
PATIENT PRESENTING CLINICAL SIGNS

Panda Lee

SPECIES

Canine

BREED

Shipoo

SEX

Neutered male

AGE

13 years

WEIGHT

11.8 lbs

INTERPRETED BY

 Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden, RVT

HOSPITAL NAME

Long Valley AH

REFERRING VET

Dr. Earl

INVOICE

47767

DATE

6/15/23

History: recheck valvular disease. Owner reports increased coughing. on veteryl 10 mg bidd, enalapril 2.5 mg bid, semintra 0.5ml sid, clopidogrel 18.75 mg sid
 Abnormal PE/Chem/CBC/UA Results: SDMA 17, creat 3.6, BUN > 130, phos 7.9, K 6.6; UA: occasional granular cast, pH 5, USPG, 1.015, UPC 0.8

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated mitral and tricuspid insufficiency as well as a mildly elevated right ventricular outflow velocity. However, this may be a compensatory issue given the periodic pauses in the rhythm were noted. Contractility and volumes appeared to be contained at this time. Mild right ventricular hypertrophy was noted. The hepatic veins were slightly dilated. Tricuspid insufficiency velocity measured 3.0 m/sec and consistent with early pulmonary hypertension.

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	6.0	3.0	1.4	1.4	59	90	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	129	1.4	Variable 1.6-3.0	11.8 lbs	2.68	3.09	

ULTRASONOGRAPHIC FINDINGS

Mitral and tricuspid insufficiency.

Mildly elevated RVOT.

Mild right ventricular hypertrophy.

Tricuspid insufficiency consistent with early pulmonary hypertension.



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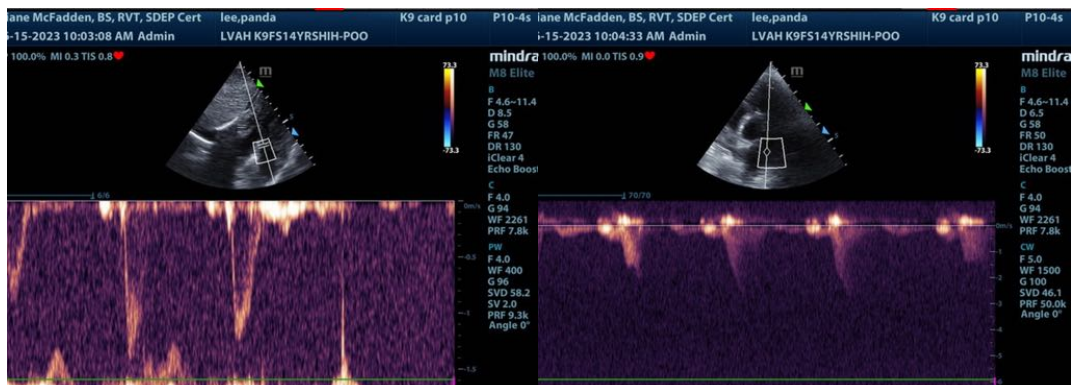
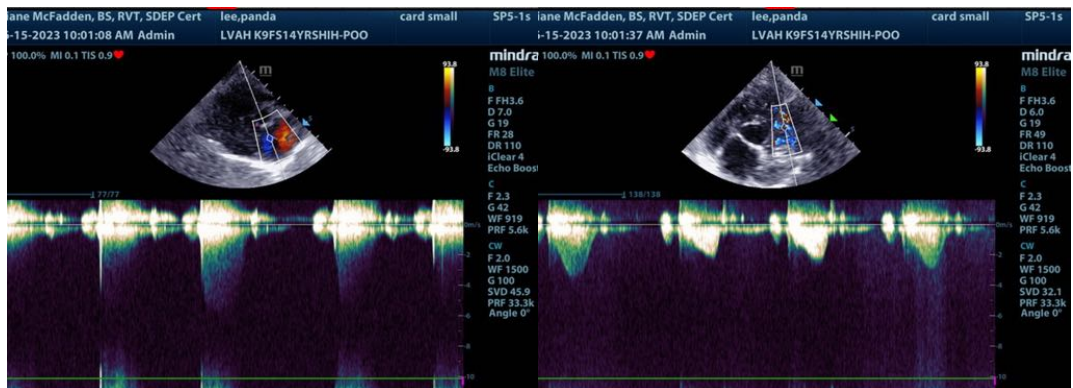
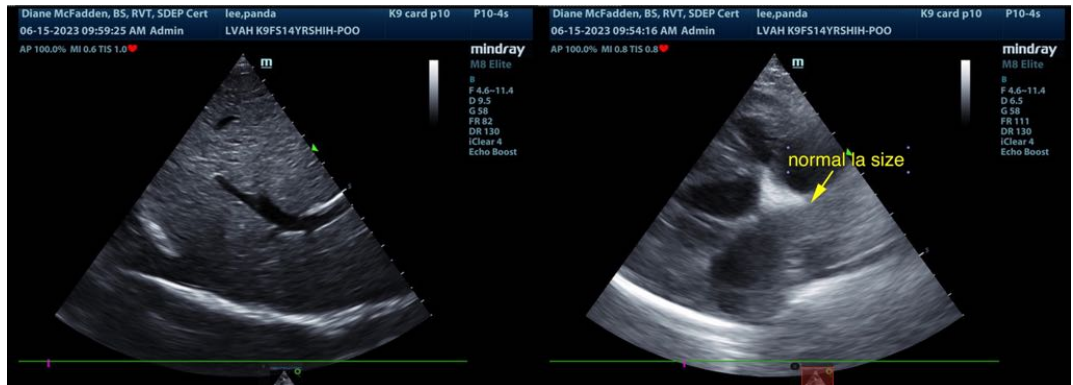
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The heart is not the cause of the cough at this time. Primary respiratory disease should be investigated and empirically treated. Secondary early pulmonary hypertension is present, yet there was no evidence of right-sided failure. There is no need for Sildenafil at this time. I recommend continuation on the current protocol. The azotemia is concerning in this patient. Further devaluation and abdominal is indicated. Blood pressure measurements are warranted to assess for systemic hypertension. No adjustment on the cardiac medications is recommended at this time. EKG is indicated to assess for arrhythmia.





