



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Dozer Neubert  
Pre-anesthetic CUS for mass removal. Hx of mitral and tricuspid valve degeneration, VPC's seen on recent ECG. Current meds: Rimadyl 75mg bid, Gabapentin 300mg bid, Cefpodoxime 200mg sid. Butorphanol for u/s.

**SPECIES**  
Abnormal PE/Chem/CBC/UA Results: No recent bw or u/a.

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

**BREED**  
Labrador  
The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. Trivial **mitral** valve insufficiency was noted in this patient, yet is not clinically significant. 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. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. 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. Occasional arrhythmia was noted.

**SEX**

Neutered male

**AGE**

10 years

**WEIGHT**

93 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Tranquility VC

**REFERRING VET**

Dr. Jones

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			1.4	1.44	35	64	0.58
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	95	1.46	1.25	93 lbs	4.82	5.05	

**ULTRASONOGRAPHIC FINDINGS**

**INVOICE**  
95354  
Trivial mitral insufficiency.  
Otherwise, structurally unremarkable heart.

**DATE**

1/18/22



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**INVOICE**

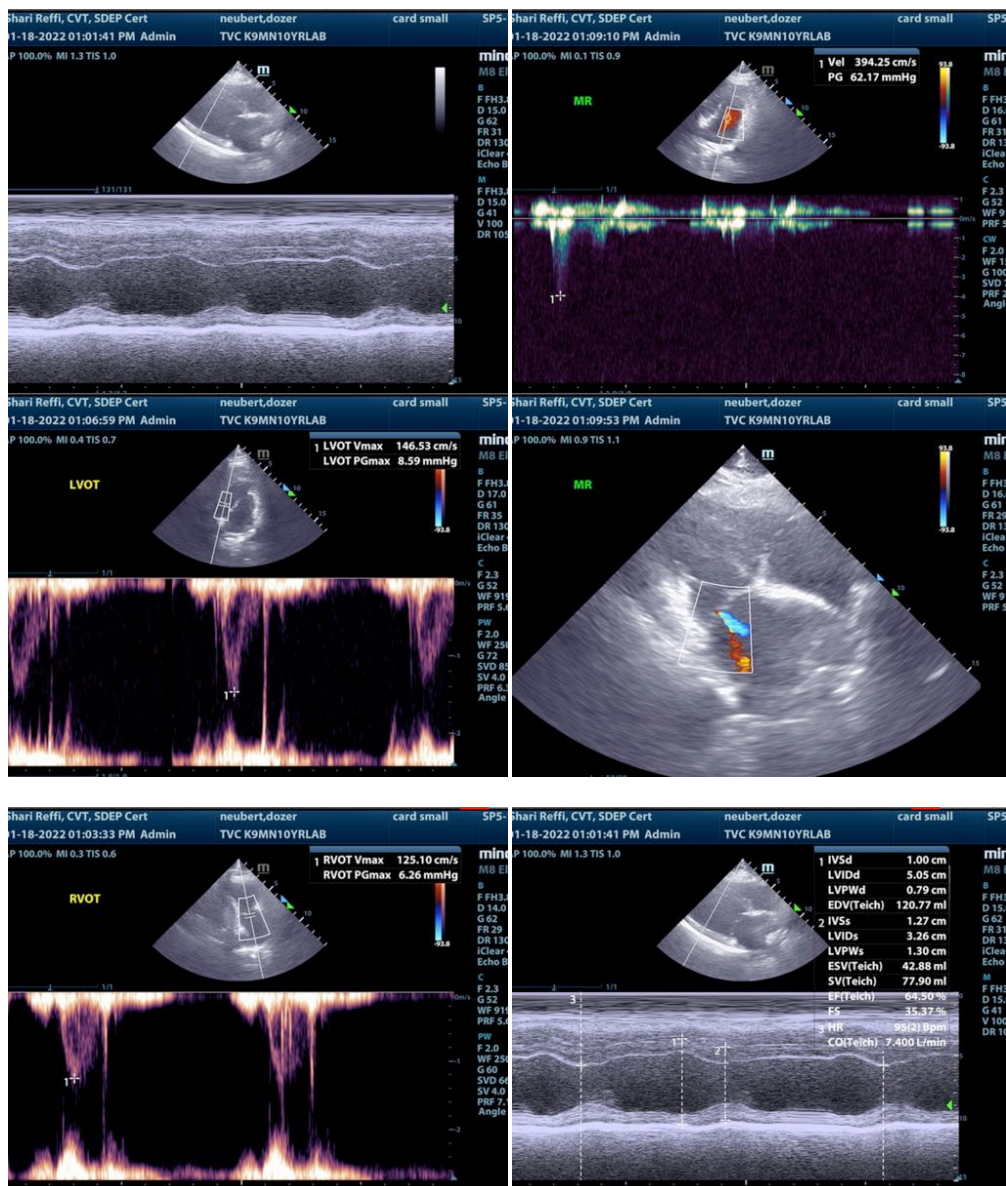
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Holter monitor would be ideal to assess 24 hour period of arrhythmogenic activity. Structure and function appears to be normal in this patient. From that standpoint there is no overt contraindication to anesthetic procedure. However, EKG should be monitored during anesthesia to ensure that minimal arrhythmogenic activity is present. Torbutrol premed, Propofol induction, and Isoflurane maintenance is recommended. Recheck echocardiogram is recommended in 6 months or earlier if murmur grade increases.





