



## PATIENT

Charlie Dean Buchert

## SPECIES

Canine

## BREED

Cavalier Bichon

## SEX

Neutered male

## AGE

14 years

## WEIGHT

30 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Valeryia Shumskaya

## HOSPITAL NAME

Ramapo Valley AH

## REFERRING VET

Dr. Dhur

## PRESENTING CLINICAL SIGNS

History: Recent increase in coughing and gagging, Grade V/VI holosystolic murmur L side  
Abnormal PE/Chem/CBC/UA Results: ALT 162, Alkphos 265

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated severely enlarged **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. 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 normal 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. Aortic insufficiency was evident. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** insufficiency was 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. Arrhythmogenic activity was also noted.

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	Up to 1.6	28-40	40-100	<0.6
PATIENT	5.8	3.13	>2.5	1.9	32	61	0.3
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	138	0.8		30 lbs	5.7	4.46	

## ULTRASONOGRAPHIC FINDINGS

Mitral insufficiency, severe left atrial enlargement.

Early C1 valvular disease.

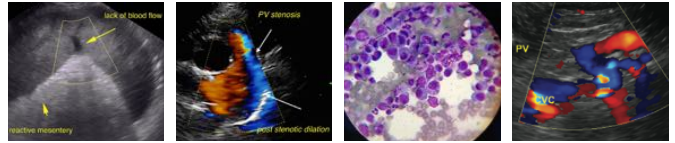
Arrhythmia.

## INVOICE

46568

## DATE

8/11/23



**PATIENT**

Charlie Dean Buchert

**SPECIES**

Canine

**BREED**

Cavalier Bichon

**SEX**

Neutered male

**AGE**

14 years

**WEIGHT**

30 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Valeryia Shumskaya

**HOSPITAL NAME**

Ramapo Valley AH

**REFERRING VET**

Dr. Dhur

**INVOICE**

46568

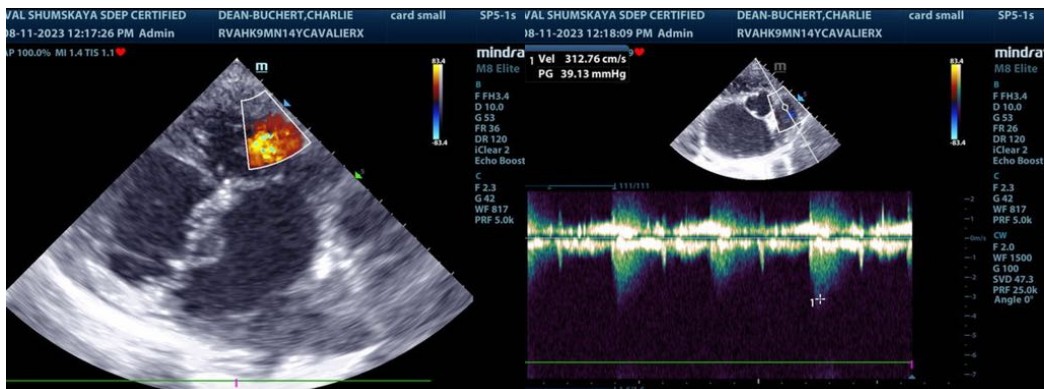
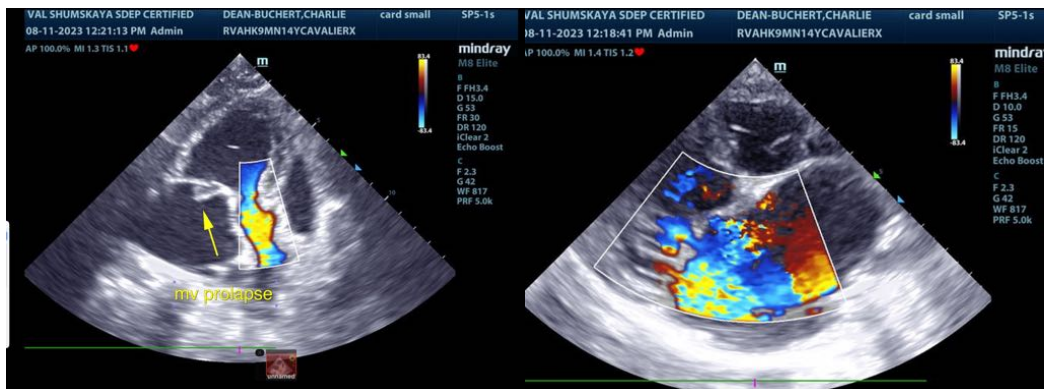
**DATE**

