



PATIENT PRESENTING CLINICAL SIGNS

Maddie Cook

SPECIES

Canine

BREED

Whippet

SEX

Spayed female

AGE

11 years

WEIGHT

25 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Anderson

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Anderson

INVOICE

42395

DATE

12/28/22

History: Treatment for Stage B2 Valvular Disease started in January 2022. Blood pressure has been stable. Today's 78mmHg. No changes at home from last visit. Less active than a year ago, but not getting worse. Sleeping respiratory rate 20bpm. Weight and appetite stable. Current medications: Spironolactone 12.5mg bid, Vetmedin 2.5mg bid, Enalapril 5mg bid
 Abnormal PE/Chem/CBC/UA Results: PE: Stage III dental disease. Cardiac murmur as before. Remainder good. No recent labs. Normal lytes and NSAID panel 10/24/22.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient presented **mitral** valve prolapse with ruptured chordae tendineae. Volume overload was noted in the **left atrium** and **left ventricle**. Mitral and tricuspid insufficiency was noted. 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. 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. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window. The patient was tachycardic. Periodic arrhythmia was noted in this patient.

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	5.72	3.1	NM	2.1	34	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	BELOW	BELOW	BELOW	BELOW
PATIENT	130	1.5	1.1	25 lbs	5.0 max	4.56	

ULTRASONOGRAPHIC FINDINGS

Advanced stage B2 with concern for emerging C1 valvular disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend continuation of the current protocol. I am concerned about arrhythmogenic activity and the volume overload of the left atrium and left ventricle. The patient should be monitored carefully for emerging signs of left-sided congestive heart failure. If sleeping respiratory rate increases or exercise intolerance, coughing or early pulmonary edema starts to develop then adding Lasix can be considered



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at 1-2 mg/kg b.i.d., yet it is debatable on whether that would be necessary at this time. From a volume overload standpoint it would prove fruitful; however, there is no consensus for additional diuretic at this time. Recheck echocardiogram is recommended in 3-6 months or earlier if clinical signs initiate.

