



PATIENT PRESENTING CLINICAL SIGNS

Spike Barber History: cardiac follow up from 2020; has had a few syncopal/seizure episodes. on Pimobendan 5 mg x 1/2 bid
SPECIES Abnormal PE/Chem/CBC/UA Results: mild elevation SDMA, BUN; USPG 1.025

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Shih Tzu

The echocardiogram in this patient presented persistent mitral insufficiency with progressive left atrial enlargement and tricuspid insufficiency with moderate to severe pulmonary hypertension. The right ventricle was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. Pulmonary outflow 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. The cranial mediastinum and pericardial and extra-cardiac regions were free of masses in the visible window. The patient was tachycardic. Hepatic vein dilation and vena cava dilation was noted.

SEX

Neutered male

AGE

16 years

WEIGHT

16.1 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden, RVT

HOSPITAL NAME

Advanced VC

REFERRING VET

Dr. Weingartner

INVOICE

40022

DATE

10/11/22

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	5.55	3.92	1.96	2.09	40	72	NM
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	BELOW	BELOW	BELOW	BELOW
PATIENT	160	1.1		16.1 lbs	4.38 max	3.87	

ULTRASONOGRAPHIC FINDINGS

Mitral and tricuspid regurgitation with progressive left atrial enlargement.

Hepatic vein and vena cava dilation. Consistent with emerging right-sided failure.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that the patient is only on Pimobendan I recommend adding ace inhibitor at 0.5 mg/kg s.i.d progressing to b.i.d. and Spironolactone at 1-2 mg/kg b.i.d. as well as Lasix at 1-2 mg/kg b.i.d. and Sildenafil at 1 mg/kg b.i.d. increasing to 1.5 mb/kg b.i.d. However, these medications should be added after the patient has stabilized after 7-10 days unless the clinical signs are persistent. Recheck



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echocardiogram is recommended in 1-2 months given the decompensation. Given the dyspnea left-sided failure with concurrent emerging right-sided failure is suspected. Prognosis is guarded. This is consistent with C1 valvular disease.

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The heart has some volume overload and 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 preanesthetic echo is ideal if anesthesia is eventually necessary.

