



## PATIENT

Queenie Funfer

## SPECIES

Canine

## BREED

Jack Russell Terrier

## SEX

Spayed female

## AGE

12 ½ years

## WEIGHT

7.15 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Kaitlyn Varga

## HOSPITAL NAME

Shuswap VC

## REFERRING VET

Dr. Buker

## INVOICE

70994

## DATE

1/27/26

## PRESENTING CLINICAL SIGNS

- Was anesthetized for dental December 2024 but had severe respiratory depression and oxygen desaturation- procedure stopped. Was able to manage with IPPV and patient recovered fully within 24hrs.
- Re-presented with hopes of COHAT, no murmur noted at this time, thoracic radiographs obtained and overread noted mild cardiomegaly.
- Heart- grade 2-3/6 systolic murmur PMI RIGHT apex. Pulses are strong and synchronous. Mild increase in ALP 177 (21-122). CBC= WNL Patient was sedated with butorphanol 0.3mg/kg IM for cardiac scan- is fractious normally but was compliant for can.

## 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. **Mitral** valve insufficiency was noted on 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 **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.

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO	LA/AO (Heart Base)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	NM	NM	1.0	-	26	53	0.2
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	BELOW	BELOW	BELOW	BELOW
PATIENT	80	1.3	0.7	7.15 kg	2.7	2.5	



**PATIENT**

Queenie Funfer

**SPECIES**

Canine

**BREED**

Jack Russell Terrier

**SEX**

Spayed female

**AGE**

12 ½ years

**WEIGHT**

7.15 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Kaitlyn Varga

**HOSPITAL NAME**

Shuswap VC

**REFERRING VET**

Dr. Buker

**INVOICE**

70994

**DATE**

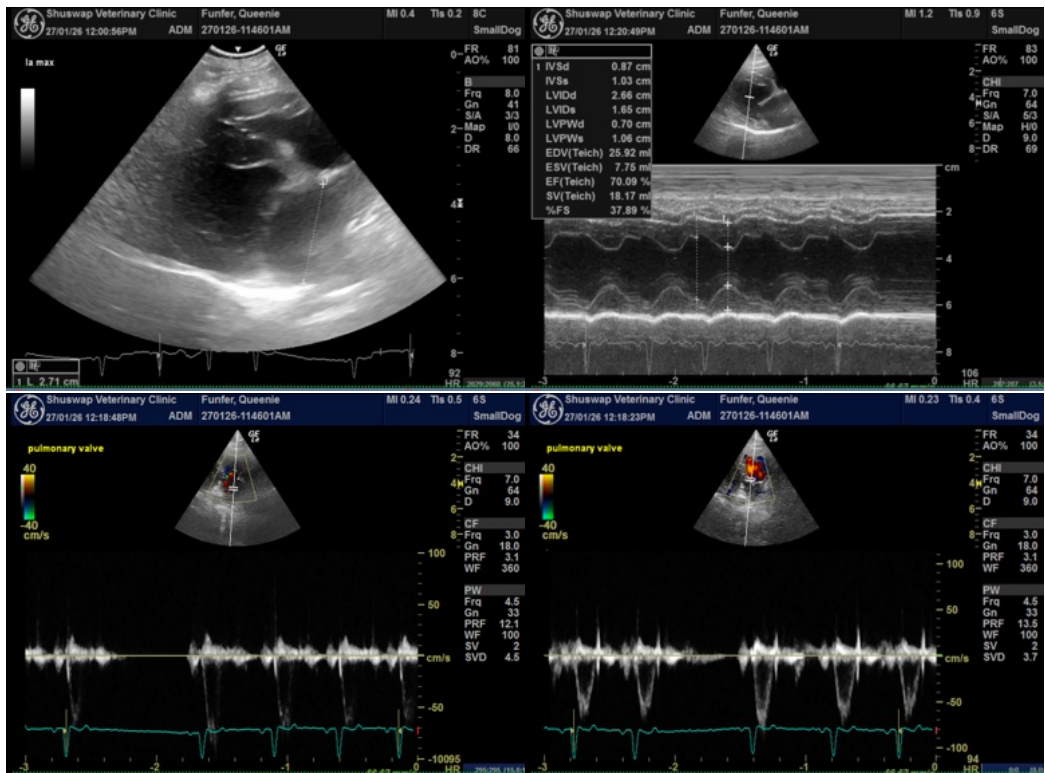
1/27/26

**ULTRASONOGRAPHIC FINDINGS**

Stage B1 valvular disease.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The heart is stable without clinical disease. No overt contraindication for anesthesia of brief to moderate duration. I suggest Torbutrol premed, Propofol induction, Isoflo maintenance or similar protocol if anesthesia is desired. Blood pressure recommended if not already performed and target white coat negative systolic pressure of < 160 mmHg. If higher than this ACE-inhibitor is suggested to reach this level. Recheck echocardiogram is recommended in 6 months, earlier if murmur grade increases or clinical signs initiate.





