



**PATIENT**

Zelda Esposito

**SPECIES**

Canine

**BREED**

Beagle Mix

**SEX**

Spayed female

**AGE**

11 ½ years

**WEIGHT**

45 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Glen Rock VH

**REFERRING VET**

Dr. Stekler

**INVOICE**

42858

**DATE**

12/2/22

**PRESENTING CLINICAL SIGNS**

History: Coughing for months (75% when excited), dyspnea upon presentation. CXR revealed cardiomegaly. Current meds: Lasix 50mgs PO BID. NO systolic murmur heard.

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

The echocardiogram in this patient demonstrated severe left and right atrial enlargement with mitral and tricuspid insufficiency and tachycardia. Volume overload of the left ventricle and right ventricles as well as the prominent pulmonary artery. Complete filling of the left atrium was noted on color flow assessment of the mitral valve. The hepatic veins were mildly dilated on sweep of the liver. The echocardiogram was performed rapidly owing to dyspnea.

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	3.8	NM	2.0			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		1.17	0.76	45 lbs	7.82 max		

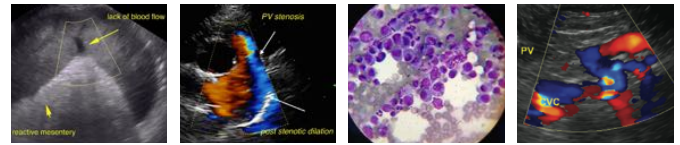
**ULTRASONOGRAPHIC FINDINGS**

Stage C1 valvular disease with concurrent pulmonary hypertension.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend quadrotherapy in this patient with Pimobendan at 0.3 mg/kg b.i.d., ace inhibitor at 0.5 mg/kg s.i.d. progressing to b.i.d., Spironolactone at 1-2 mg/kg b.i.d. and Lasix at 1-3 mg/kg b.i.d. Recheck echocardiogram is recommended in a month.

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.



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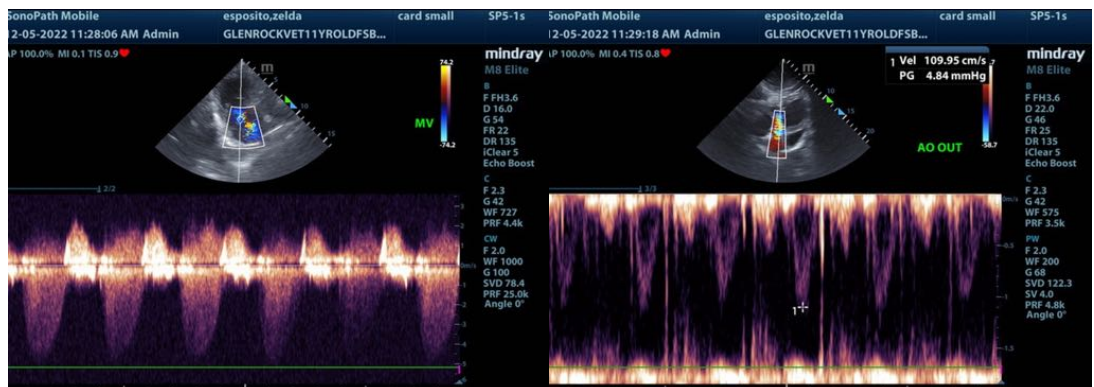
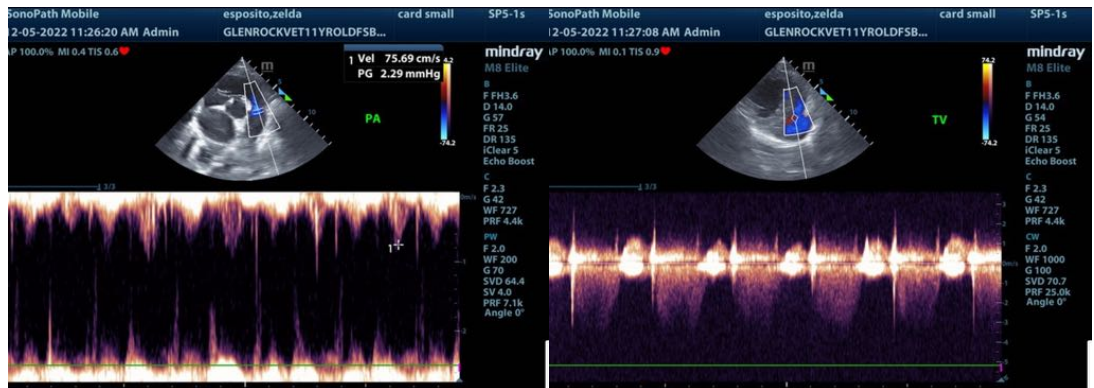
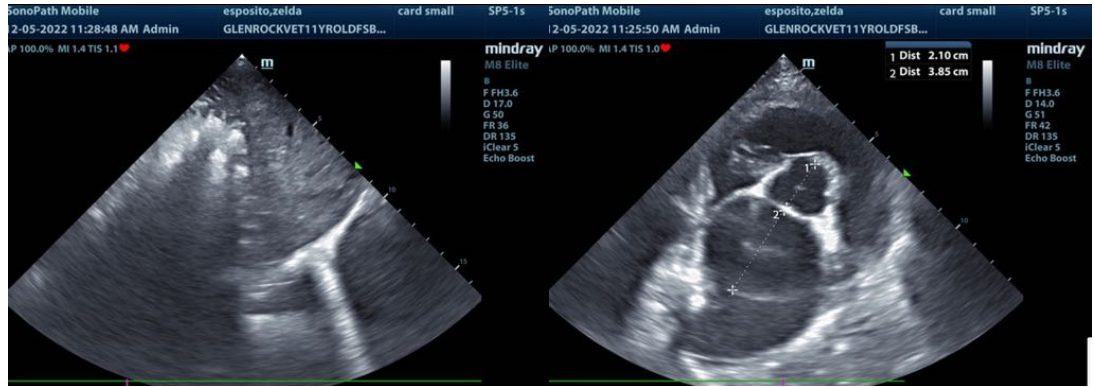
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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

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