



PATIENT PRESENTING CLINICAL SIGNS

Maya Wilder
 Seen at Salem Wilvet ER last night for multiple syncopal episodes. History of DM, on insulin.
 Abnormal PE/Chem/CBC/UA Results: 1-2/6 left sided systolic heart murmur. High anxiety, Cataracts OU BP 164/115 (121), very stressed No arrhythmia on auscultation. 1/18 labs Chem 17 BG 239 all other values wnl CBC wnl

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

9 years

WEIGHT

83 lbs

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. 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. Mildly increased **left ventricular outflow** velocity was present. 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. The hepatic veins are not dilated.

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Kalenius

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Kalenius

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			1.1	1.3	36	67	0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	LA (2D short axis Base view)	LVIDd (Avg; 2D and m-mode short axis)	LVIDs (Avg; 2D and m-mode short axis)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT		2.31	1.5	83 lbs	3.4	3.34	

INVOICE

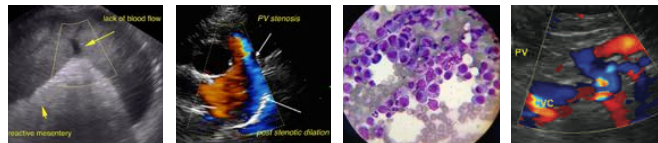
95419

DATE

1/19/22

ULTRASONOGRAPHIC FINDINGS

Normal echocardiogram.
 Normal structure, volume and function.



PATIENT

Maya Wilder

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

9 years

WEIGHT

83 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Dr. Kalenius

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Kalenius

INVOICE

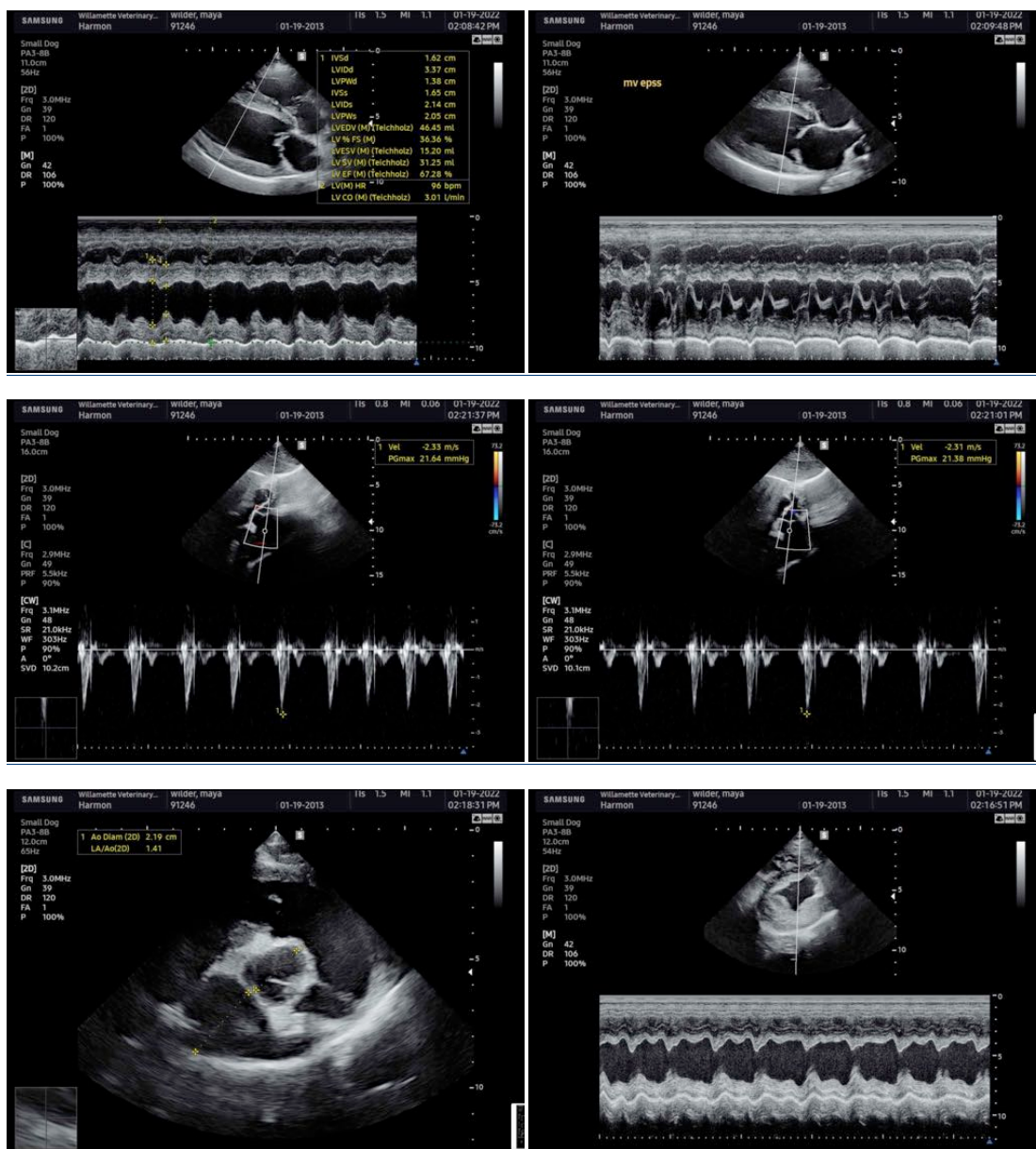
95419

DATE

1/19/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the murmur is characterized as an ejection murmur on clinical exam this is likely the source. There was no other evidence of valvular disease present. Unless there is a paroxysmal arrhythmia in this patient I do not believe that the syncope is owing to cardiac disease. However, Holter monitor can be considered. Full CNS exam, abdominal sonogram and orthopedic exam are all valid to assess for other causes of syncope. However, Holter monitor is recommended.





PATIENT

Maya Wilder

SPECIES

Canine

BREED

Labrador Retriever

SEX

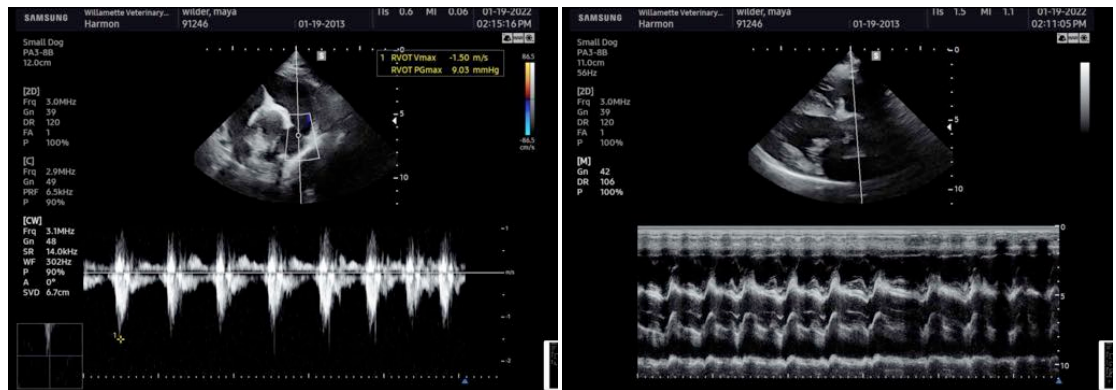
Spayed Female

AGE

9 years

WEIGHT

83 lbs



INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Kalenius

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Kalenius

INVOICE

95419

DATE

1/19/22

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