



PATIENT PRESENTING CLINICAL SIGNS

PATIENT: Freddy Hill
SPECIES: Canine
BREED: Flat Coat Retriever
SEX: Neutered male
AGE: 11 years
WEIGHT: 85 lbs

New arrhythmia. Hypothyroid, but well controlled on medication. ECG done shows suspected intermittent VPCs. No sedation given.
 Abnormal PE/Chem/CBC/UA Results: PE: Arrhythmia, no audible murmur. CBC/Chem/T-4 all WNL 4DX Neg except Ehrlichia +, but asymptomatic.

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. 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 during the exam. The hepatic veins were not dilated.

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Sheridan

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC PARAMETERS	VMAX (m/s)	VMAX (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT			1.15	1.3	24	48	0.54
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC PARAMETERS	(BPM)	VMAX (m/s)	MAX (m/s)		2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT		1.3		85 lbs		4.15	

INVOICE

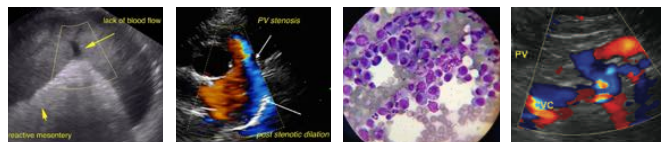
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DATE

1/20/22

ULTRASONOGRAPHIC FINDINGS

Structure, function and volume were all normal in this patient.



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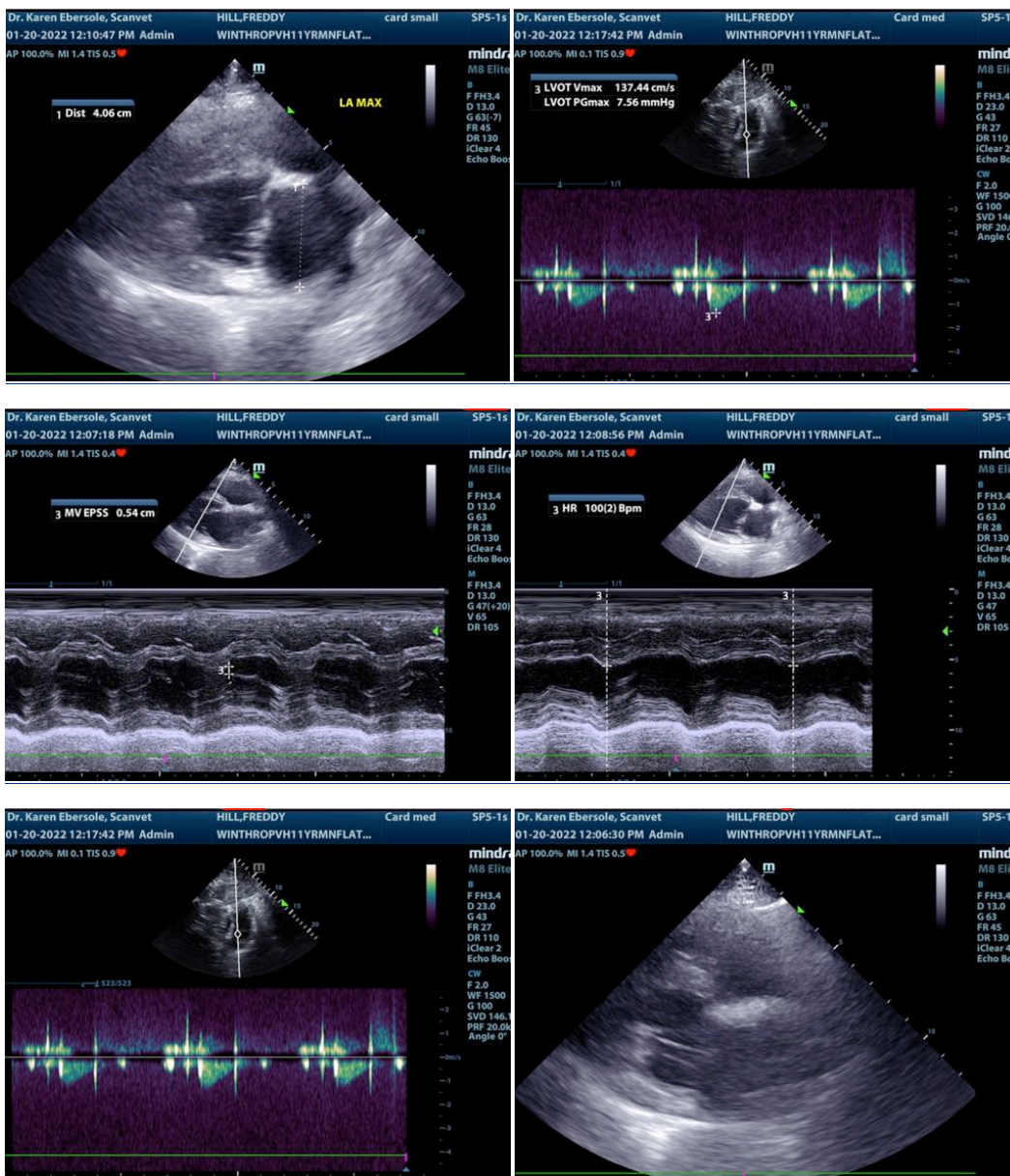
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Any treatment would be based on EKG findings. However, better yet Holter monitor would be ideal to assess 24 hour ambulatory activity of the arrhythmogenic patterns. This can be obtained from our office. No cardiac medications are recommended based on the echocardiogram that was performed.





PATIENT

Freddy Hill

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.

BREED

Flat Coat Retriever

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

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