

PATIENT PRESENTING CLINICAL SIGNS

Jack Hodgson

SPECIES

Canine

BREED

Beagle

SEX

Neutered male

AGE

15 years

WEIGHT

10 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Downton AH

REFERRING VET

Dr. Ahn

INVOICE

32156

DATE

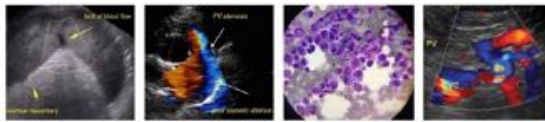
8/4/22

History: Was at Emerg for breathing difficulty. x-rays were done. suspected possible CHF Next day, I started him on furosemide He was on Pimobendan 2.5mg BID since last year dual cavity ultrasound. meds: Pimobendan 2.5mg BID, meloxicam 1mg SID, gabapentin 50mg BID, phenobarbital 15mg BID
Abnormal PE/Chem/CBC/UA Results: mildly elevated ALT and ALP, GGT please see attached Bw and emerg report BP 137/100 (112) Hr 137

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. Mild 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** 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.

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	6.38	2.0	1.5	1.72	44	76	0.18
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	BELOW	BELOW	BELOW	BELOW
PATIENT		1.84	0.98	10 kg	4.12	3.68	



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ULTRASONOGRAPHIC FINDINGS

Largely compensated C1 valvular disease based on radiographic findings.
Mild residual left atrial enlargement.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend maintaining current protocol as only mild left atrial enlargement was present at this time. Continuing Pimobendan and low dose of Lasix or transitioning Lasix to ace inhibitor at 0.5 mg/kg s.i.d. and Spironolactone at 1-2 mg/kg b.i.d. Lasix may be able to be stopped at that point depending on sleeping respiratory rate. BUN, creatinine and blood pressure measurements should be monitored. BUN should be monitored carefully. Abdominal sonogram is recommended to assess the state of the kidneys. Recheck radiographs is recommended in a week. I recommend a recheck echocardiogram in 1-3 months depending on clinical progression.

