


**PATIENT PRESENTING CLINICAL SIGNS**

Rosie Marmo Pre-sx CUS for dental/lumpectomy scheduled for 1/18/2022. Newly dx grade II/VI L murmur.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

Canine

BREED

Basset Hound

SEX

Spayed Female

AGE

7 Years

WEIGHT

68.8 Pounds

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	6.0		1.2	1.44	31	61	0.5
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				
PATIENT	140	1.27	0.99		4.5	4.84	

**Cardiac Presentation**

The echocardiogram in this patient demonstrated normal **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. Doppler indicated measurable insufficiency. Slight prolapse of the anterior mitral valve leaflet noted. 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. **Aortic** insufficiency noted at 5.0 m/sec. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. Trivial **tricuspid** insufficiency noted. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** insufficiency also noted. No visible **pericardial** or free pleura fluid was noted. Minor comet tail lung pattern noted.

**INTERPRETED BY**

 Eric Lindquist, DMV  
 DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

 Vetco Total Care  
 (Kinnelon Petco)

**REFERRING VET**

Dr. Dean

**ULTRASONOGRAPHIC FINDINGS**

- Stage B1 valvular disease
- Mitral, tricuspid, pulmonic and aortic insufficiencies, all compensated at this time.
- Minor comet tail lung pattern

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34296

**DATE**

1/17/22

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If any respiratory signs are present, then it is not cardiogenic. Blood pressure measurements warranted. There is no overt anesthetic risk if necessary in this patient.



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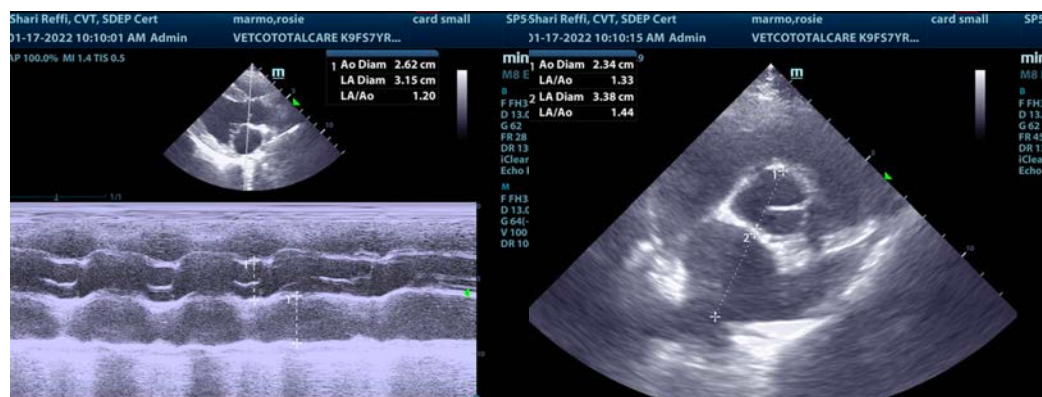
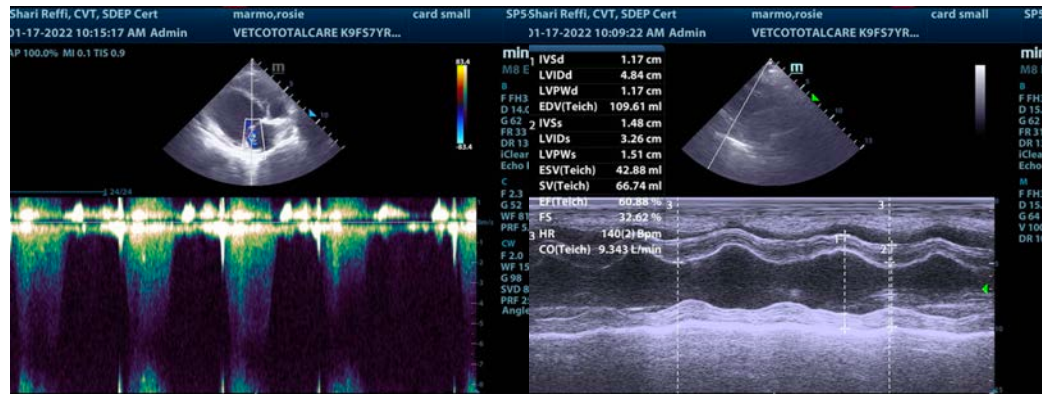
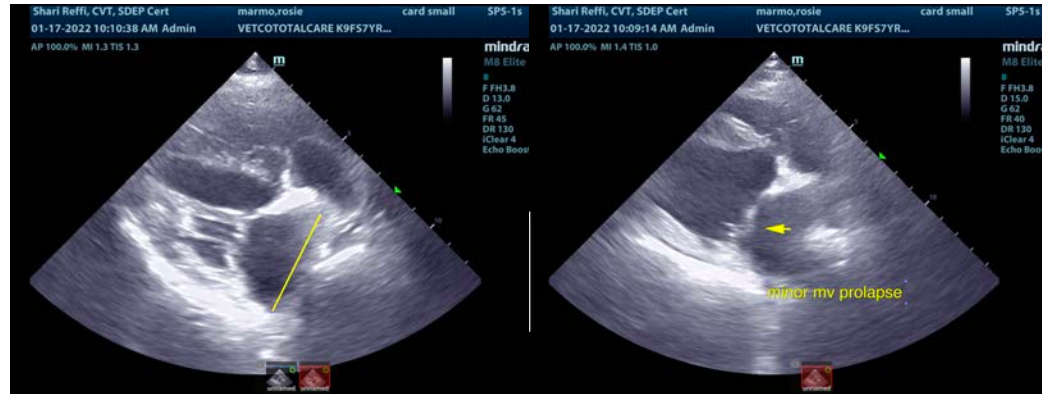
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B1: The heart is stable without clinical disease. No overt contraindication for anesthesia of brief to moderate duration. I suggest Torbutrol premed, Propofol induction, Isoflor maintenance or similar protocol if anesthesia is desired. Blood pressure recommended if not already performed and target white coat negative systolic pressure of < 160 mmHg. If higher than this ACE-inhibitor is suggested to reach this level. Recheck echocardiogram is recommended in 6 months, earlier if murmur grade increases or clinical signs initiate.





