


PATIENT

Abby Reilly

SPECIES

Canine

BREED

Cockapoo

SEX

Spayed female

AGE

13 years

WEIGHT

19.2 lbs

INTERPRETED BY

 Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Valeryia Shumskaya

HOSPITAL NAME

Legacy AH

REFERRING VET

Dr. Potenzzone

INVOICE

43854

DATE

4/18/23

PRESENTING CLINICAL SIGNS

History: Repeat echo 12/23/21, see if meds need adjustment Current meds: Vetmedin, thyrotabs, credelio, enalapril, spironolactone

Abnormal PE/Chem/CBC/UA Results: BUN 50 (not fasted)

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient presented persistent, significant left atrial enlargement with anterior mitral valve leaflet prolapse. The left ventricle revealed subnormal contractility for this level of volume overload. Mitral and tricuspid insufficiency was noted. There was no pericardial or pleural effusion. The right atrium and right ventricle were unremarkable. Aortic and pulmonic outflow tracts were unremarkable other than minor aortic insufficiency. The hepatic veins were not dilated. Left atrial size was approximately the same as the prior echocardiogram to slightly enlarged.

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	5.52	2.58	1.64	1.9	34	35	0.2
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	1.07		19.2 lbs	4.3 max	4.53	

ULTRASONOGRAPHIC FINDINGS

Advanced stage B2 + valvular disease. Concern for emerging myocardial insufficiency and decompensation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend abdominal sonogram in this patient to assess the status of the kidneys given the azotemia. I am reluctant to add further therapy until the azotemia is defined. If resting respiratory rate is > 25/minute then addition of Lasix can be considered at 1-2 mg/kg b.i.d. especially if chest radiographs reveal any pulmonary edema at this point. Given that the patient has been fairly stable since 2021, the combination of Vetmedin, Enalapril and Spironolactone has been effective in maintaining a fairly stable presentation; however, I am concerned about further decompensation into full C1 valvular disease. Recheck echocardiogram is recommended in 3-6 months or earlier if clinical signs initiate such as exercise intolerant coughing or tachypnea. No pleural or extracardiac pathology is present.



