

PATIENT PRESENTING CLINICAL SIGNS

Lola Perez History: CHF- heart murmur. Current meds: Lasix CRI, zycortal monthly, pred daily
 Abnormal PE/Chem/CBC/UA Results: Phos 7.2, gluc 282, ALP 314, k 3.7

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Miniature Poodle

SEX

Female

AGE

12 years

WEIGHT

18.6 lbs

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. Doppler indicated measurable insufficiency. The **left ventricle** presented normal 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.

INTERPRETED BY

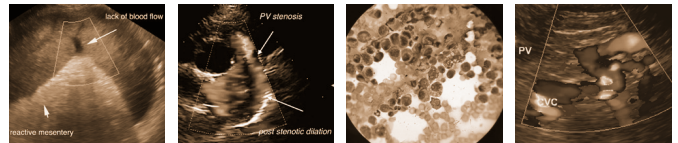
Eric Lindquist, DMV
 DABVP, Cert. IVUSS

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	5.4	2.16	1.7	1.8	54	86	0.2
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	BELOW	BELOW	BELOW	BELOW
PATIENT		5.0	0.75	18.6 lbs	2.56	3.48	

INVOICE

DATE

10/24/22



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ULTRASONOGRAPHIC FINDINGS

Mitral insufficiency.

Mild to moderate left atrial enlargement.

Advanced stage B2 to early C1 valvular disease depending upon radiographic findings and clinical exam at the time of the sonogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend initiating Pimobendan at 0.3 mg/kg b.id. Limiting Prednisone therapy to minimal effective dose is recommended. If Lasix was given prior to the echocardiogram the current measured volumes are likely underestimated compared to the initial presentation. If the patient arrived with clinical signs consistent with congestive heart failure then I recommend continuing Lasix as an outpatient at 1-2 mg/kg b.i.d. as well as adding enalapril at 0.5 mg/kg s.i.d. progressing to b.i.d. Blood pressure measurements are warranted. A recheck echocardiogram is recommended in 3-6 months or earlier if clinical signs exacerbate.

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 3-6 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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Newton VH

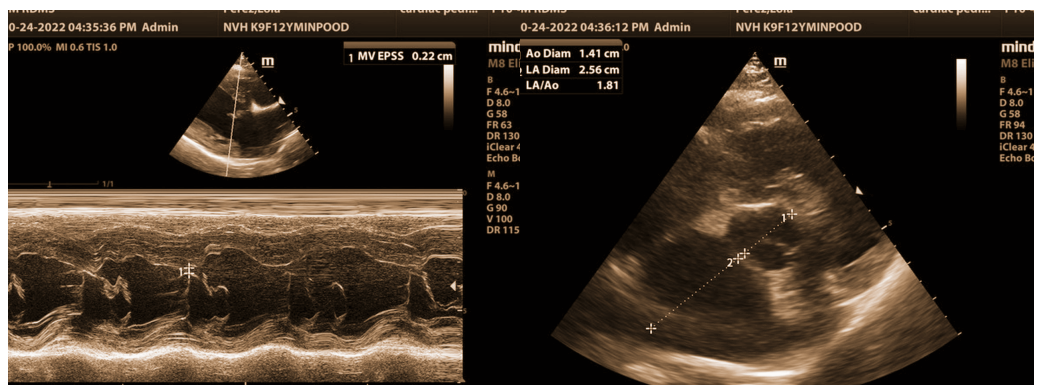
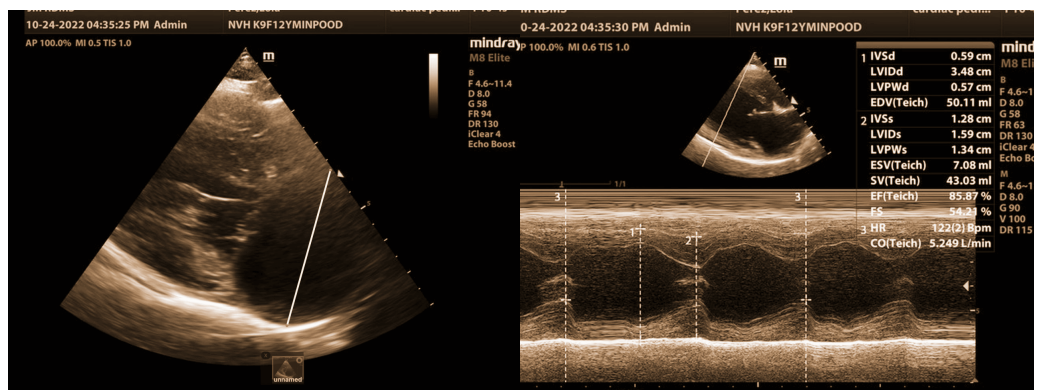
REFERRING VET