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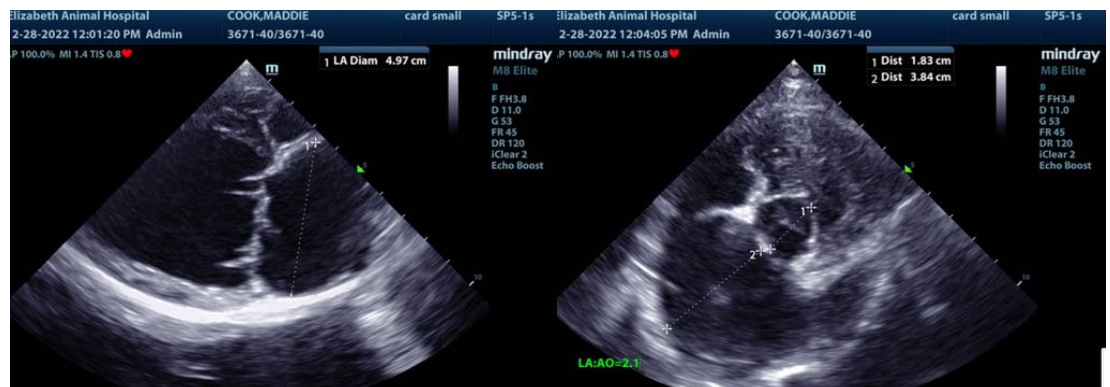
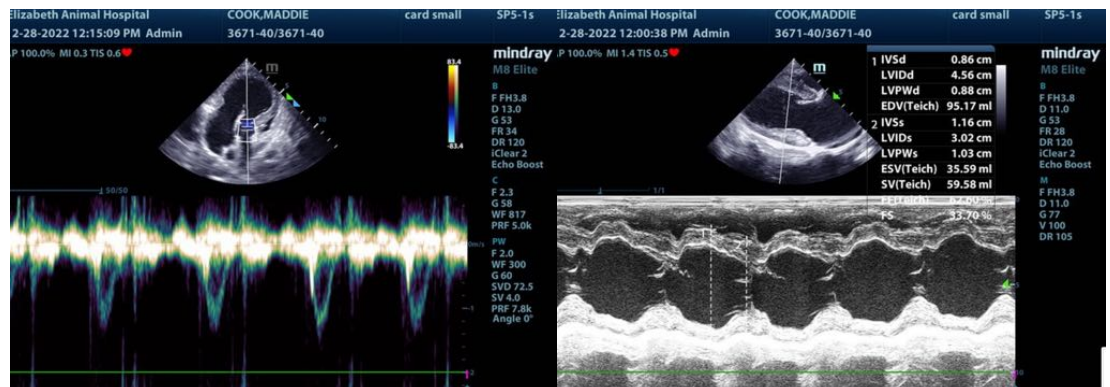
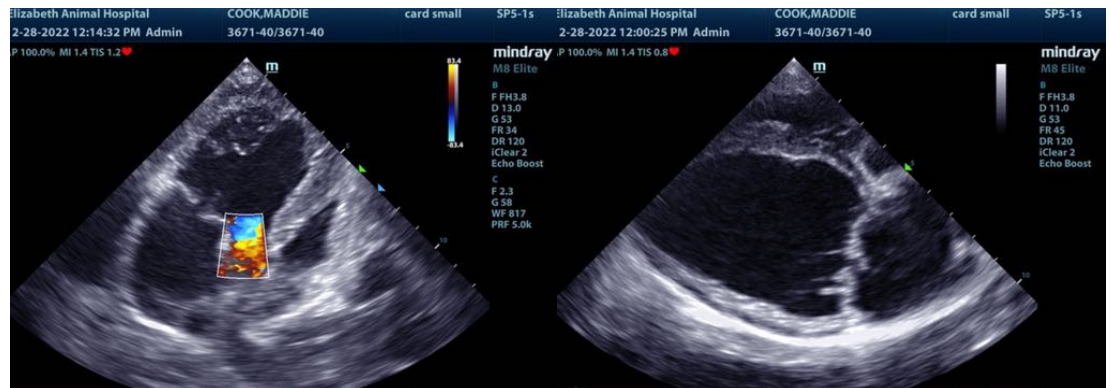
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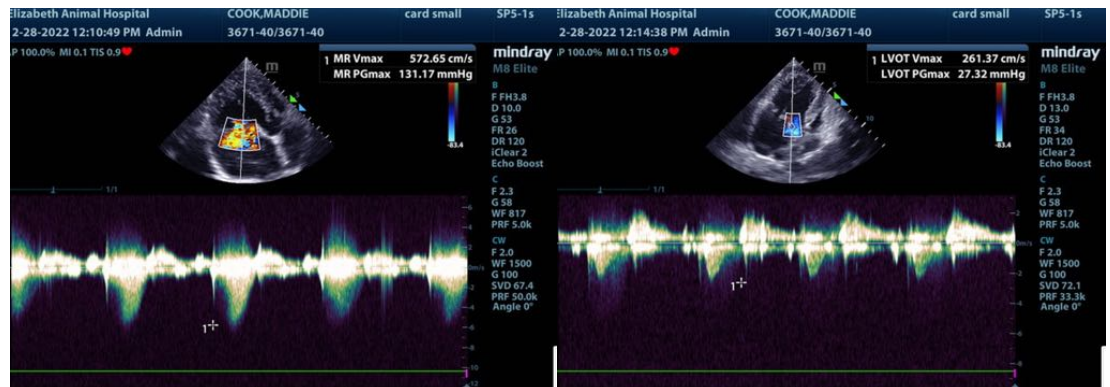
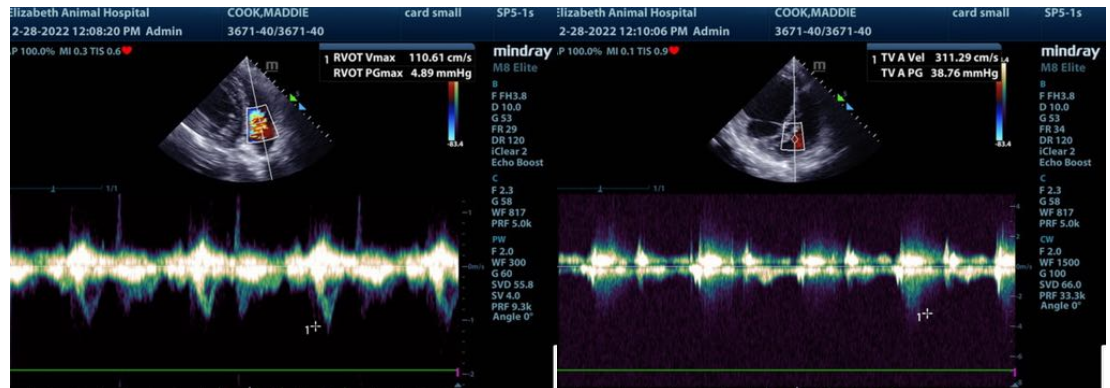
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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