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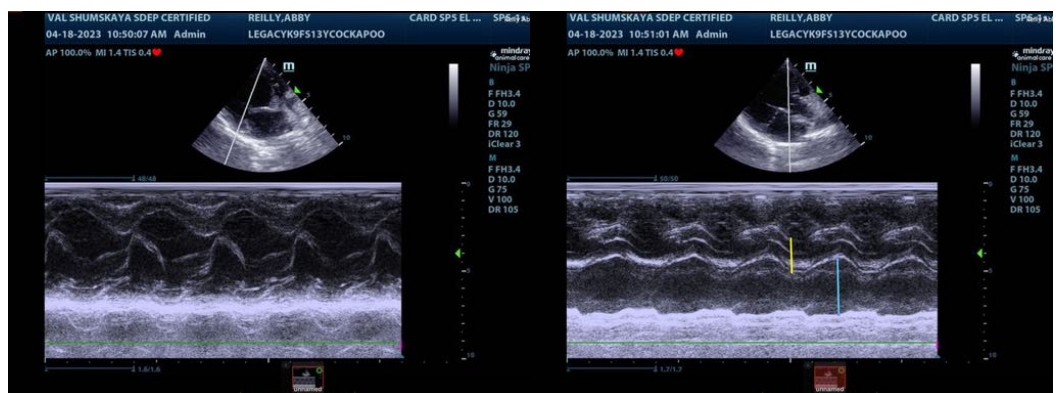
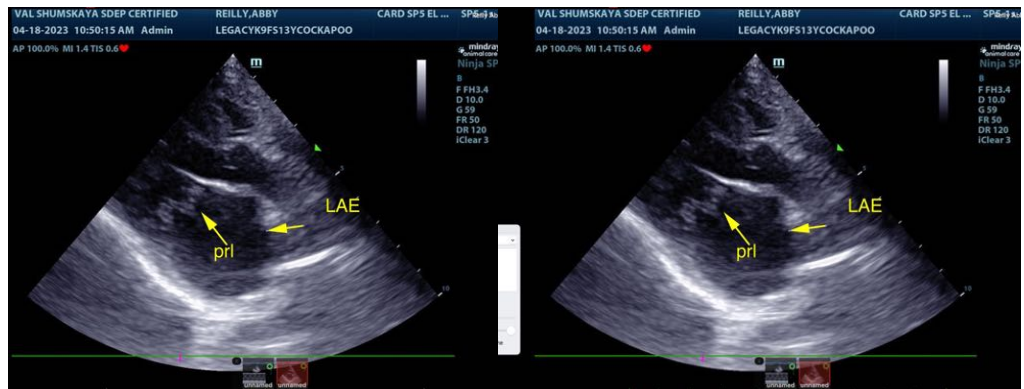
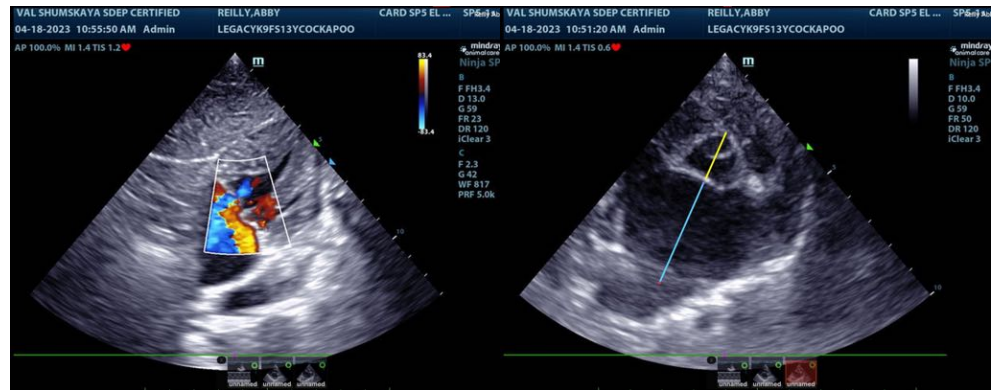
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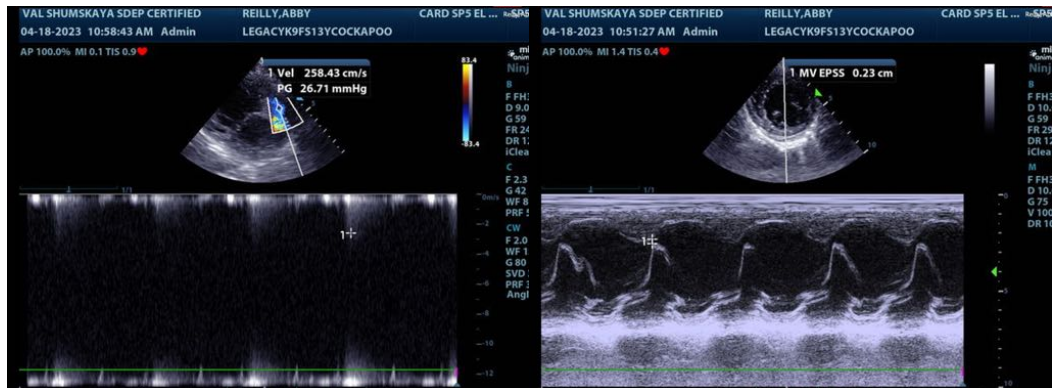
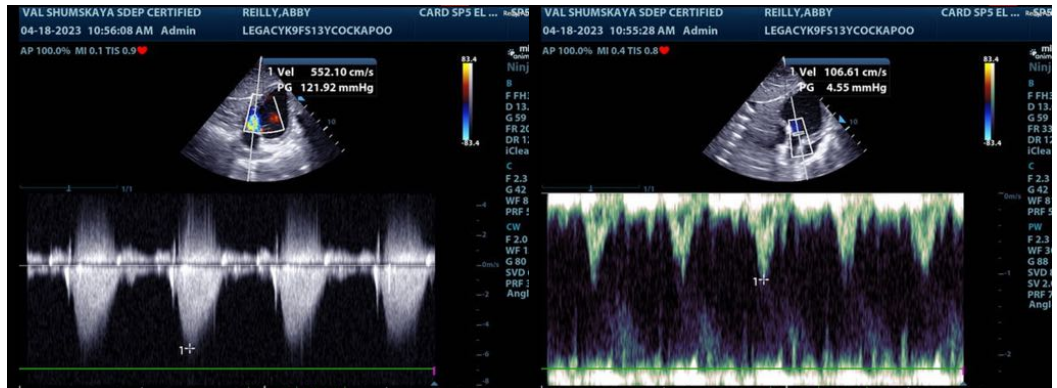
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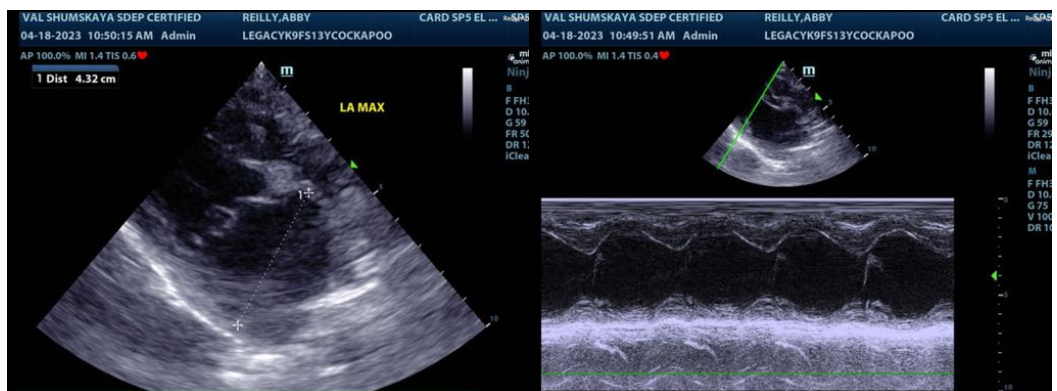
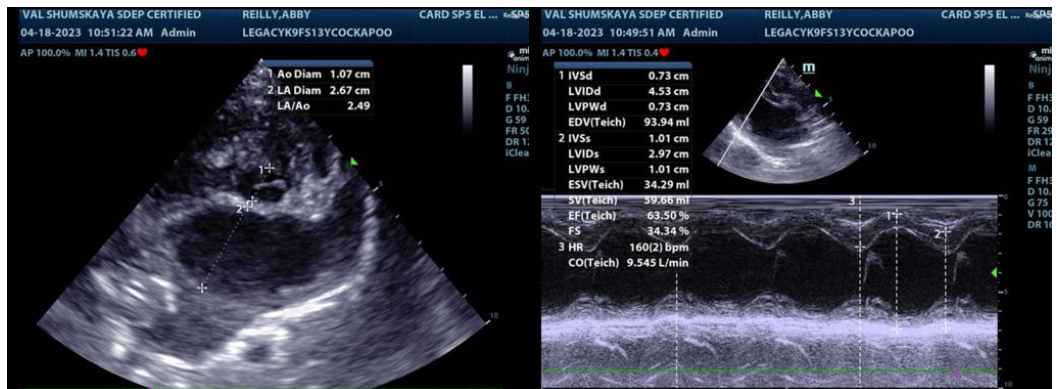
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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