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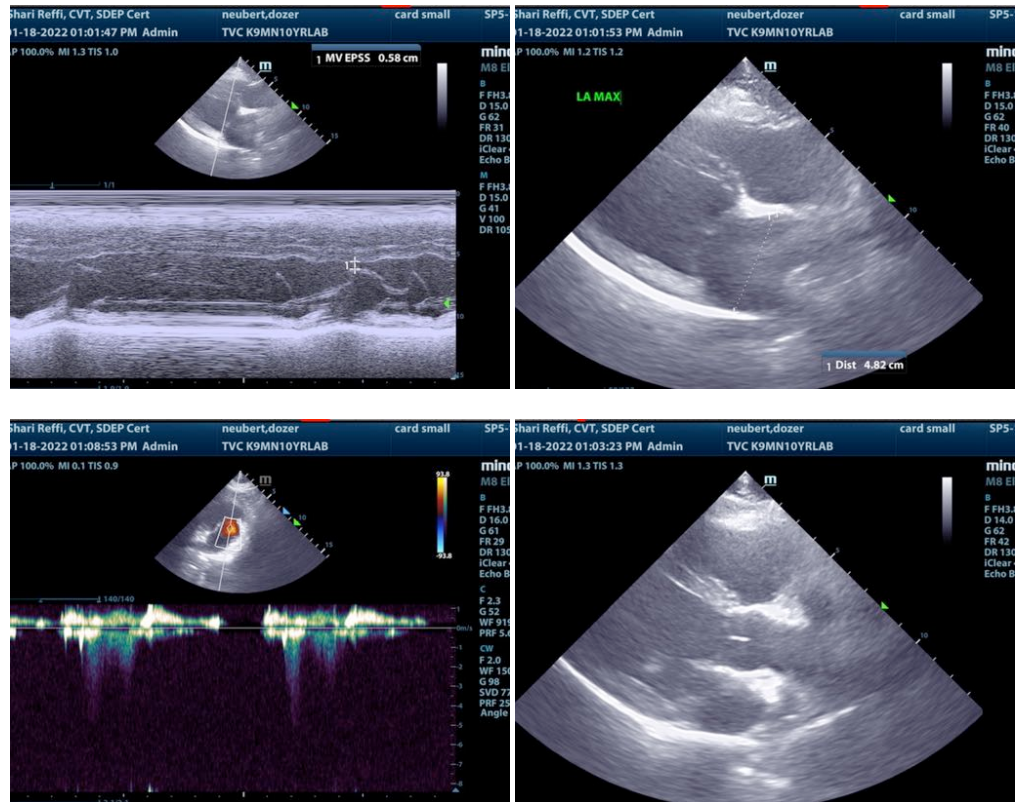
Dr. Jones

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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.

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