

PATIENT

Rocket Quandt

SPECIES

Canine

PRESENTING CLINICAL SIGNS

History: Clinical Exam Findings: • Faint murmur detected • Obese Heart Rate and Respiratory Rates HR: 164 | RR 36 Blood Pressure Measurements 85/64 (71) Current Medications Enalapril Tablet 2.5mg 1.5 SID | Pimobenden 2mg, 2mg BID.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED	CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
Miniature Pinscher								
SEX	NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
Neutered Male	PATIENT	5.0	3.0	1.2	1.32	40	--	0.19
AGE	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)
10 Years	NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
WEIGHT	PATIENT	--	1.30	1.00	--	2.44	2.5	--

16.6 Lbs.

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. 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 insufficiency noted at 3.0 m/s, compensated. 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

HOSPITAL NAME

For the Love of Paws

REFERRING VET

Dr. Jernstedt

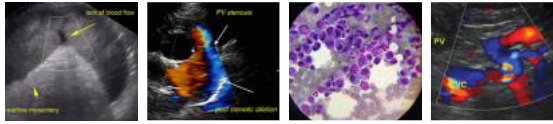
INVOICE NUMBER

13555

DATE

1/21/22

ULTRASONOGRAPHIC FINDINGS



PATIENT

Rocket Quandt

- Compensated valvular disease

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend continuation of the current protocol. No evidence of volume overload. Adequate compensatory function. Recheck echo in 6 months or earlier if murmur grade increases. BUN, creatinine, urine specific gravity and basil respiratory rate should all be monitored as well as blood pressures (periodically) , if not already performed.

BREED

Miniature Pinscher

SEX

Neutered Male

AGE

10 Years

WEIGHT

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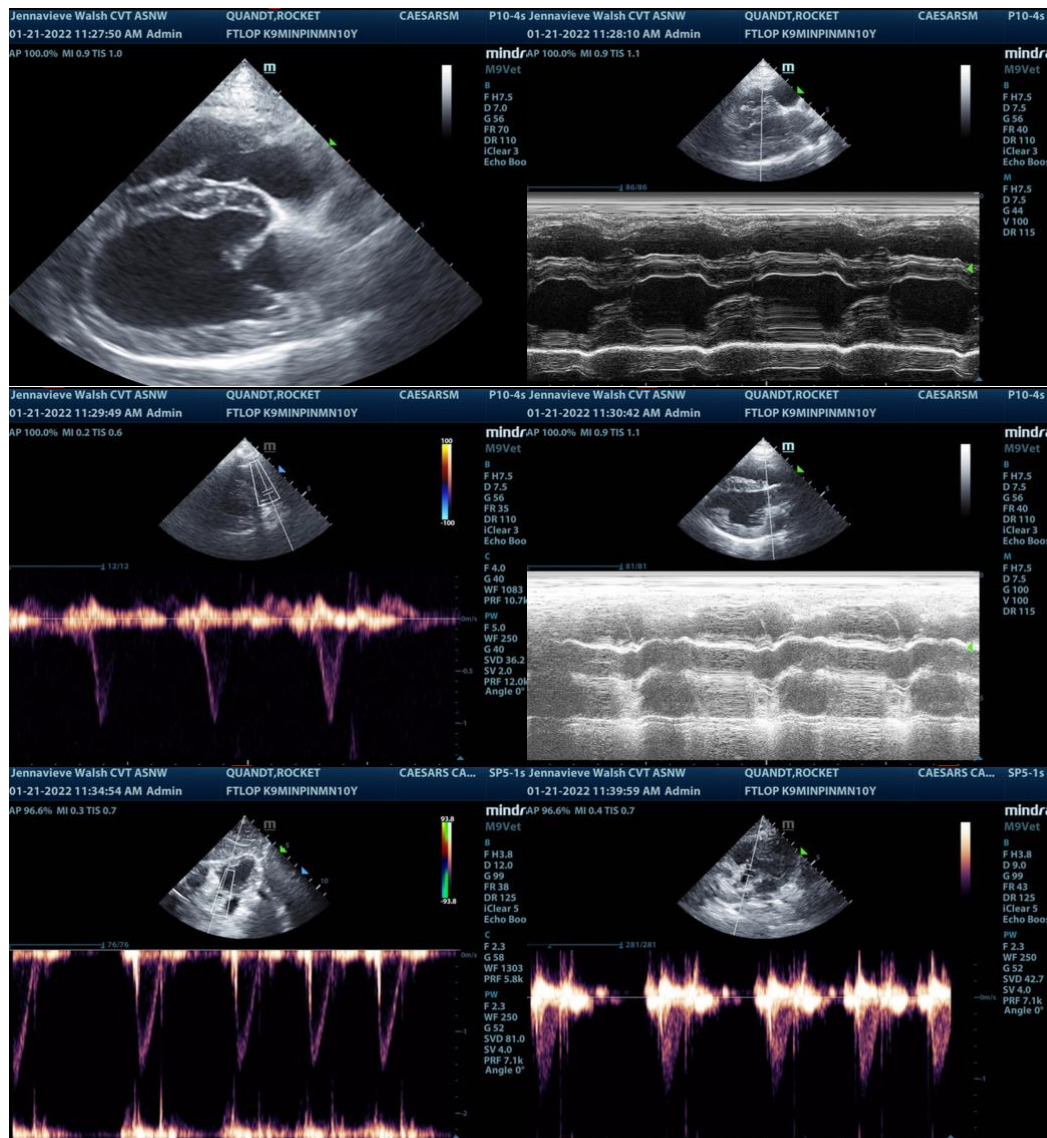
Dr. Jernstedt

