



PATIENT PRESENTING CLINICAL SIGNS

Hollie Healea

History: Clinical Exam Findings: -Grade 5/6 left apical holosystolic heart murmur Heart Rate and Respiratory Rates 1. 115/85(101) HR 160 2. 108/68(84) HR 84 3. 172/118(131) HR 140 4. 141/122(131) HR 117 4. 170/113(139) HR 195 Average: 142/81(121) HR139 Blood Pressure Measurements 1. 115/85(101) HR 160 2. 108/68(84) HR 84 3. 172/118(131) HR 140 4. 141/122(131) HR 117 4. 170/113(139) HR 195 Average: 142/81(121) HR139 Current Medications Furosemide 20mg - 3/4 tablet BID

SPECIES

Canine

BREED

Poodle Mix

SEX

Spayed Female

AGE

11 years

WEIGHT

15 lbs

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated 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. Prolapse of the anterior mitral valve leaflet was noted. 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 at 3 m/sec. 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. The hepatic veins were not dilated and there was no evidence of passive congestion.

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Santa Clara AH

REFERRING VET

Dr. Zulauf

DATE

8/19/21

Invoice
91365

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	5.4		NM	2.19	50	82	0.14
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	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	89		0.74	15 lbs	4.01	3.62	



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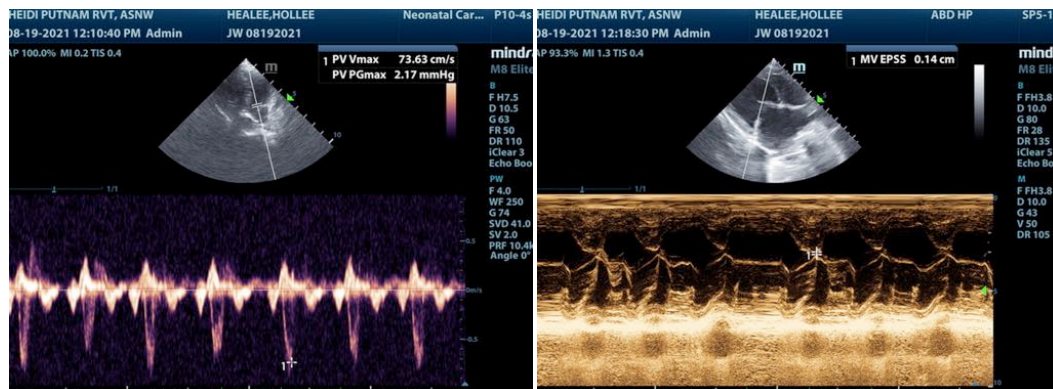
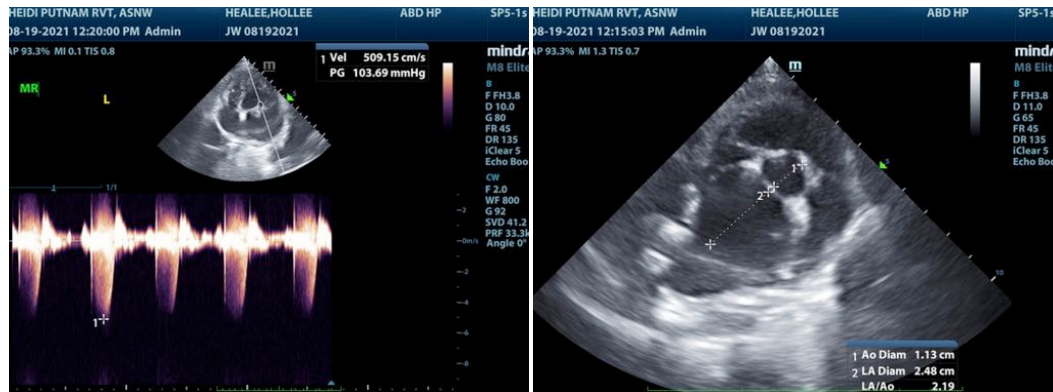
ULTRASONOGRAPHIC FINDINGS

Mitral valve prolapse.

Advanced stage B2 to early C1 valvular disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend triple therapy in this patient. Lasix at 2-3 mg/kg b.i.d., ace inhibitor at 0.5 mg/kg s.i.d. progressing to b.i.d. and Pimobendan at 0.3 mg/kg b.i.d. A recheck echocardiogram is recommended in 2 weeks as further refinement is likely necessary. Assessment of BUN, creatinine, USG, chest radiographs and blood pressure as well as clinical exam is ideal in 7-10 days. Basal respiratory rate should be <20/min. Guarded long term prognosis.





