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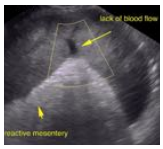
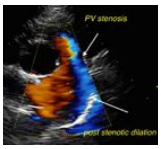
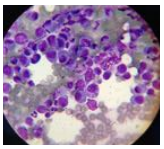
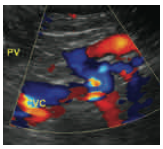

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1-800-838-4268 info@sonopath.com

PATIENT
Lola Cobley

SPECIES
Canine

BREED
Jack Russel Terrier

SEX
Spayed Female

AGE
14 years

WEIGHT
19 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
Newton VH

REFERRING VET
Dr. Bladek

INVOICE
31363

DATE
6/30/22

PRESENTING CLINICAL SIGNS

History: Recheck echo for ongoing heart problem (prev. report attached). Patient is stable. Current meds: Furosemide, Enalapril, Pimobendan TID
Abnormal PE/Chem/CBC/UA Results: ALKP 253, BUN 31, WBC 24.1, ABS NEUTS 19039

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Significant, persistent volume overload was noted in the **left atrial** and **left ventricle** with **mitral valve** prolapse. Complete filling of the left atrium was noted. 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. **Tricuspid** prolapse is also noted with insufficiency measuring 3.0 m/sec. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** 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 **pericardial** or pleural effusion was noted. Tachycardia was noted. The hepatic veins were not dilated.

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	<1.3	28-40	40-100	<0.6
PATIENT	5.1		1.9	2.5	47	79	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				
PATIENT	181		0.66	19 lbs	4.7	4.12	

ULTRASONOGRAPHIC FINDINGS

Most of the measurable parameters demonstrate progressive volume overload in this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend adjusting medications and adding Spironolactone at 1-2 mg/kg b.i.d. ensuring that Enalapril is b.i.d. dosing. A mild increase in Lasix can also be considered. However, monitoring azotemia, blood pressure measurements and heart rate are recommended as well as targeting respiratory rate less than 20/minute. Guarded long term prognosis. Given that no hepatic vein dilation was present

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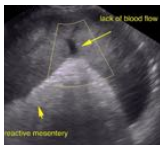
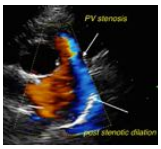
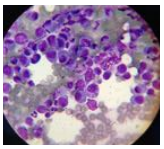
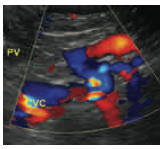

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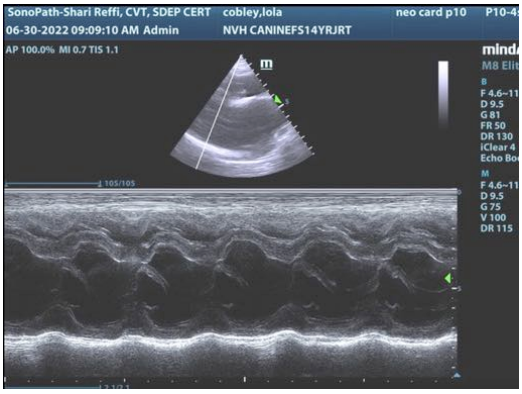
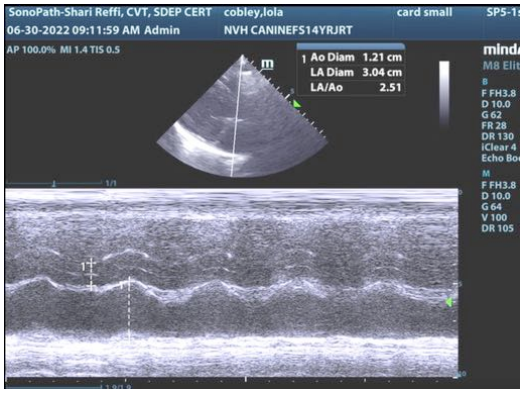
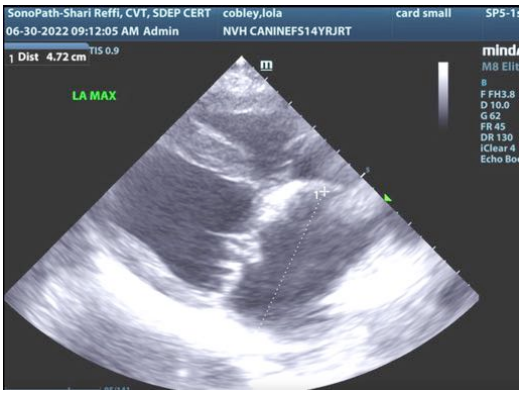
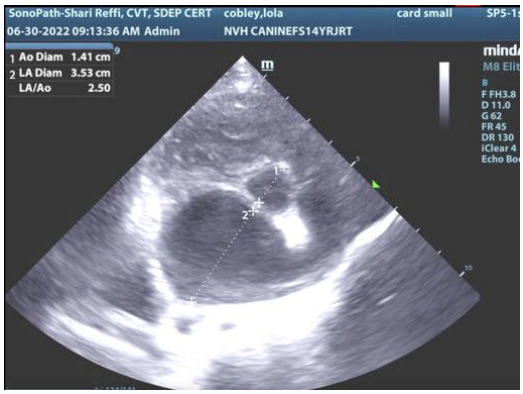
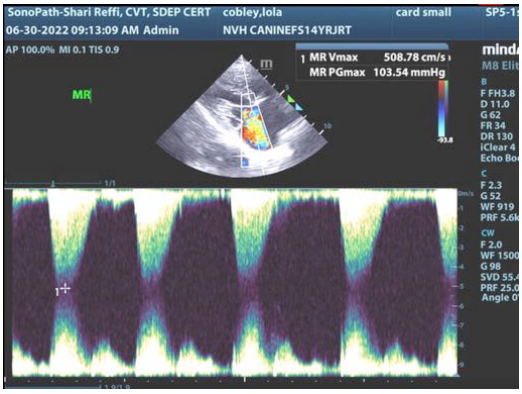
Sildenafil would not be indicated; however, it may be necessary in the future.