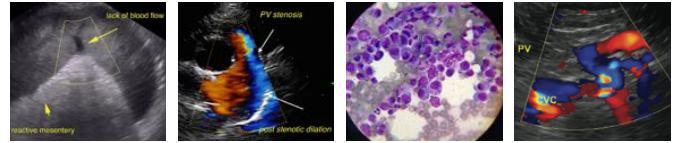
8/11/23

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend Quadrotherapy in this patient with Pimobendan at 0.3 mg/kg b.i.d. and Spironolactone at 1-2 mg/kg b.i.d. Lasix is recommended at 2-3 mg/kg b.i.d. as well as monitoring BUN, creatinine and blood pressure measurements as well as respiratory rate. Blood pressure measurement is indicated especially given the aortic insufficiency. After 3-4 days I recommend initiating Enacard at 0.5 mg/kg s.i.d. progressing to b.i.d. gradually. The prognosis is guarded.

The heart has some volume overload and is working to compensate for the valvular insufficiency. Target respiratory rate is < 20 resp/minute after therapy. After initiating therapy, I recommend recheck on the clinical exam, BUN, Creatinine, USG, Chest radiographs & Blood pressure in 5-7 days. Recheck echo in 1 month. Earlier if clinical decompensation is occurring. I do not recommend anesthesia at this time until stabilization has occurred on the recommended medications. Repeat preanesthetic echo is ideal if anesthesia is eventually necessary.





