

## PATIENT

Scrapie Lu  
Wapelhorst

## PRESENTING CLINICAL SIGNS

History: Grade IV/VI heart murmur. No current meds.  
Abnormal PE/Chem/CBC/UA Results: 12/6/2021 Sr. BW wnl.

## SPECIES

Canine

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated enlarged **left atrial** size based on 3 different LA measurement methods. Complete filling of the left atrium was noted on color flow assessment. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Prolapse of the anterior mitral valve leaflet was noted. Doppler indicated measurable insufficiency. The **left ventricle** presented thicknesses with linear contour and was not dilated nor restricted. 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 or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** 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 echographically detectable evidence of infiltrative disease was visible. The cranial **mediastinum and pericardial regions** were free of masses in the visible window.

## BREED

Border Terrier

## SEX

Spayed female

## AGE

12 years

## WEIGHT

20.6 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Shari Reffi, CVT

## HOSPITAL NAME

Warren AH

## REFERRING VET

Dr. Nicole

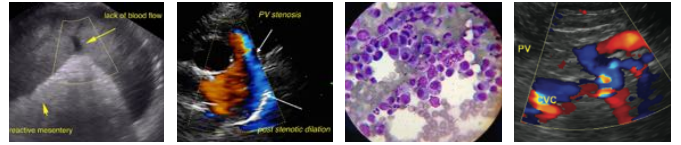
| CANINE CARDIAC PARAMETERS | MR VMAX (m/s) | TR VMAX (m/s) | LA/AO (Boon method) | LA/AO (Heart Base; Swe) | FS (%)                            | EF (%)                                     | EPSS (cm)                                  |
|---------------------------|---------------|---------------|---------------------|-------------------------|-----------------------------------|--|--|
| NORMAL PARAMETER          | 4.5-5.5       | <2.7          | 1.3                 | <1.6                    | 28-40                             | 40-100                                     | <0.6                                       |
| PATIENT                   | 5.68          |               | 1.9                 | 2.0                     | 39                                | 71   | 0.32                                       |
| 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                   | 154           | 1.2           | 0.92                | 24 lbs                  | 4.15                              | 3.46                                       |  |

## INVOICE

31601

## DATE

6/30/22



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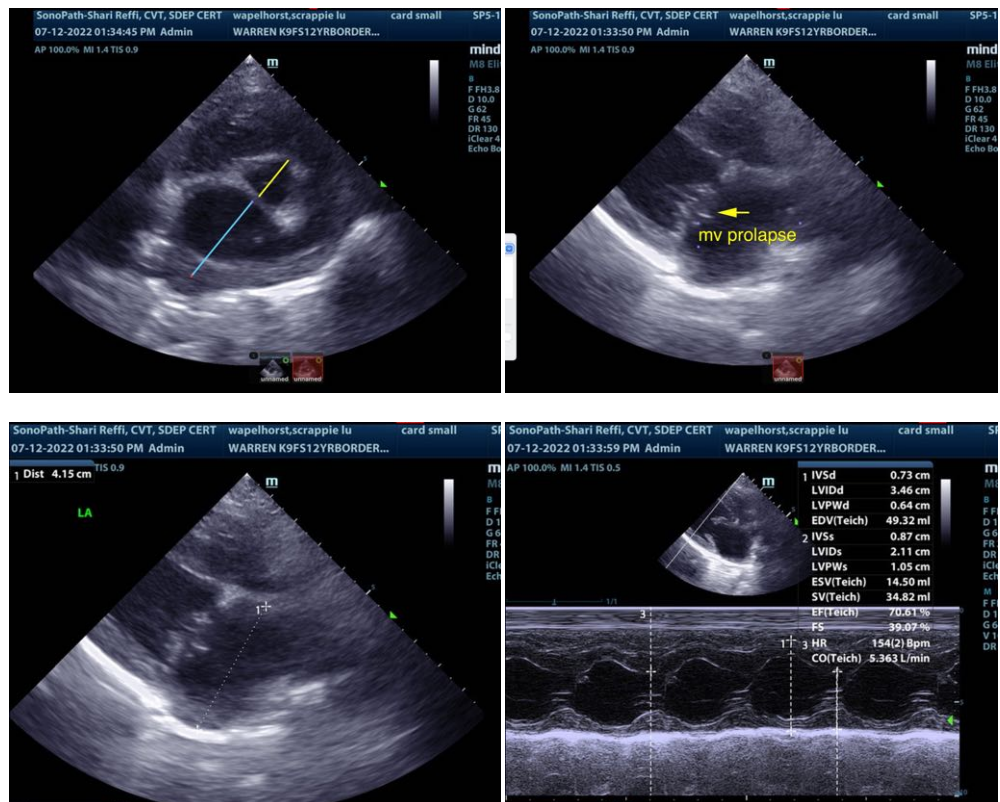
6/30/22

