



**PATIENT**

Amber Orlic

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed Female

**AGE**

3 Years

**WEIGHT**

85 Pounds

**PRESENTING CLINICAL SIGNS**

History of heart murmur grade 3/6 ever since birth. No symptoms of illness. Client finally convinced to investigate cardiac function.

Abnormal PE/Chem/CBC/UA Results: None.

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

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			NM	1.4	44	76	0.29
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		5.0	1.10			3.91	

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Michelle Bartus

**HOSPITAL NAME**

Valley Vet Service

**REFERRING VET**

Dr. Michelle Bartus

**INVOICE**

35153

**DATE**

1/27/22

**Cardiac Presentation**

Minor **mitral** insufficiency noted on color flow and spectral doppler. 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 **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. Aortic outflow velocity was severely excessive at 6.0 m/sec with secondary aortic insufficiency. The left ventricular outflow tract revealed septal impingement or ridge just prior to the aortic valve, consistent with subaortic stenosis. The aortic valve was also thickened. Severe increased left ventricular outflow velocity noted. Left ventricular internal diameter was normal. However, mild concentric left ventricular hypertrophy was evident. **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.

**ULTRASONOGRAPHIC FINDINGS**

- Subaortic stenosis with secondary aortic insufficiency and mitral insufficiency
- Mild compensatory left ventricular hypertrophy



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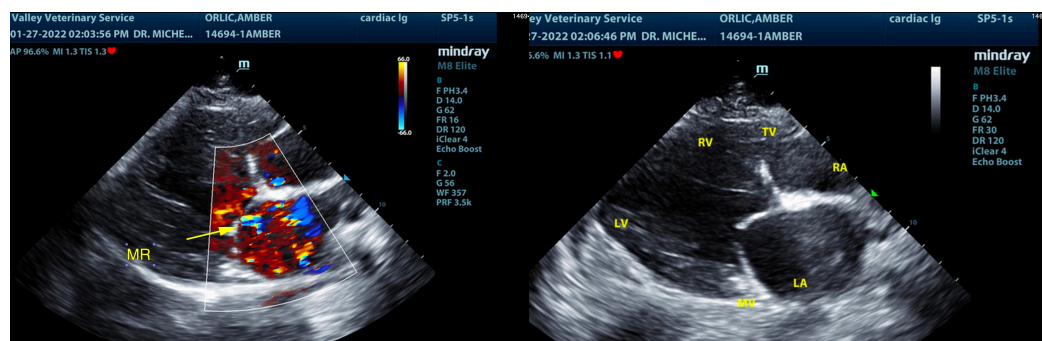
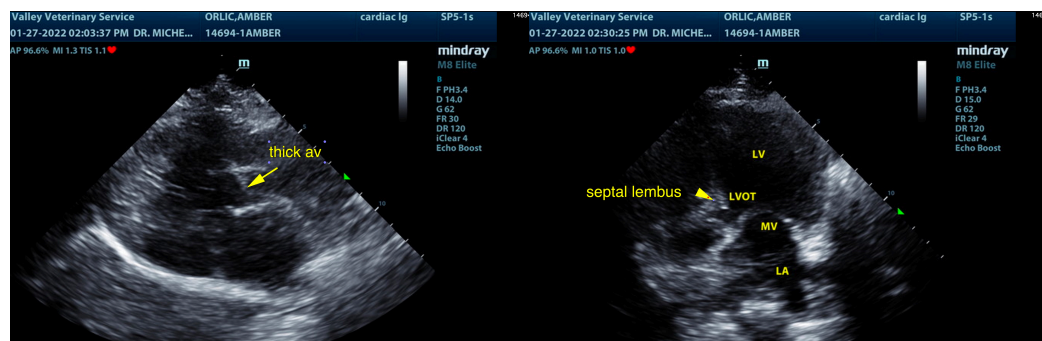
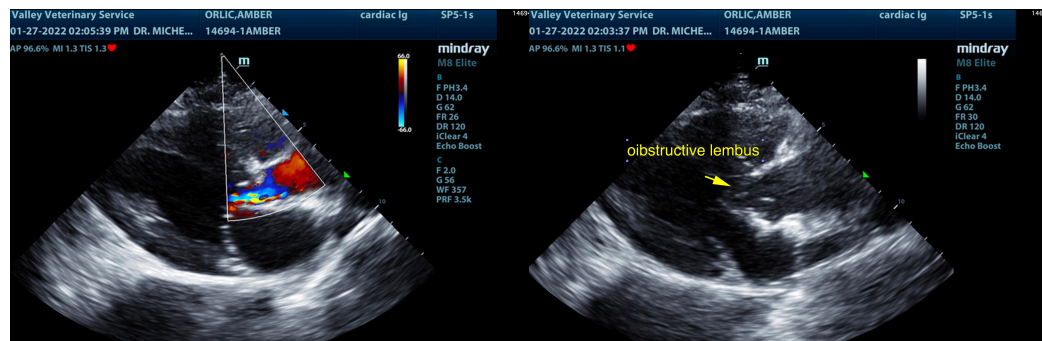
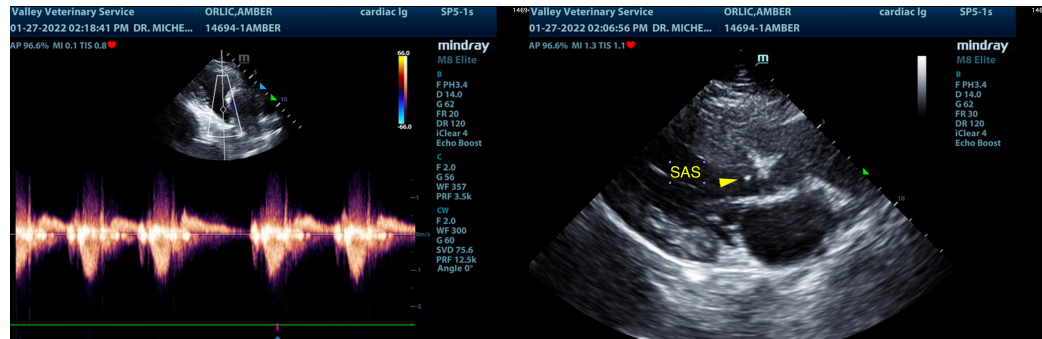
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of volume overload. However, the outflow velocity is severely excessive. Atenolol therapy could be considered if basal heart rate is > 110. Prognosis is guarded.