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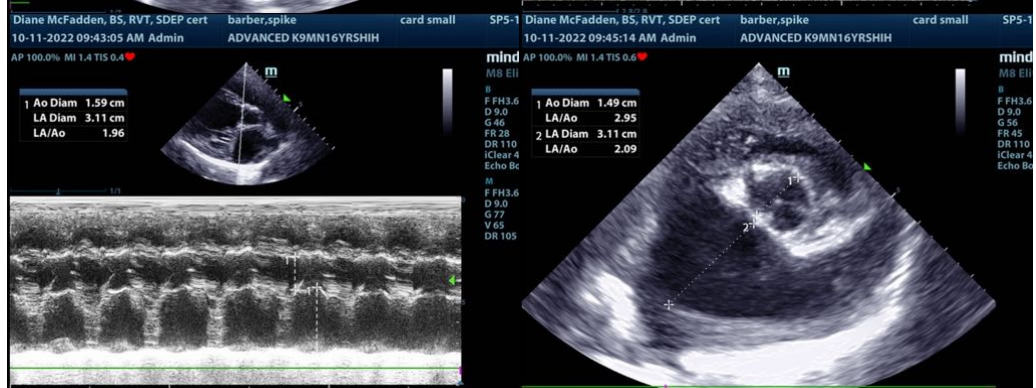
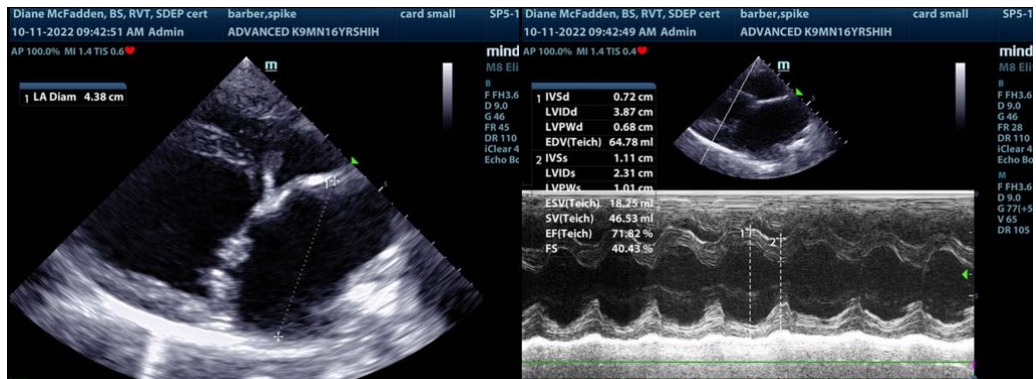
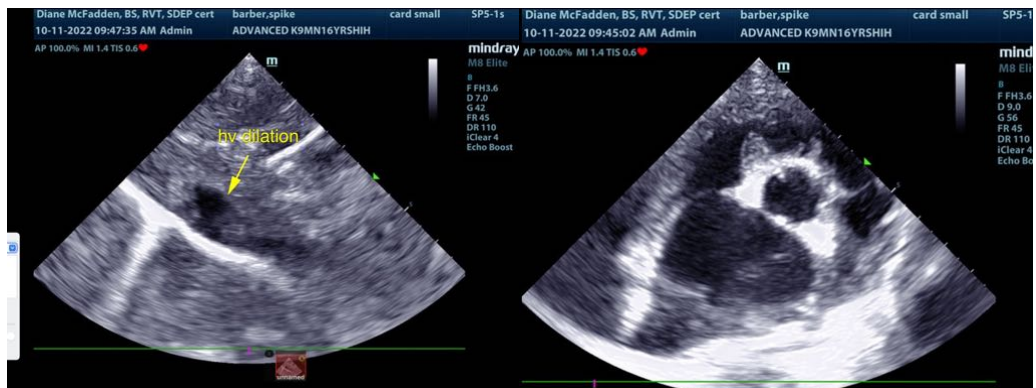
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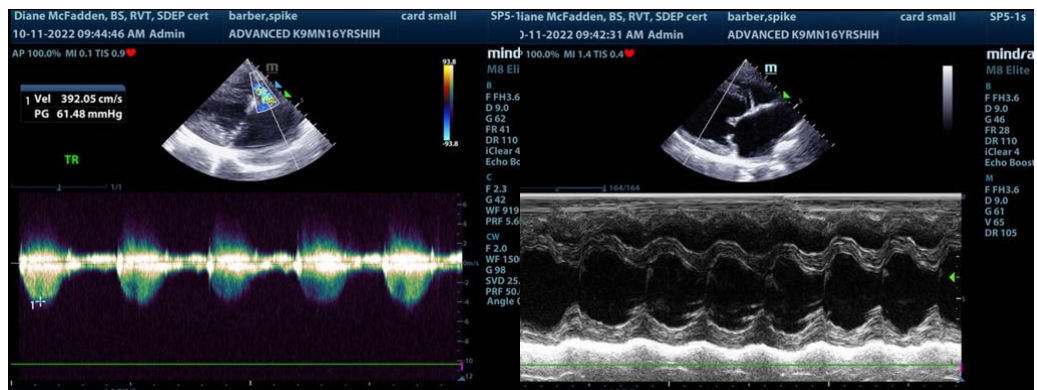
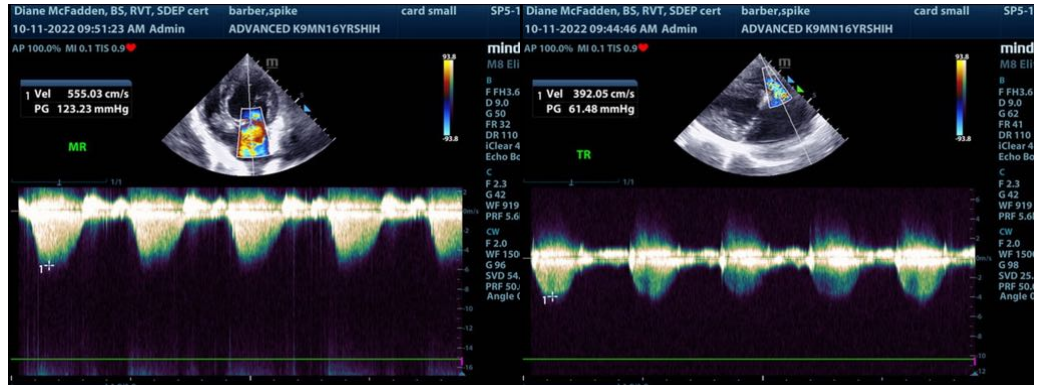
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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