**PATIENT**

Charlie Dean Buchert

**SPECIES**

Canine

**BREED**

Cavalier Bichon

**SEX**

Neutered male

**AGE**

14 years

**WEIGHT**

30 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Valeryia Shumskaya

**HOSPITAL NAME**

Ramapo Valley AH

**REFERRING VET**

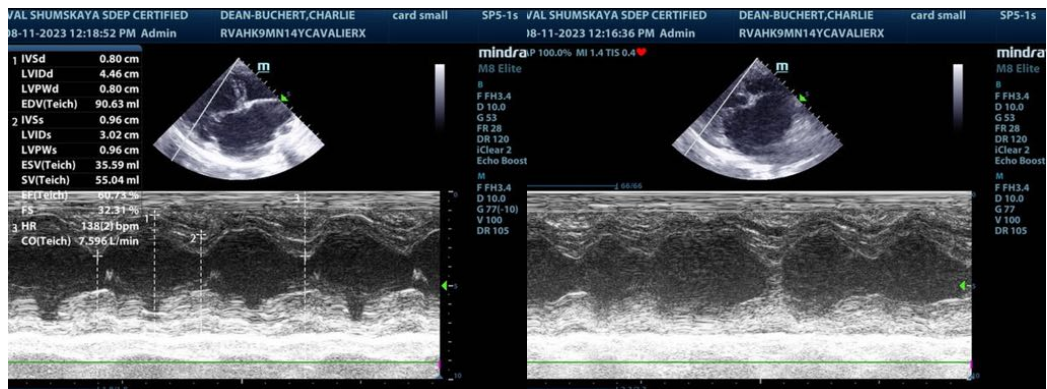
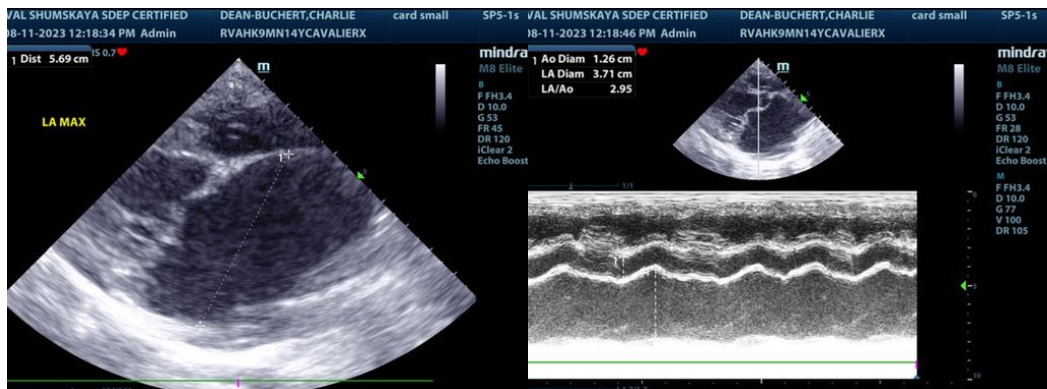
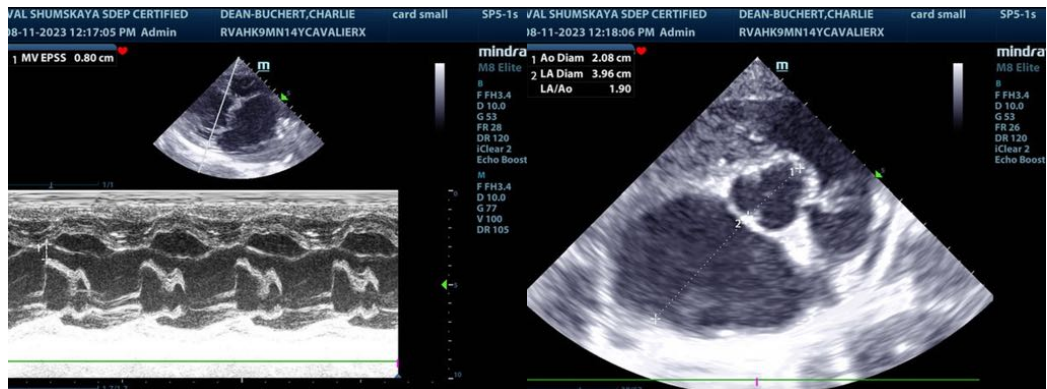
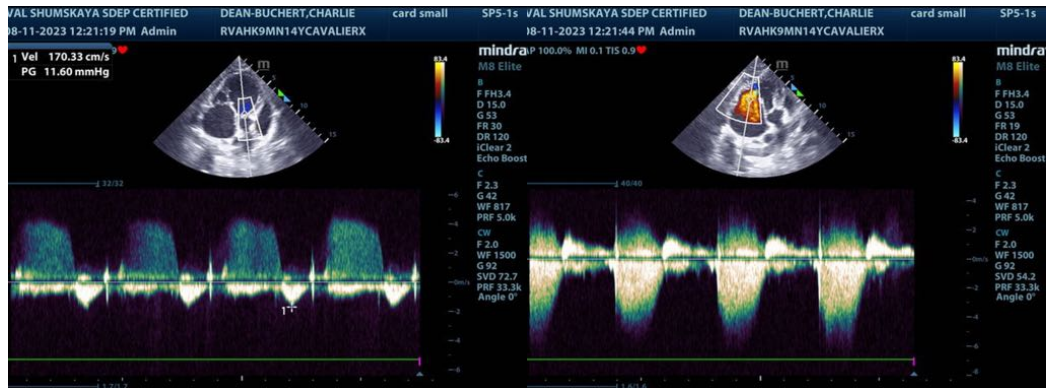
Dr. Dhur

**INVOICE**

46568

**DATE**

8/11/23





**PATIENT**

Charlie Dean Buchert

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.

**SPECIES**

Canine

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.

**BREED**

Cavalier Bichon

Eric Lindquist, DMV, DABVP, Cert. IVUSS  
info@SonoPath.com

**SEX**

Neutered male

**AGE**

14 years

**WEIGHT**

30 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Valeryia Shumskaya

**HOSPITAL NAME**

Ramapo Valley AH

**REFERRING VET**

Dr. Dhur

**INVOICE**

46568

**DATE**

8/11/23