



**PATIENT PRESENTING CLINICAL SIGNS**

Amber Falco

History: CHF, coughing more recently with increased soft tissue opacity on radiographs on 7/5. Increased furosemide and Tussigon 7/5. Current meds: Denamarin, Tussigon, Furosemide 12.5 mgs 1 and ½ tab BID, Benazepril 5 mgs ½ tab BID, Pimobendan 2.5 mgs BID.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

**BREED**

Cavalier Bichon Frise Mix

The echocardiogram in this patient demonstrated enlarged **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. Moderate filling of the left atrium was noted on color flow assessment. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. 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** insufficiency also noted. 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.

**SEX**

Spayed Female

**AGE**

11 years

**WEIGHT**

26.9 lbs

**INTERPRETED BY**

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Ramapo Valley AH

**REFERRING VET**

Dr. Katara

| 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                   | 6.0           |               | >2.3                | 2.5                     | 33                                | 63   | 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                   | 108           | 1.89          | 1.43                | 26.9 lbs                | 5.0 max                           | 3.84                                       |  |

**INVOICE**

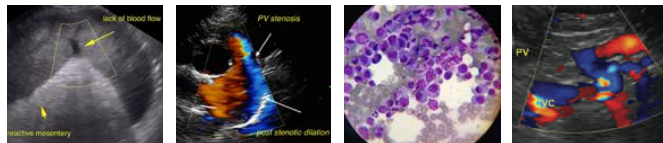
31513

**ULTRASONOGRAPHIC FINDINGS**

Advanced stage B2 valvular disease.

**DATE**

7/7/22



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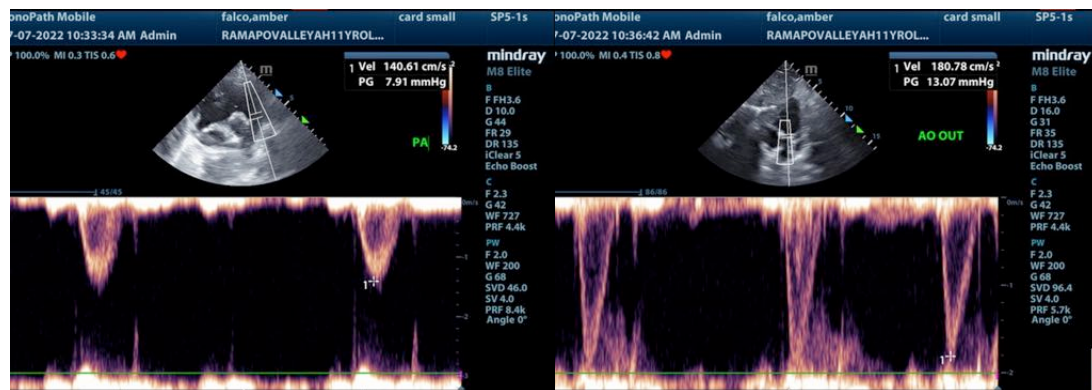
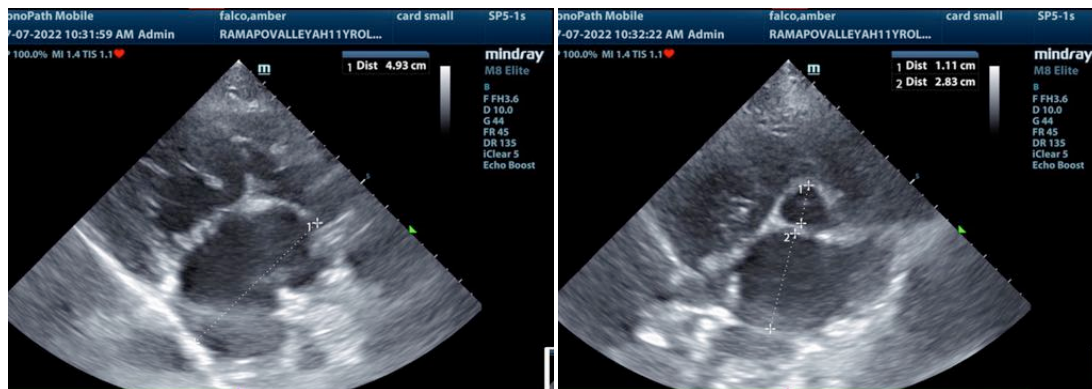
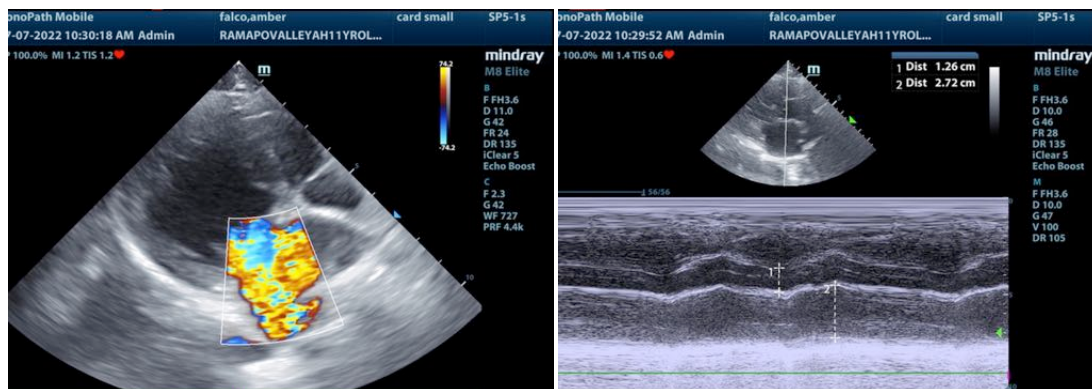
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**DATE**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend continuation of the Furosemide adding Pimobendan at 0.3 mg/kg b.i.d. Given that the Furosemide has already been given which means that the cardiac presentation is post treatment and still significant volume overload is noted I recommend continuation of the Benazepril, Pimobendan and Furosemide as well as adding Spironolactone at 1-2 mg/kg b.i.d. Lasix can be increased to 12.5 mg b.i.d. as long as azotemia is not an issue. Cough suppressants such as Hycodan should also be utilized.





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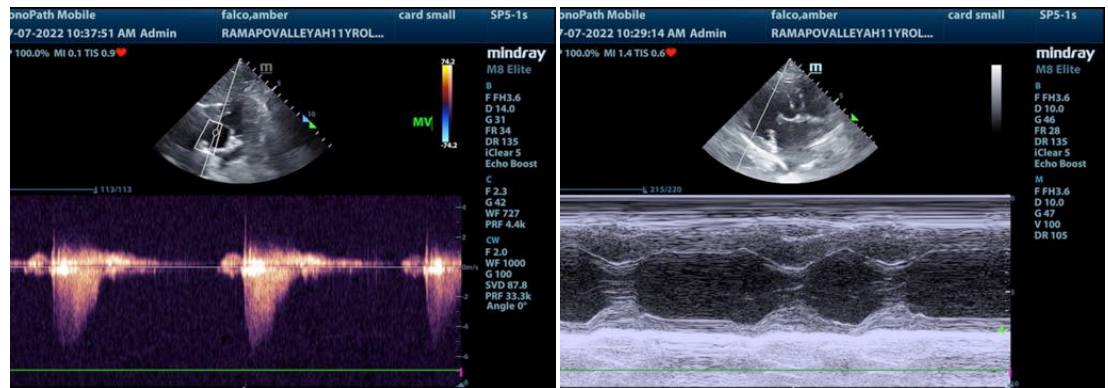
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**DATE**

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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

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