


PATIENT PRESENTING CLINICAL SIGNS

Lola Nankani History: Follow up assessment of cardiac Current meds: enalapril 1.25mg bid, pimo 1.25mg bid

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine

The echocardiogram in this patient presented severe volume overload of the left atrium and left ventricle with prolapse of the anterior mitral valve leaflet and compensatory tachycardia. Volume overload was noted in the left ventricle as well. Contractility was fairly adequate. Severe tricuspid insufficiency is present and consistent with pulmonary hypertension. Hepatic vein dilation was noted.

BREED

Morkie

SEX

Spayed female

AGE

10 years

WEIGHT

7.5 lbs

INTERPRETED BY

 Eric Lindquist, DMV
 DABVP, Cert. IVUSS

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base)	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		3.3	2.8	45		0.1
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	194	0.68	0.9	7.5 lbs	4.74	3.09	

IMAGING PERFORMED BY

Valeryia Shumskaya

HOSPITAL NAME

Hillsdale AH

ULTRASONOGRAPHIC FINDINGS

Severe valvular disease.
 Significant decompensation from the prior sonogram.
 Consistent with stage C1-D1 valvular disease.

REFERRING VET

Dr. Fischer

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend adjusting medications to adding Lasix at 2-3 mg/kg b.i.d. and Spironolactone at 1-2 mg/kg b.i.d. The prognosis long term is guarded. I recommend to monitor BUN, creatinine and blood pressure measurements. Target respiratory rate is recommended at < 25/ minute.

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DATE

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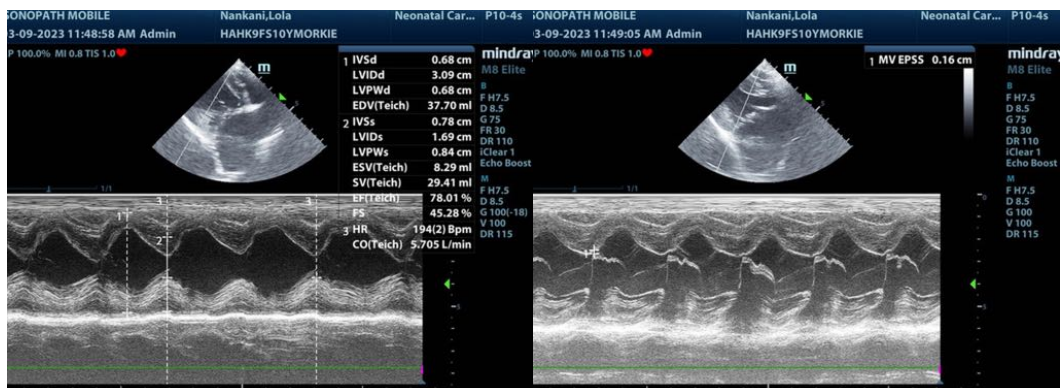
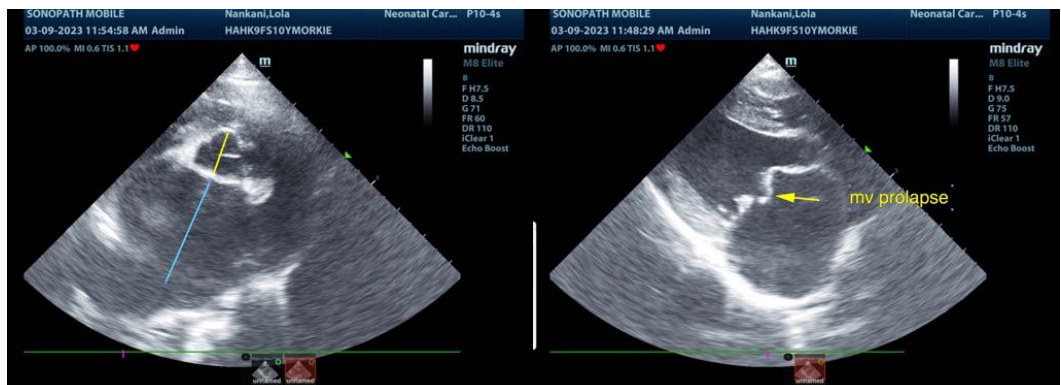
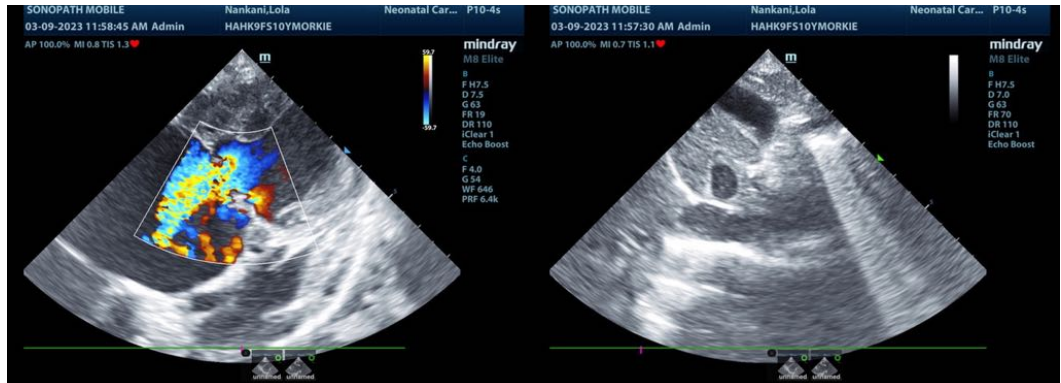
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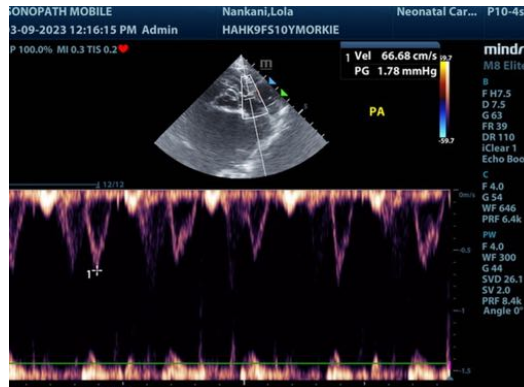
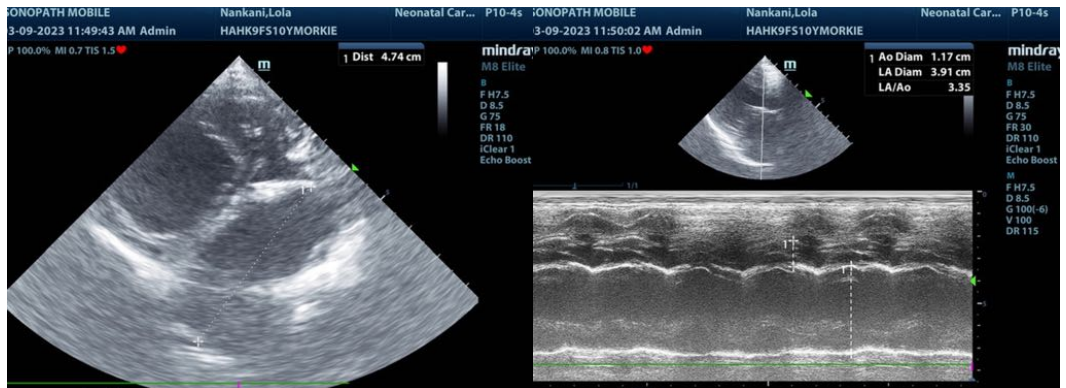
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS
info@SonoPath.com