**PATIENT**

Queenie Funfer

**SPECIES**

Canine

**BREED**

Jack Russell Terrier

**SEX**

Spayed female

**AGE**

12 ½ years

**WEIGHT**

7.15 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Kaitlyn Varga

**HOSPITAL NAME**

Shuswap VC

**REFERRING VET**

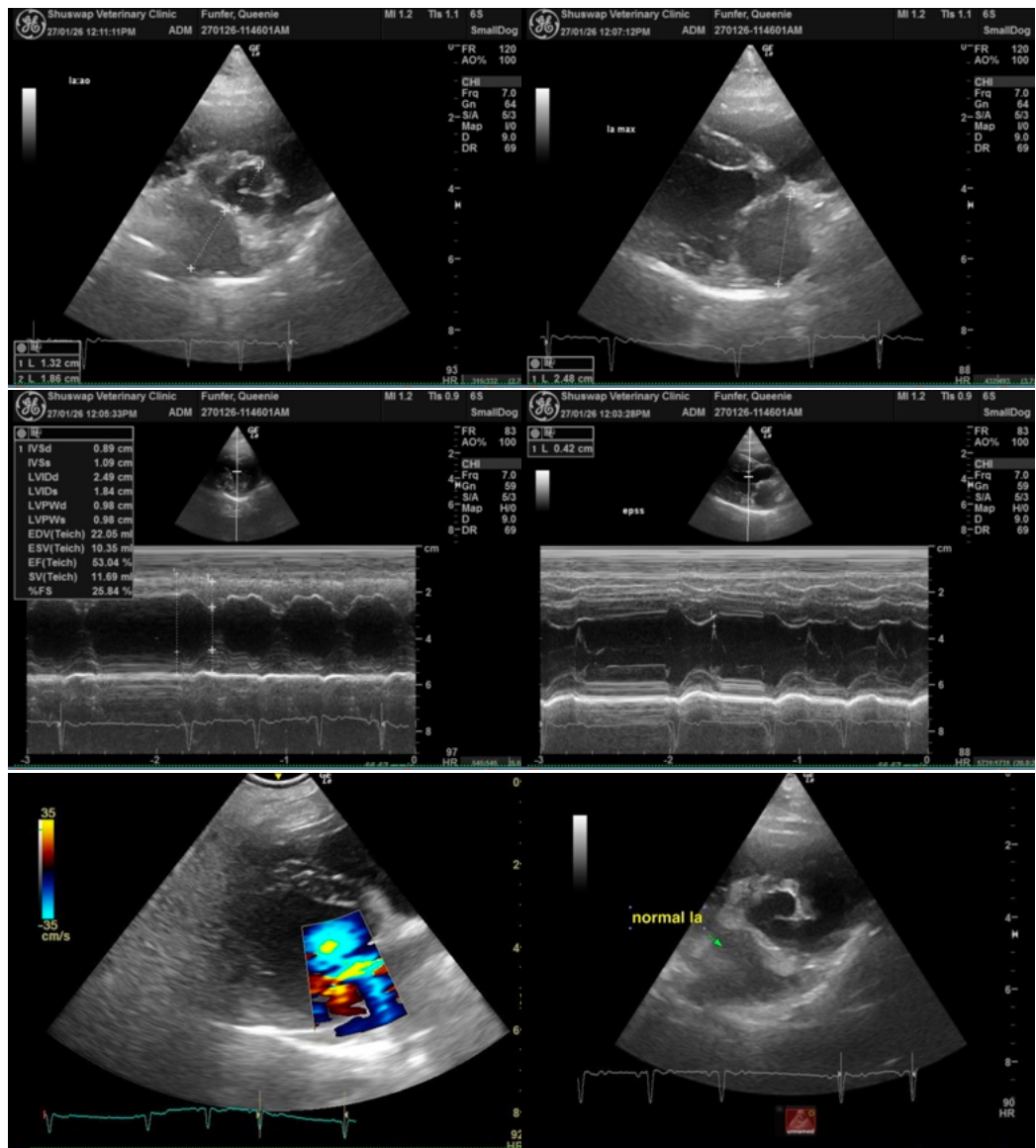
Dr. Buker

**INVOICE**

70994

**DATE**

1/27/26



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 (CFM), Cert. IVUSS, CEO of SonoPath.com

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