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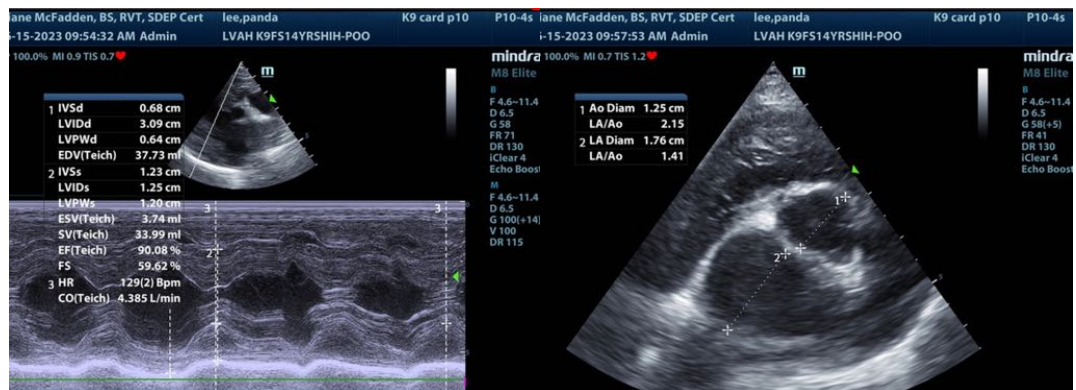
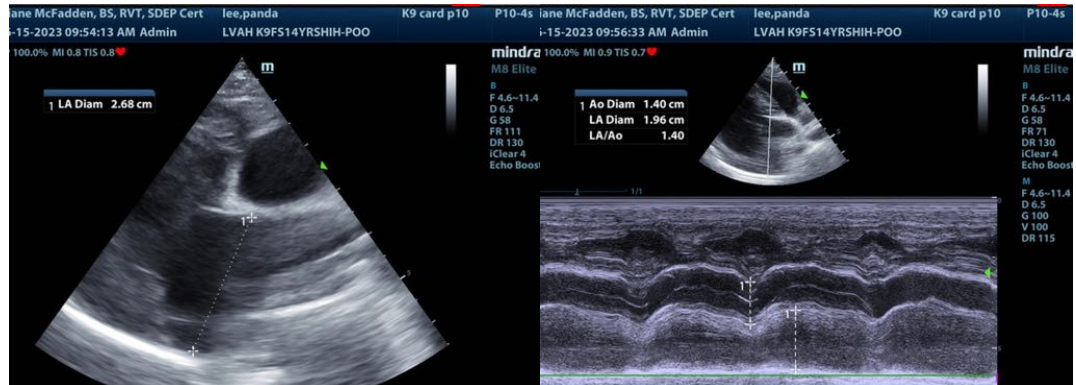
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Info@SonoPath.com