

PATIENT

Dixie Jecha

SPECIES

Canine

BREED

Labrador/Pointer Mix

SEX

Neutered Male

AGE

10 years

WEIGHT

49.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Goertz

INVOICE

95542

DATE

12/16/21

PRESENTING CLINICAL SIGNS

Heart murmur first noted 10/2020. No cardiac work up done but offered. Owners declined. Wellness check on 1/17/2022 a grade 3-4/6 right systolic murmur was noted. No pulse deficit. Heart work up for possible dental in the near future.

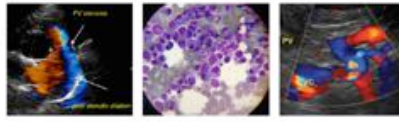
ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The **mitral** valve appears subjectively normal with adequate apposition. Color flow and spectral assessment did not demonstrate any appreciable 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. Minor **tricuspid** insufficiency was noted at 2.26 m/sec. 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.

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			1.0	1.58	48	80	0.27
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	81	1.24	0.73	49.2 lbs	4.16 max	3.67	

ULTRASONOGRAPHIC FINDINGS

Stage B1 valvular disease, compensated tricuspid insufficiency.



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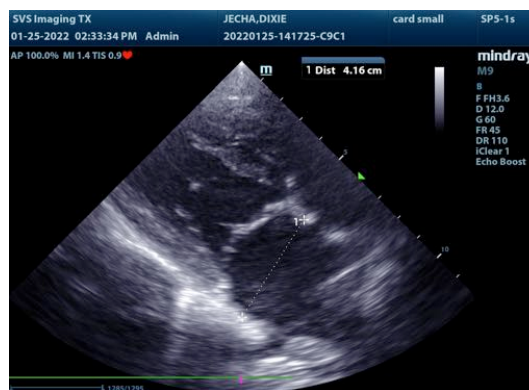
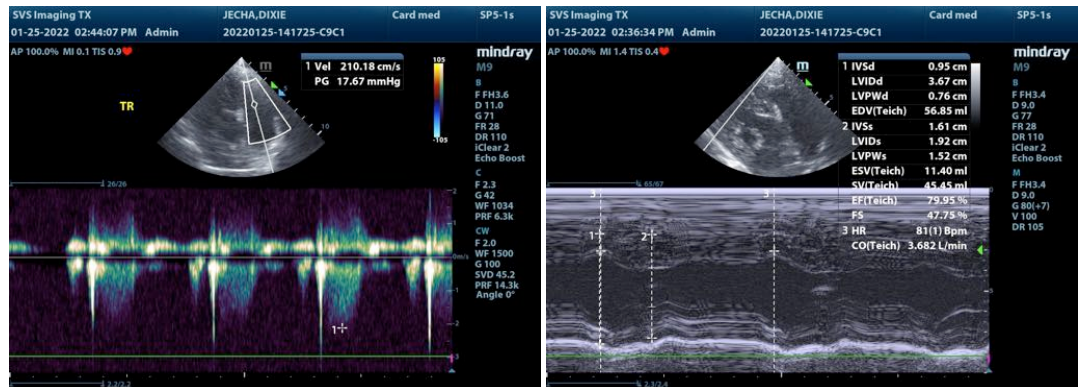
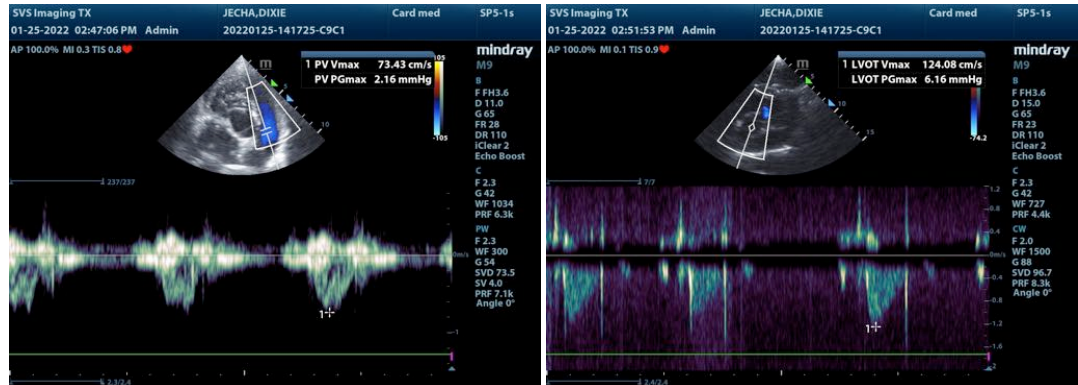
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

***Multiple jpeg and AVI files were submitted, please submit in DICOM format in the future.

No overt contraindication to anesthetic procedure. Torbutrol premed, Propofol induction, and Isoflurane maintenance is recommended.

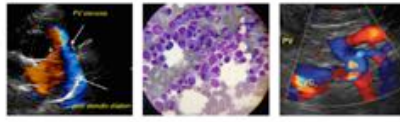


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

IMAGING PERFORMED BY

svsmobileimaging.com 309-737-3070



Clinical Sonography & Telectology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

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