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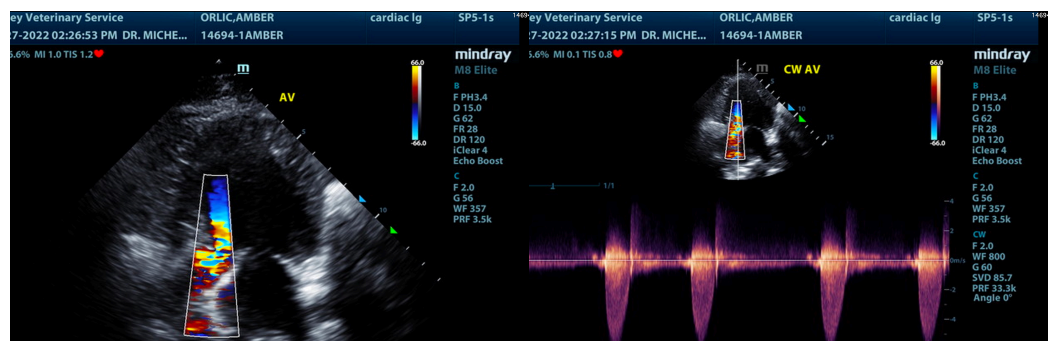
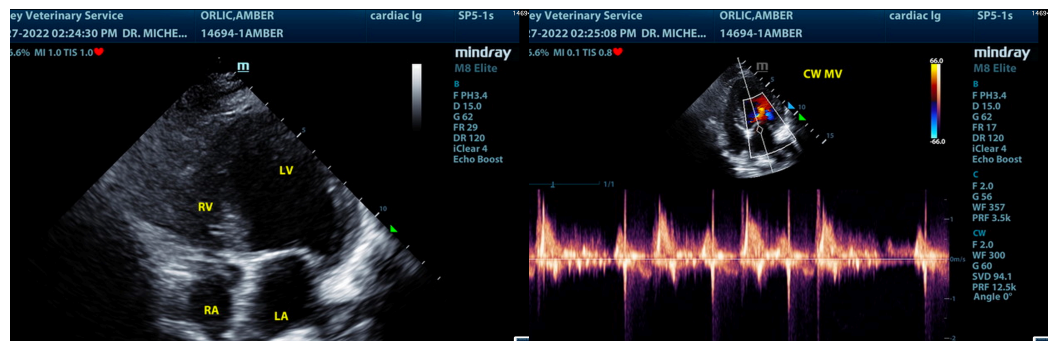
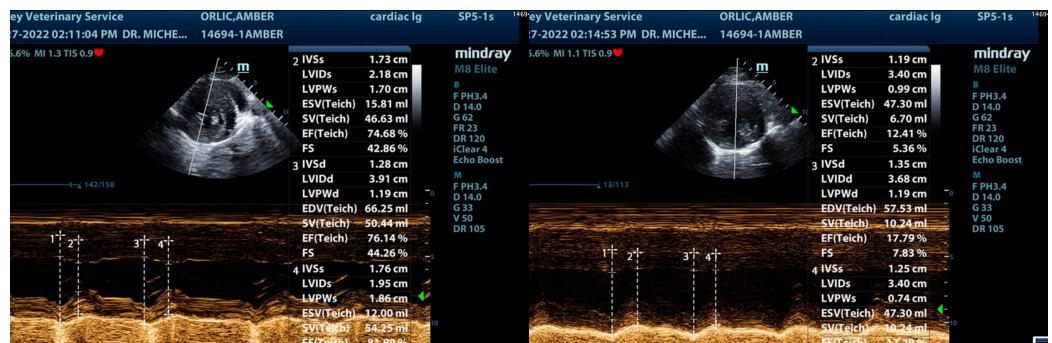
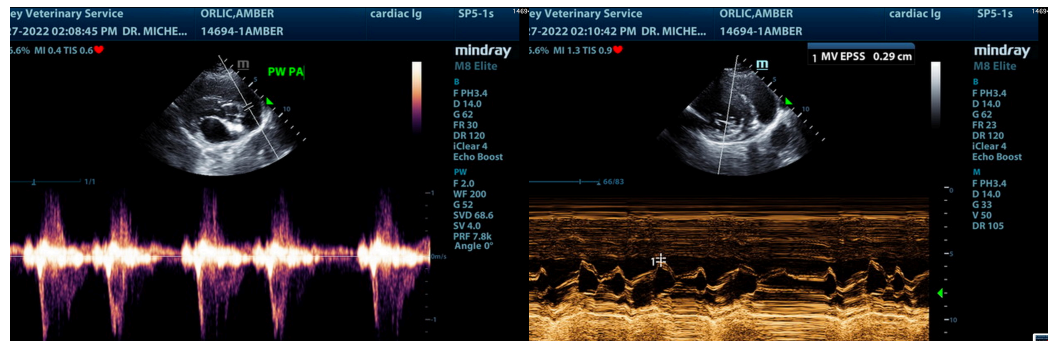
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**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.

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

[info@SonoPath.com](mailto:info@SonoPath.com)

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