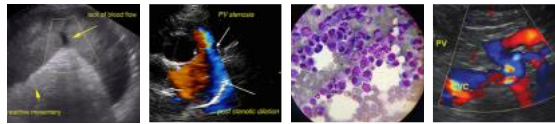
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AGE

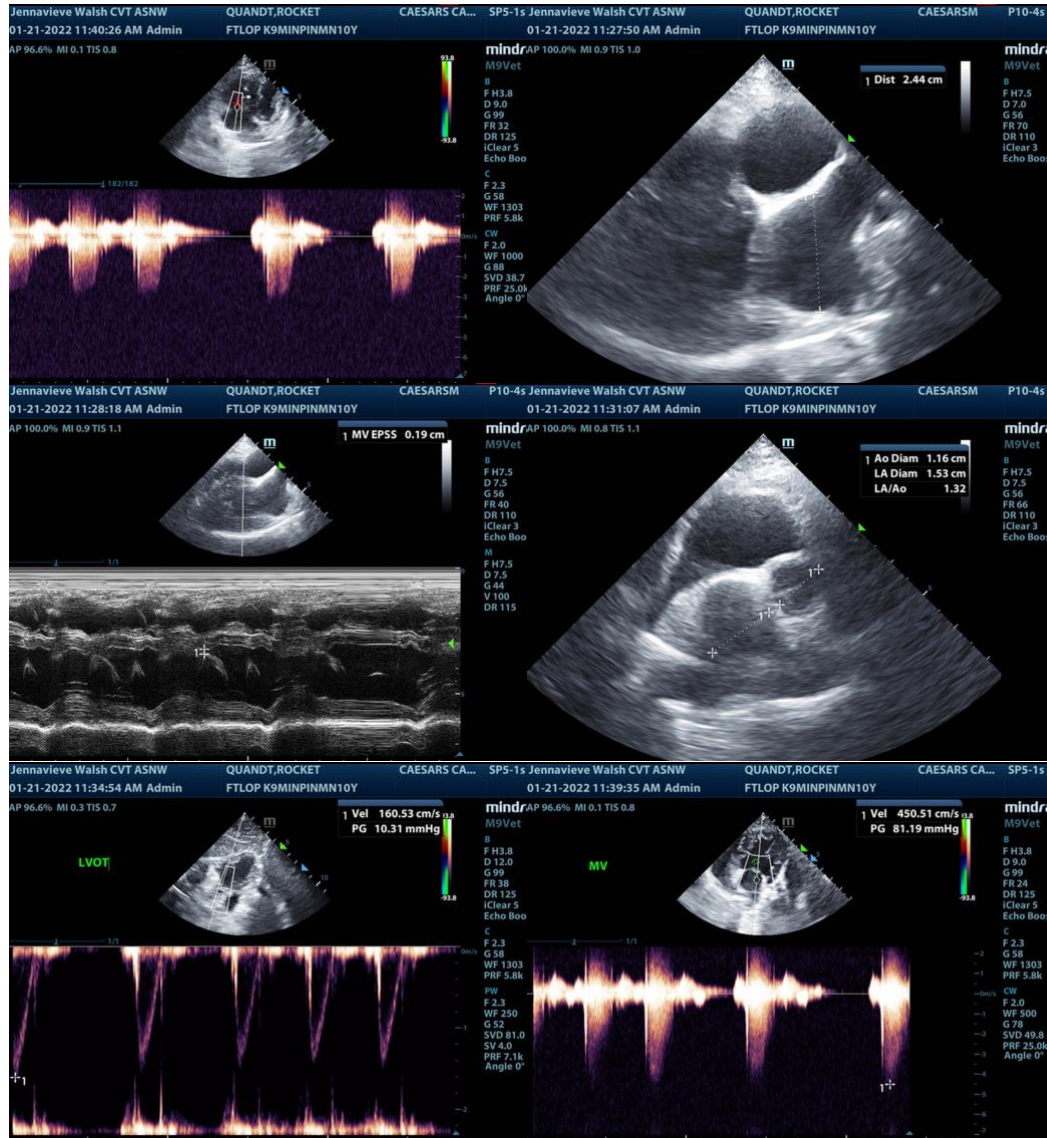
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

REFERRING VET

Dr. Jernstedt

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.

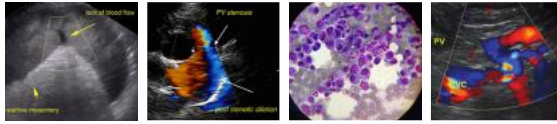
Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
Eric.Lindquist@SonoPath.com

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