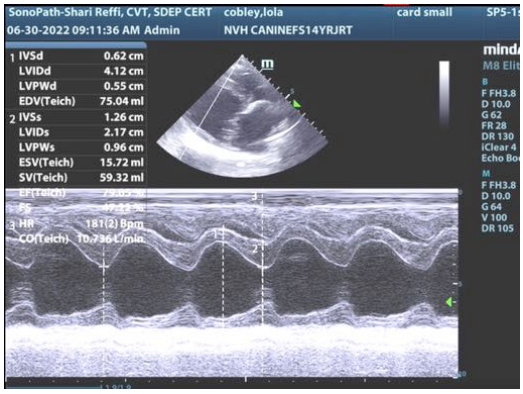












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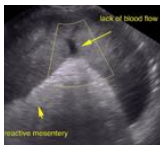
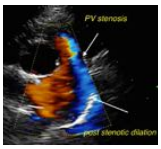
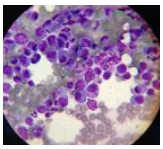
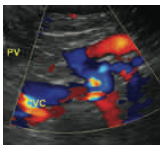

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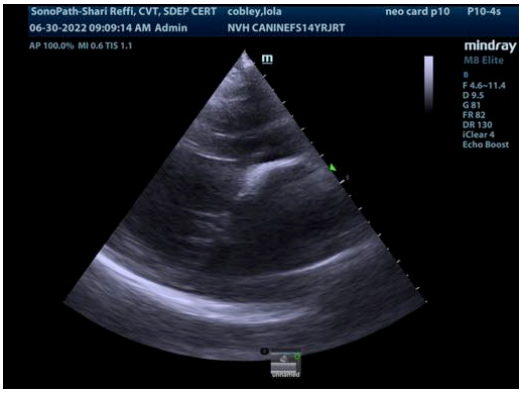

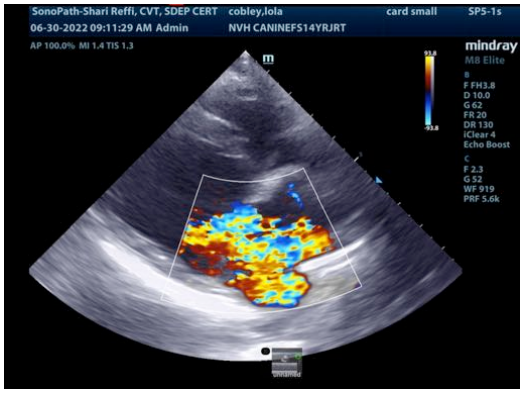

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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