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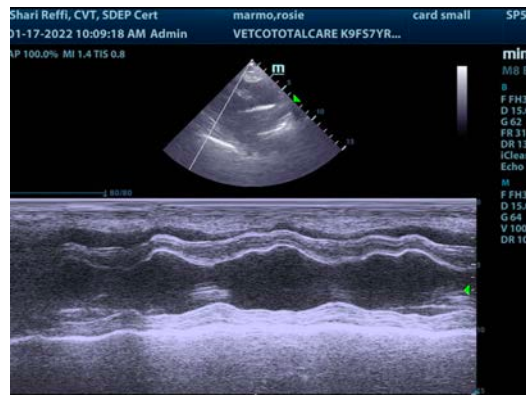
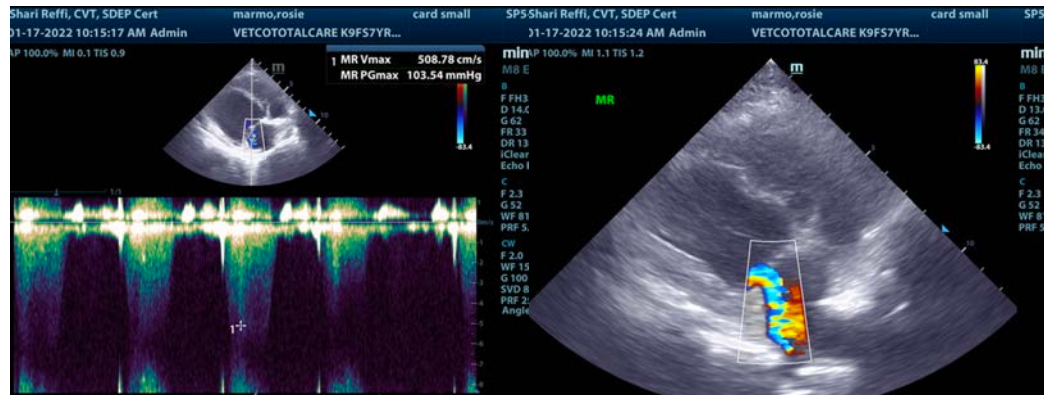
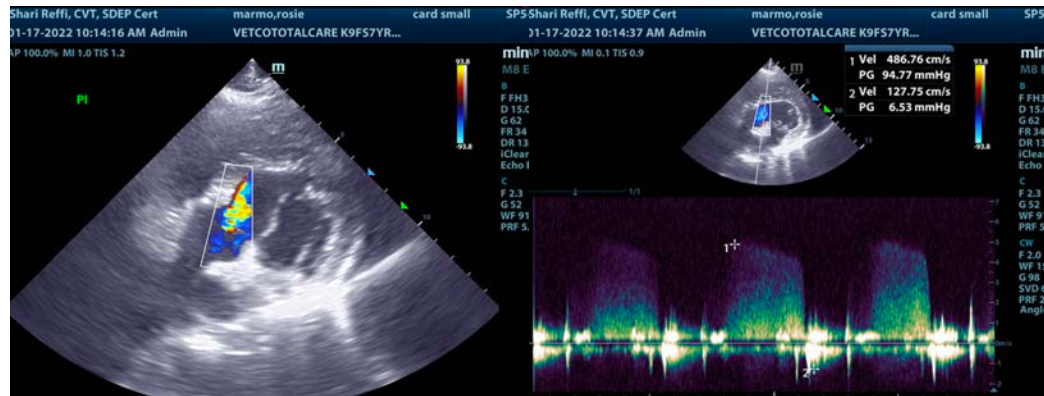
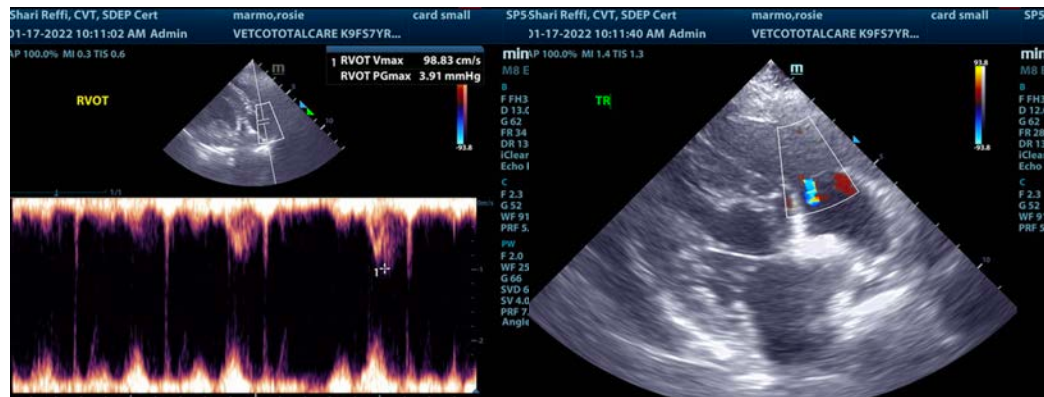
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**PATIENT**

Rosie Marmo

The information and recommendations provided are based on the images presented by the referring veterinarian. 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**

Basset Hound

**Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com**  
[info@SonoPath.com](mailto:info@SonoPath.com)

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