



PATIENT

Pepper Perrone

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

14 years

WEIGHT

18 lbs

PRESENTING CLINICAL SIGNS

Grade 4/6 heart murmur, pre-dental anesthesia evaluation of the heart. Current meds: Vetmedin 1.25 mgs i PO BID, Gabapentin 300mgs for day of echo. Normal bloods. No clinical signs/symptoms.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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. There was minor prolapse of the anterior mitral valve leaflet noted. Doppler indicated measurable insufficiency and complete filling of the left atrium on color flow assessment. 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 or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** 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. No echographically detectable evidence of infiltrative disease was visible. The cranial **mediastinum and pericardial regions** were free of masses in the visible window.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Cresskill AH

REFERRING VET

Dr. Khodari

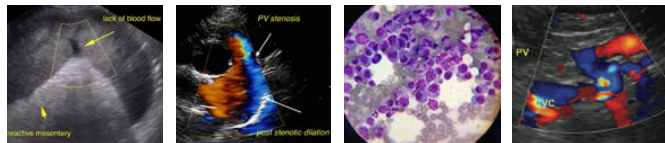
INVOICE

95425

DATE

1/20/22

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		NM	1.5			0.2
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		1.07	1.13	18 lbs	3.04		



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ULTRASONOGRAPHIC FINDINGS

Compensated mitral insufficiency on current protocol. Mitral valve prolapse stable.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend continuation of the current protocol with monitoring blood pressure, BUN, creatinine and urine specific gravity. A recheck echocardiogram is recommended in 6 months or earlier if murmur grade increases or clinical signs initiate. Torbutrol premed, Propofol induction, and Isoflurane maintenance is recommended. There is a minor anesthetic risk mainly from the mitral valve prolapse in this patient. Minimal sedation time is recommended. However, there was no volume overload and no adjustment of cardiac medications at this time.

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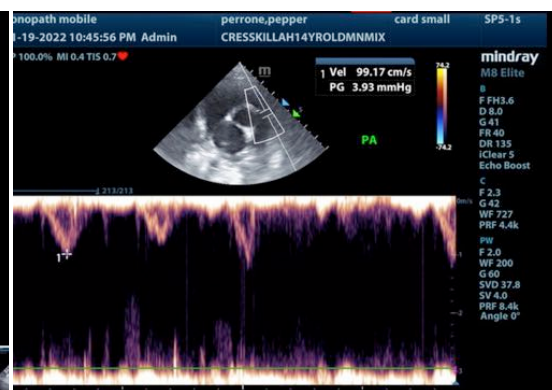
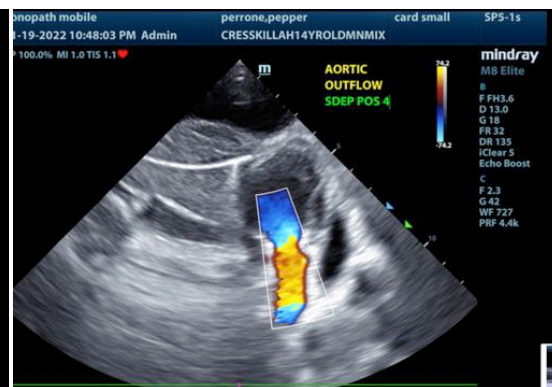
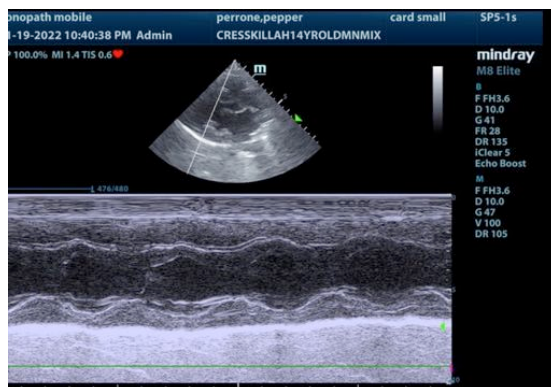
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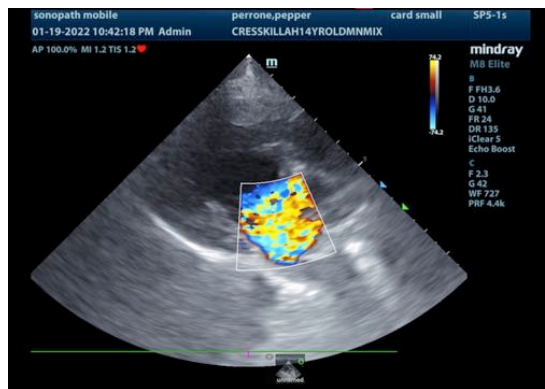
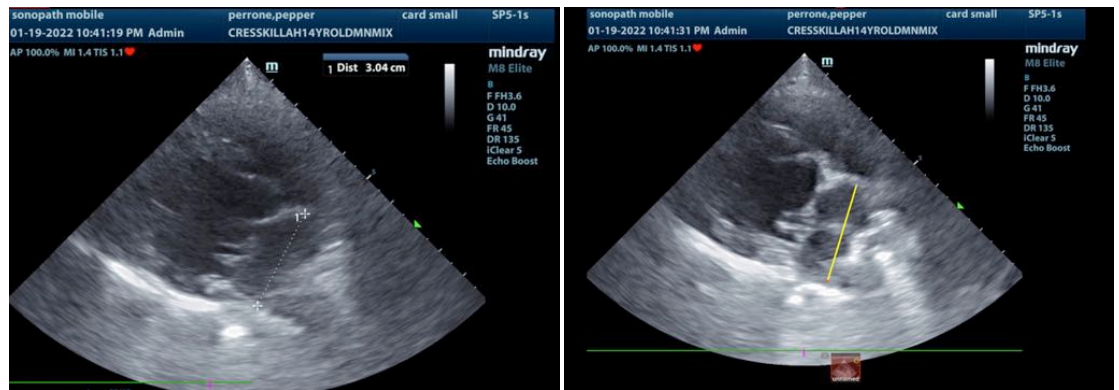
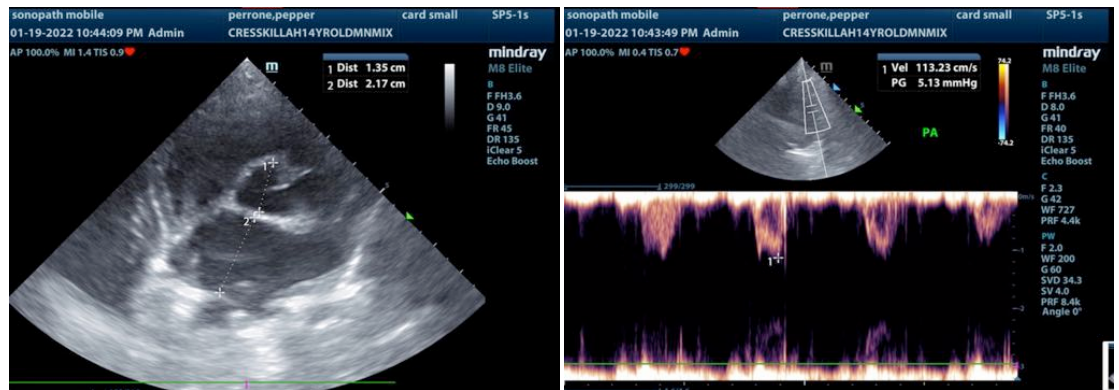
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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