
**PATIENT PRESENTING CLINICAL SIGNS**

Eli Arnott Sudden episodes of collapsing. History of seizures.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

Canine

**BREED**

Miniature Poodle

The echocardiogram in this patient presented mitral and tricuspid insufficiency with mitral valve prolapse. However, significant right-sided cardiac overload was noted with a 1.3:1 right atrial to left atrial ratio. A 2:1 right ventricle to left ventricle ratio was noted. No pericardial or pleural effusion was noted. The tricuspid insufficiency velocities are consistent with moderate to severe pulmonary hypertension. No ascites was noted at the time of the sonogram; however, hepatic vein dilation was present.

**SEX**

Neutered male

**AGE**

16 years

**INTERPRETED BY**

 Eric Lindquist, DMV  
 DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

 Eric Lindquist, DMV  
 DABVP, Cert. IVUSS

**HOSPITAL NAME**

Butler Vet

**REFERRING VET**

Dr. Garro

**INVOICE**

32729

**DATE**

9/6/22

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	5.57	4.43	NM	1.0	59	90	0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	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	153	1.3	0.71		2.5 max	2.12	

**ULTRASONOGRAPHIC FINDINGS**

Emerging right-sided failure. Moderate to severe pulmonary hypertension.

Mitral and tricuspid insufficiency with mitral valve prolapse.

Compensated left heart.

Volume overload right heart.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend initiating Sildenafil at 1 mg/kg b.i.d. up titrating over 2 weeks and if the patient is stable clinically with BUN and creatinine parameters then increase to 1.5 mg/kg b.i.d. Adding Spironolactone at 1-2 mg/kg b.i.d. and ace inhibitor therapy is recommended at 0.5 mg/kg s.i.d. would also be indicated. I recommend a recheck echocardiogram in a month or earlier if clinical signs worsen. Syncope could be justified by the pulmonary hypertension in this patient if exercise intolerance induces the syncope. Paroxysmal arrhythmia and seizure activity potentially induced by cerebral hypoxia should also be considered.



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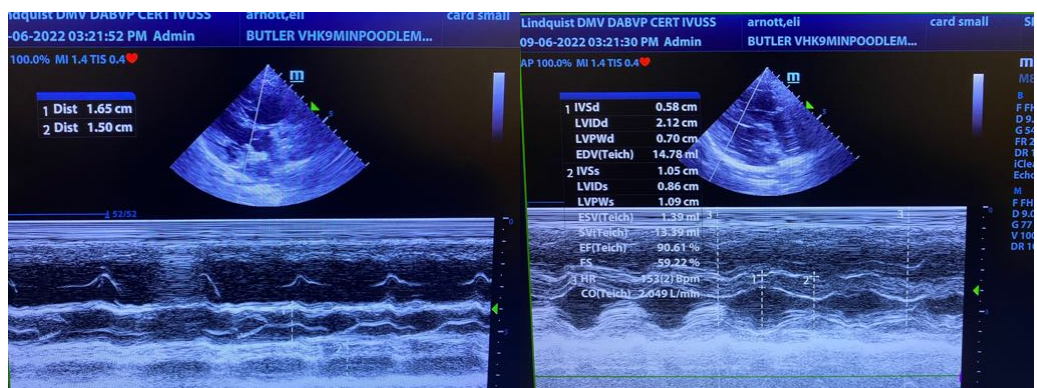
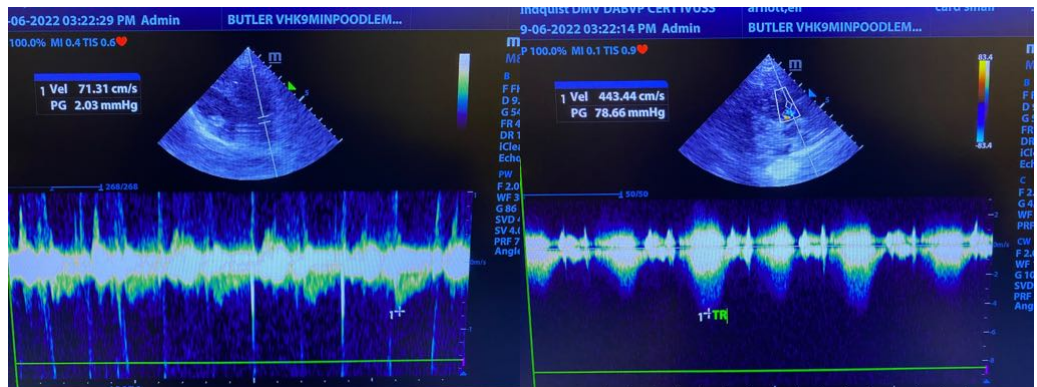
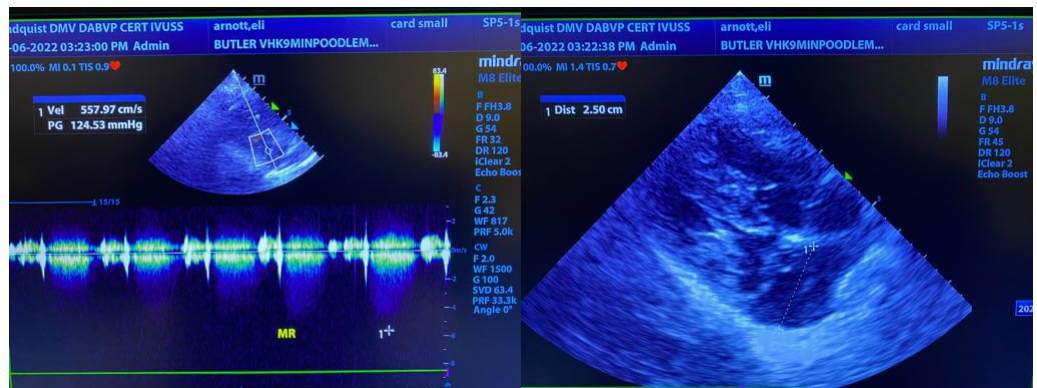
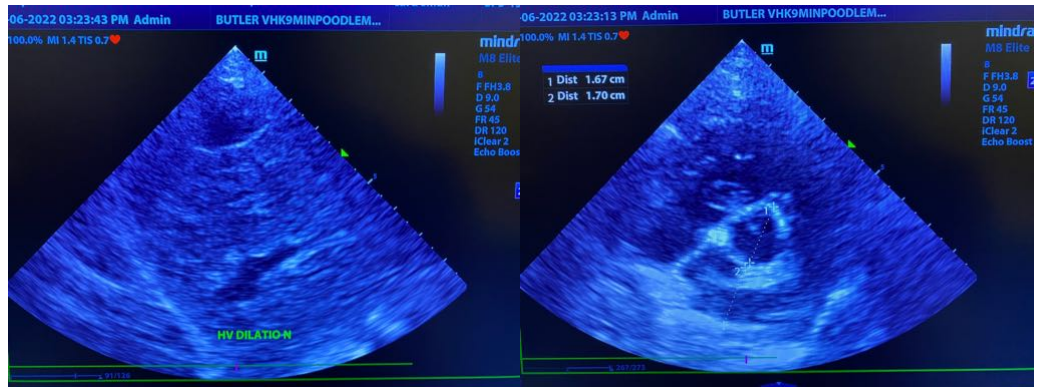
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**PATIENT**

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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.

**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.

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Miniature Poodle

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

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