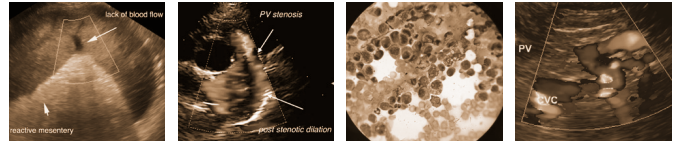
Dr. Kim

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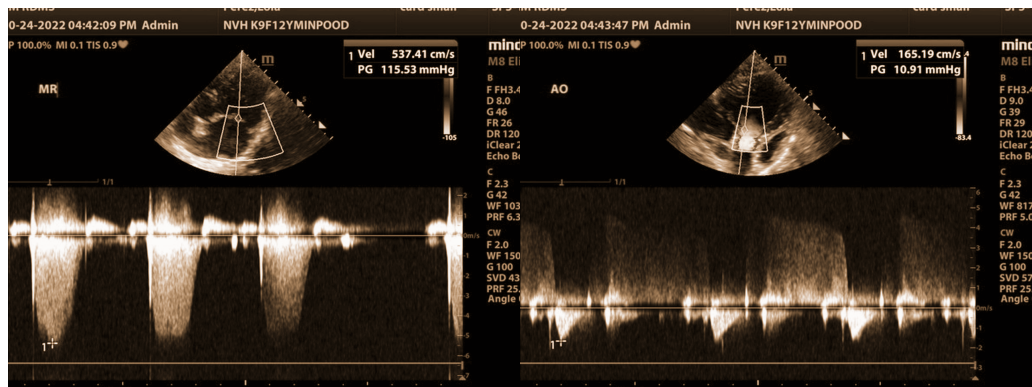
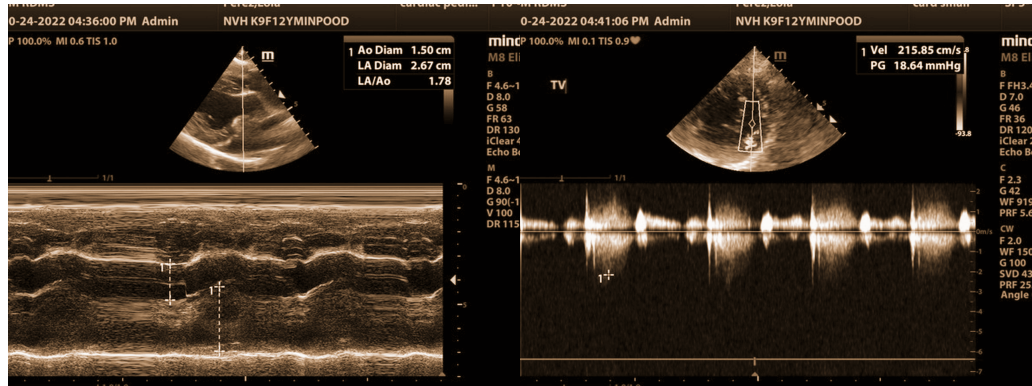
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Jessica Miller, RDMS

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
info@SonoPath.com

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Kim

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