

PATIENT PRESENTING CLINICAL SIGNS

Angus Hazelton gr 4 murmur heard, some areas sound continuous, pansystolic, other areas systolic, PMI left side, not clinical per owner

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine

BREED

Miniature Schnauzer

SEX

Intact Male

AGE

11 Weeks

WEIGHT

3.65 kg

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			1.0	1.07	54	88	NM
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)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	167	1.54	1.0		1.64	1.43	

Cardiac Presentation

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.

The deep pulmonary artery was fully interrogated in this patient. No evidence of PDA present.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable heart

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evident pulmonary outflow issues in this patient. Chamber sizes and valvular structures were unremarkable. The patient was restless. Sedation may be necessary for further evaluation, especially if PDA is suspected. Lung interference was present in the region for doppler assessment. No volume

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Graham AH

REFERRING VET

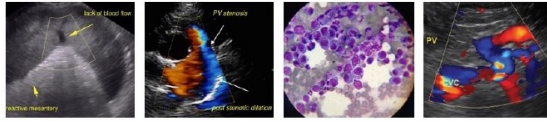
Dr. Seager

INVOICE

35103

DATE

1/26/22



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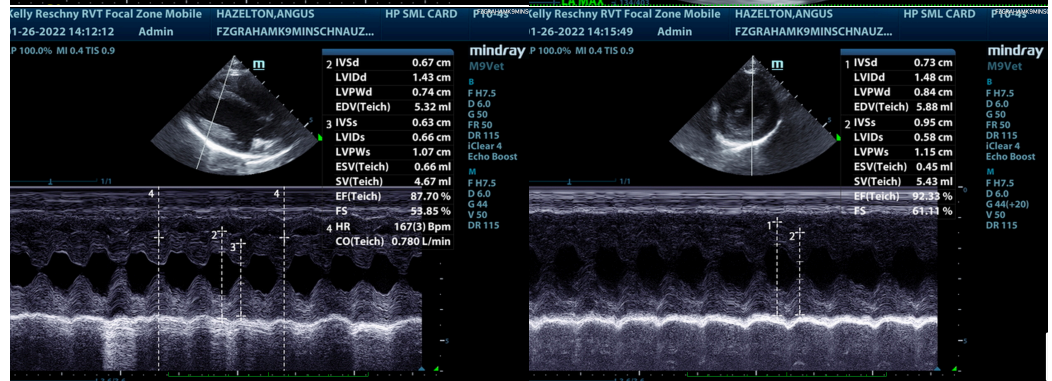
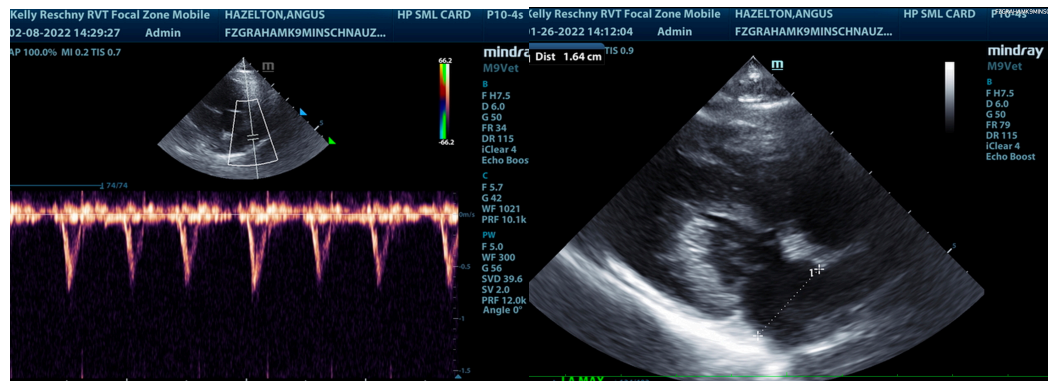
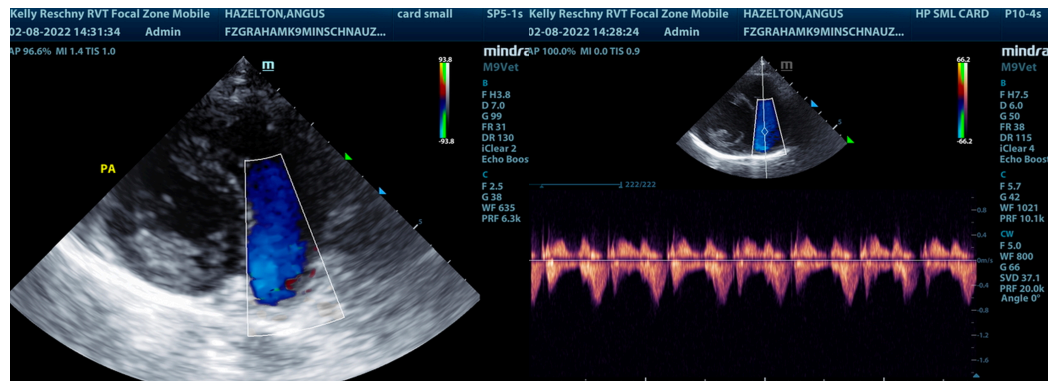
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overload or secondary changes in the heart at this time. PDA could not be ruled out. However, pulmonic stenosis, aortic stenosis, and primary mitral and tricuspid pathology have been ruled out as well as any significant VSD. The exact cause of the murmur is unclear in this patient. This may be a simple flow murmur that may self-resolve. If the murmur is still present at 6 months of age, recheck echo warranted at that time.