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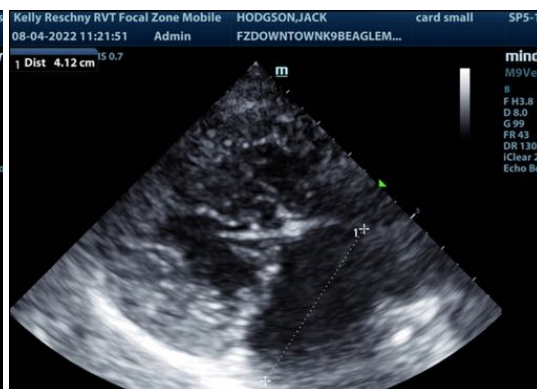
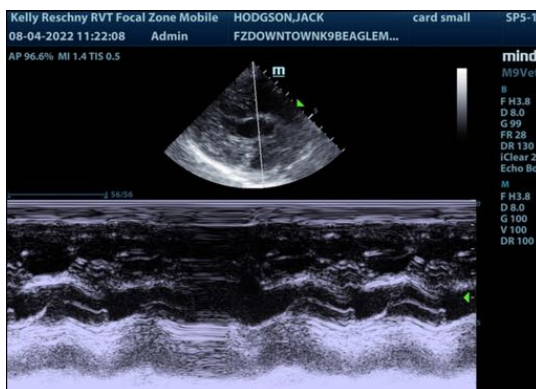
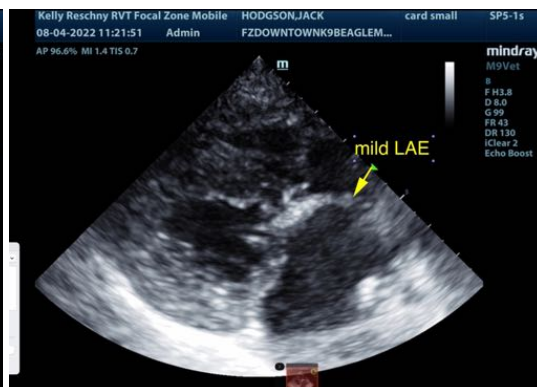
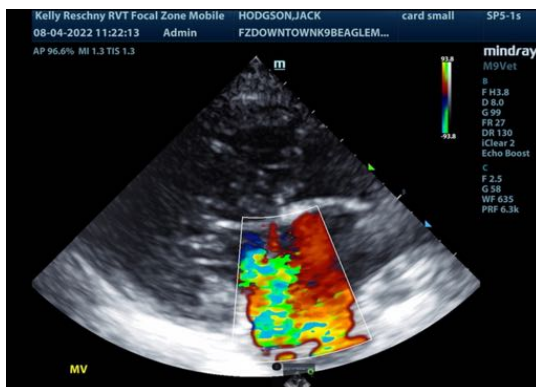
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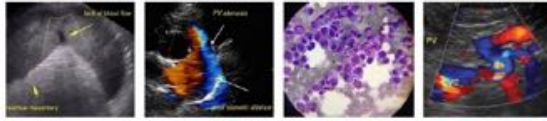
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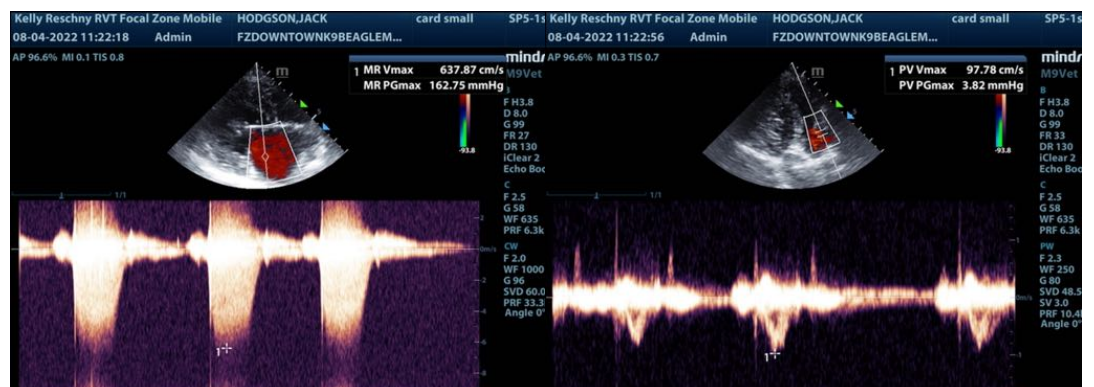
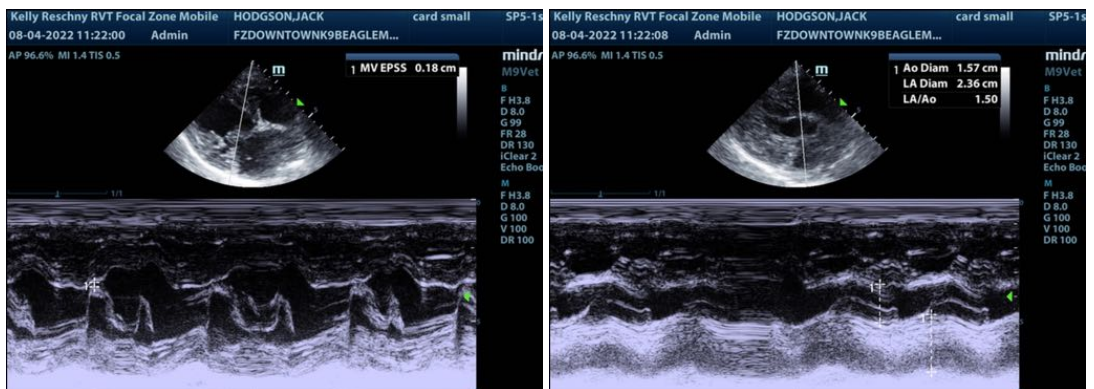