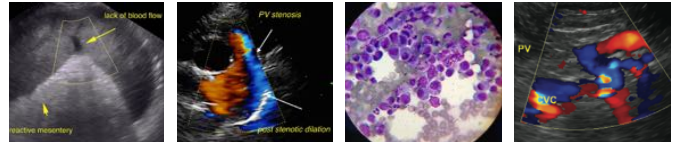
**ULTRASONOGRAPHIC FINDINGS**

Mitral insufficiency and advanced Stage B2 valvular disease.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend initiating Pimobendan in this patient at 0.3 mg/kg b.i.d., ace inhibitor at 0.5 mg/kg s.i.d. progressing to b.i.d. and Spironolactone at 1-2 mg/kg b.i.d. A recheck echocardiogram is recommended in a month or earlier if murmur grade increases or clinical signs initiate. Sleeping respiratory rate should be monitored with a goal of < 25/minute. Blood pressure measurements, BUN, radiographs and respiratory rate are recommended in 7-10 days.





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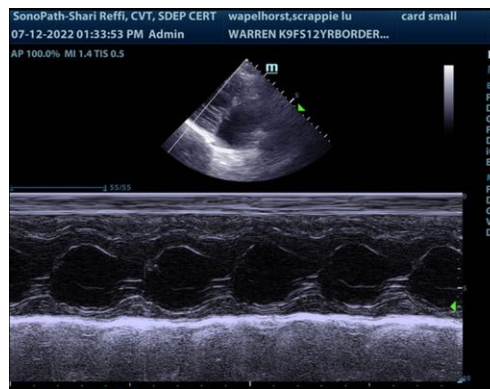
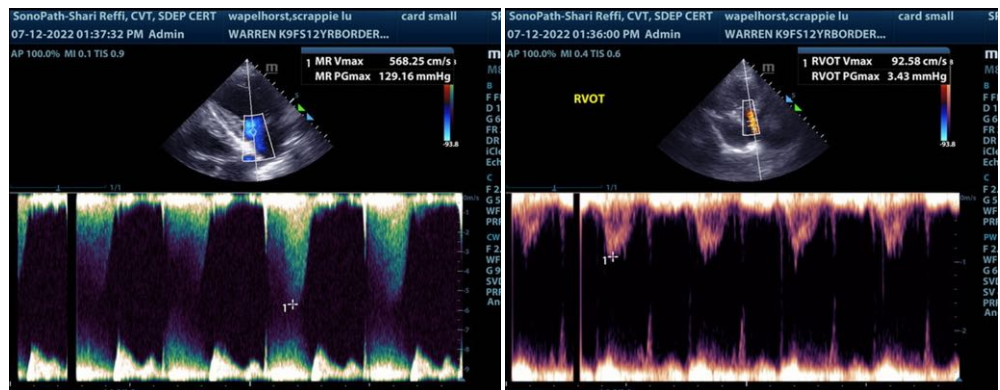
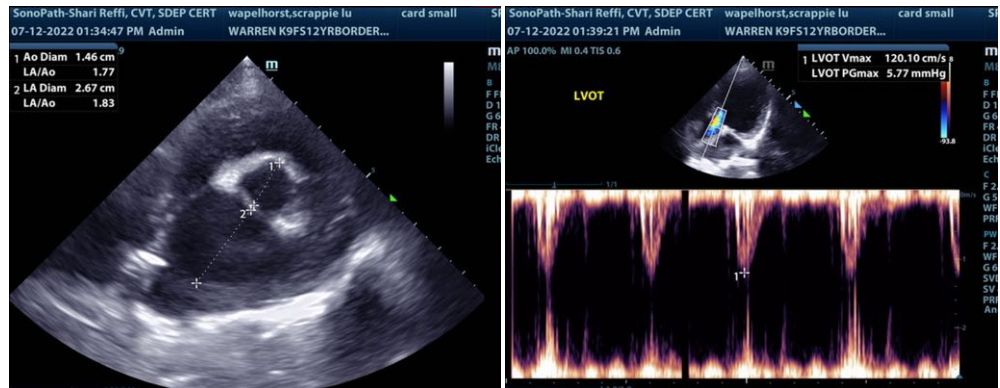
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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