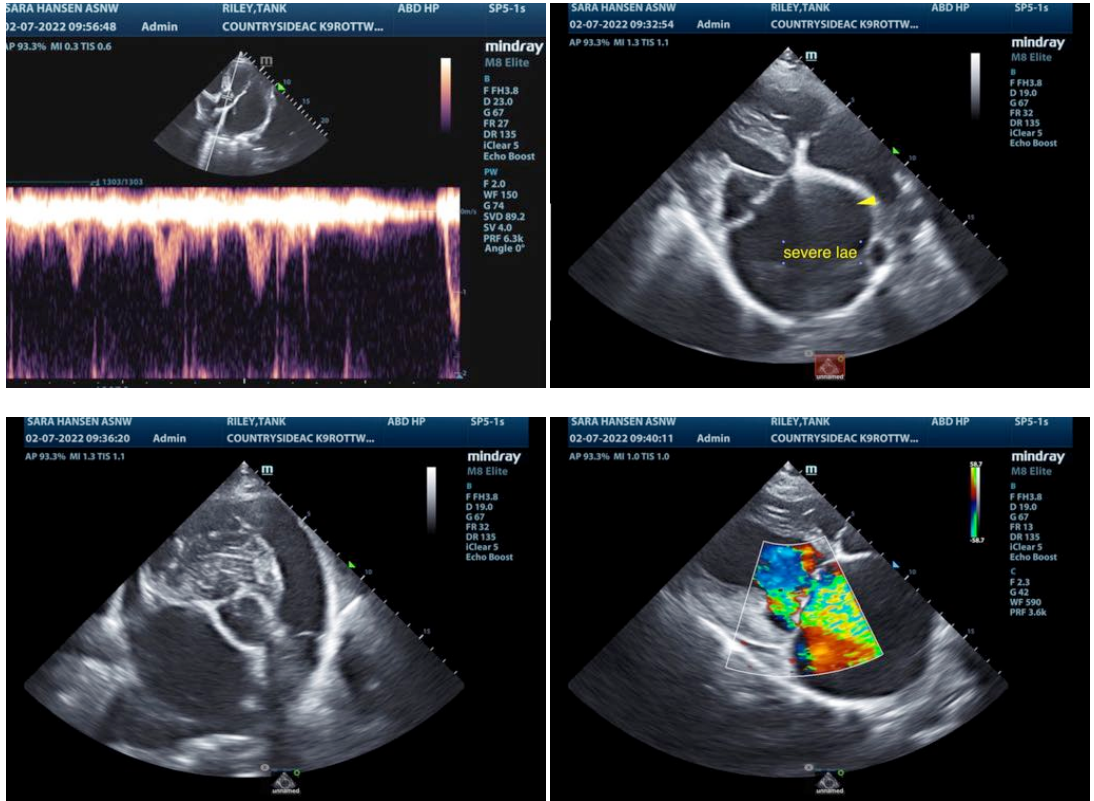
SEX

Neutered male

AGE

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WEIGHT



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.

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.

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