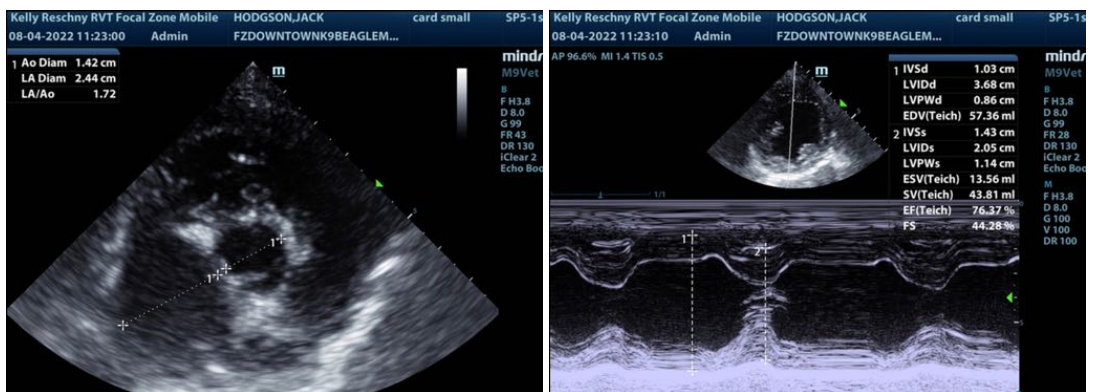
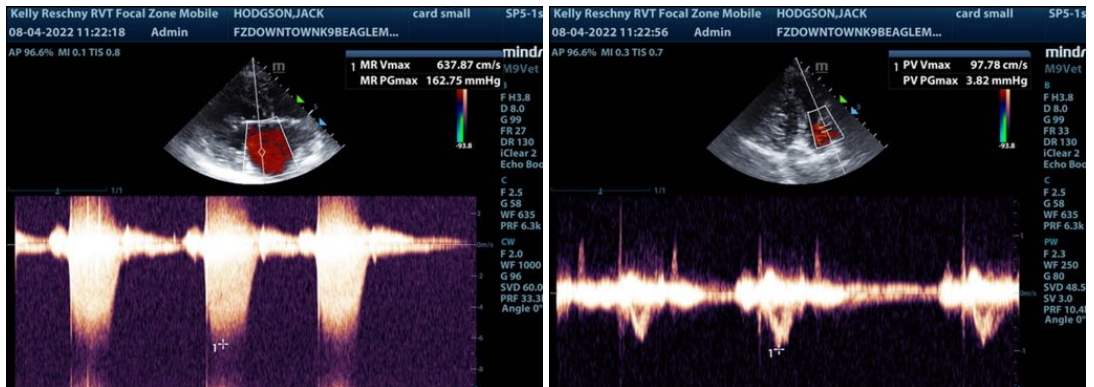
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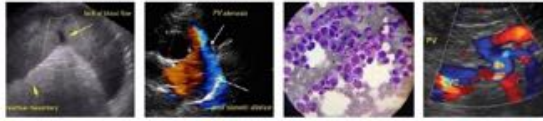
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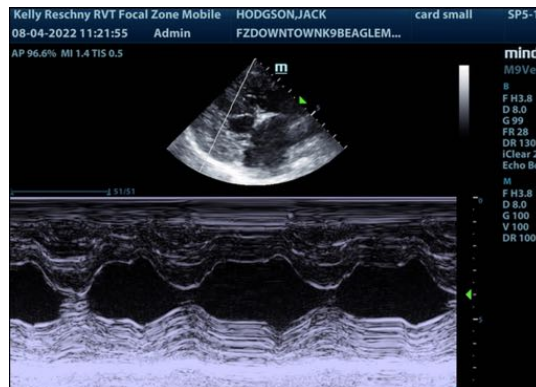
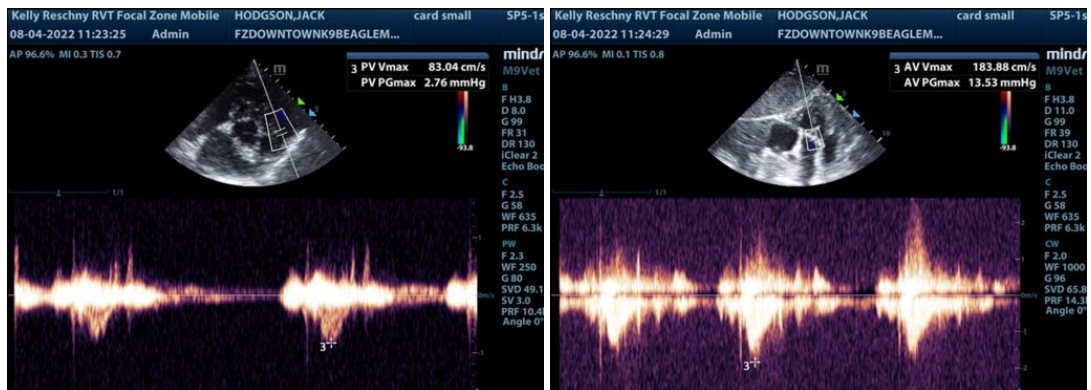
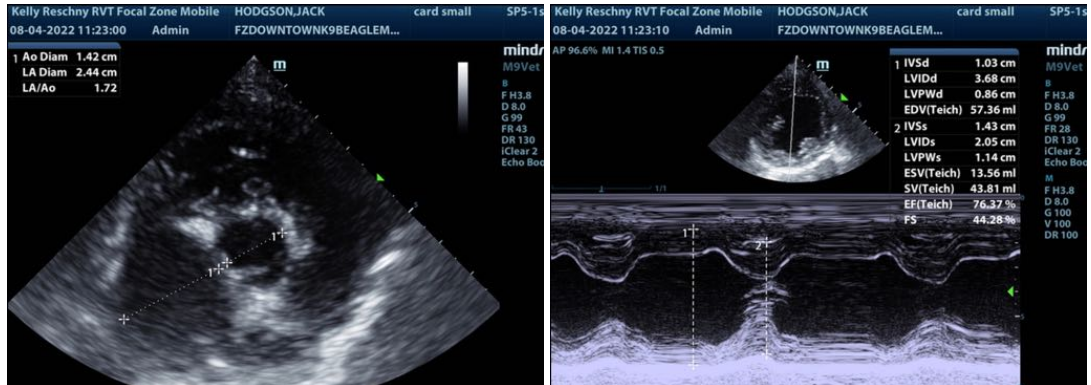
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
Eric.Lindquist@SonoPath.com