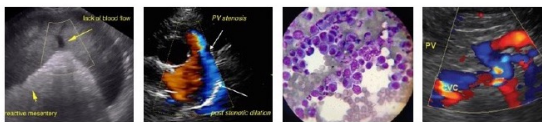


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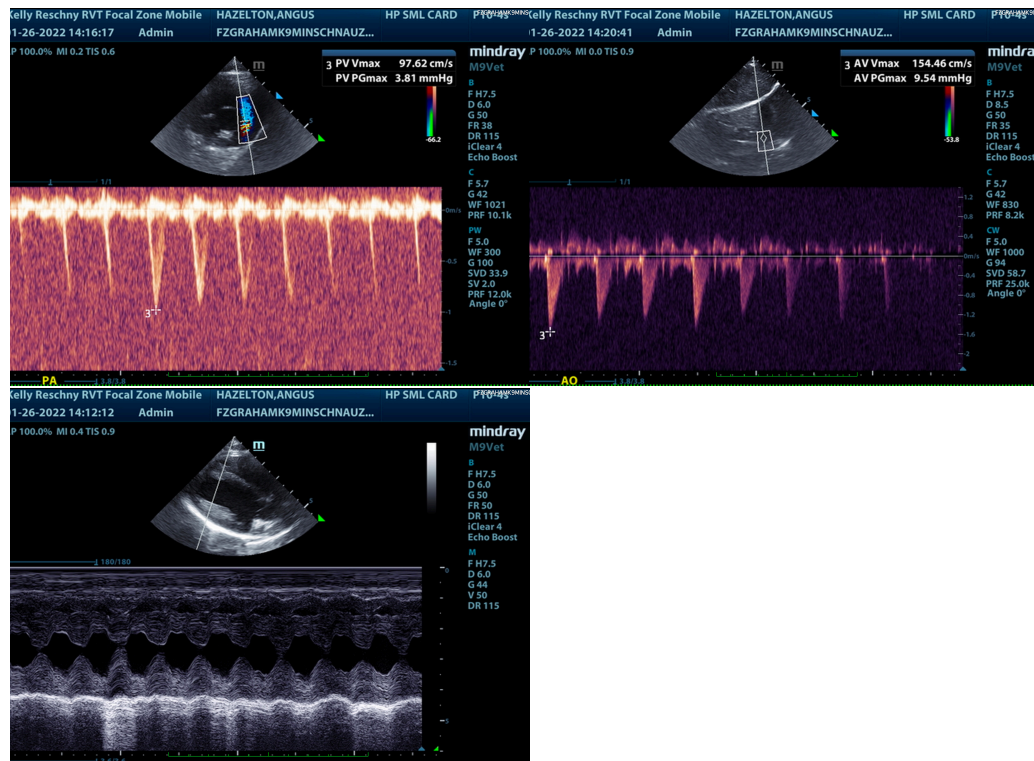
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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