PATIENT

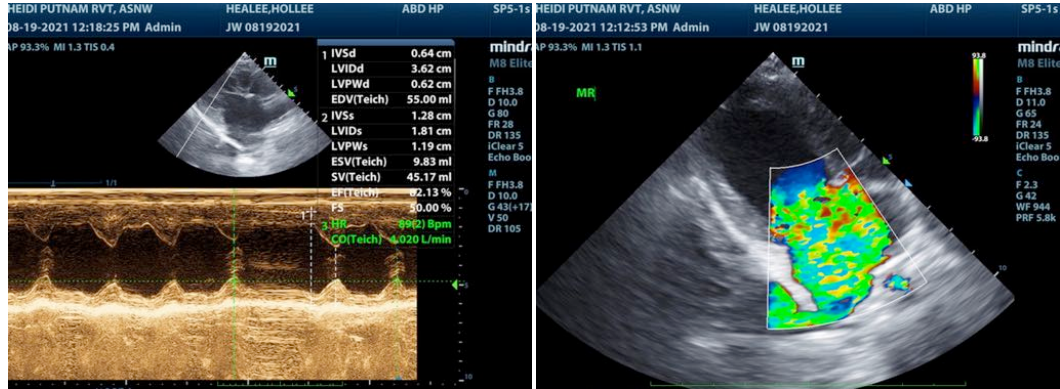
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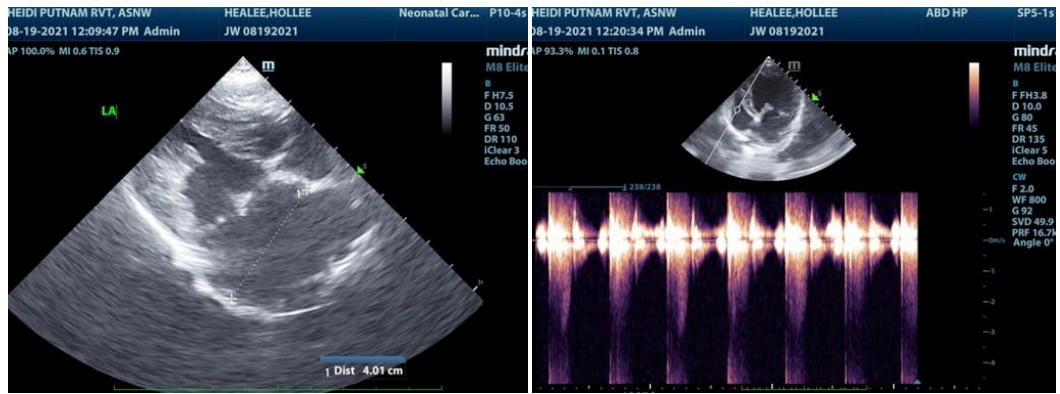
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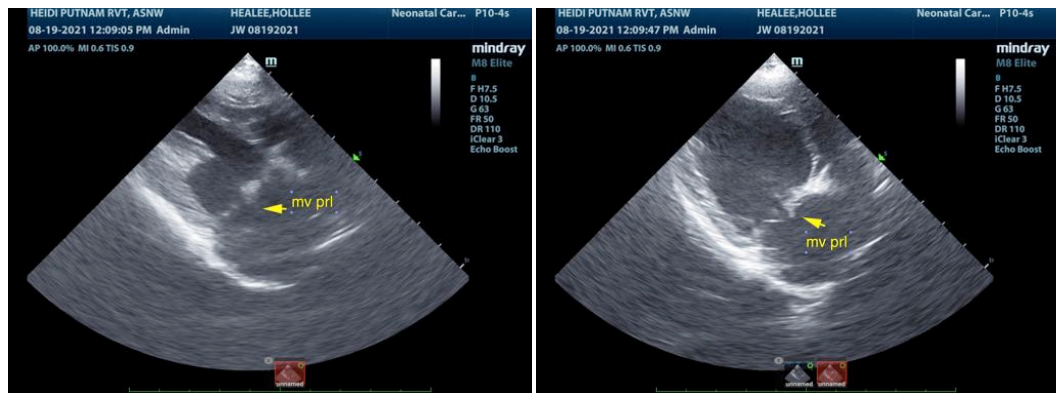
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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