



PATIENT PRESENTING CLINICAL SIGNS

Rush Chesky Recheck echo. Patient presented to establish care with our clinic and schedule echo. Per O, last echo was done at UW Madison in summer 2021 (no MR received). Per O, they diagnosed CHF and started Pimobendan and Benazapril. Since starting meds, heart size has decreased back to normal on chest xray with no lung field involvement. P is doing well and overall asymptomatic. O would like recheck echo.

SPECIES Canine Current meds: Pimo 5mg, one tablet BID; Benazepril 5mg, 1.5 tablets BID

Abnormal PE/Chem/CBC/UA Results: Left sided heart murmur 3/6.

BREED

Australian Shepherd

SEX

Neutered male

AGE

8 years

WEIGHT

45 lbs

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 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** valvular assessment demonstrated adequate linear morphology. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. Minor **pulmonic** insufficiency was noted at 1.0 m/sec. 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

IMAGING PERFORMED BY

Dr. Wallisch

HOSPITAL NAME

Sondel Family VC

REFERRING VET

Dr. Wallisch

INVOICE

94924

DATE

1/3/22

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			1.3	1.3	40	80	0.2
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		1.3	0.6	45 lbs	3.4	3.5	



PATIENT

Rush Chesky

ULTRASONOGRAPHIC FINDINGS

Compensated mitral insufficiency under current protocol.

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no significant volume overload. The function and contractility was adequate. I recommend continuation of the current protocol with a recheck echocardiogram in 6 months. Blood pressure measurements +/- EKG are indicated.

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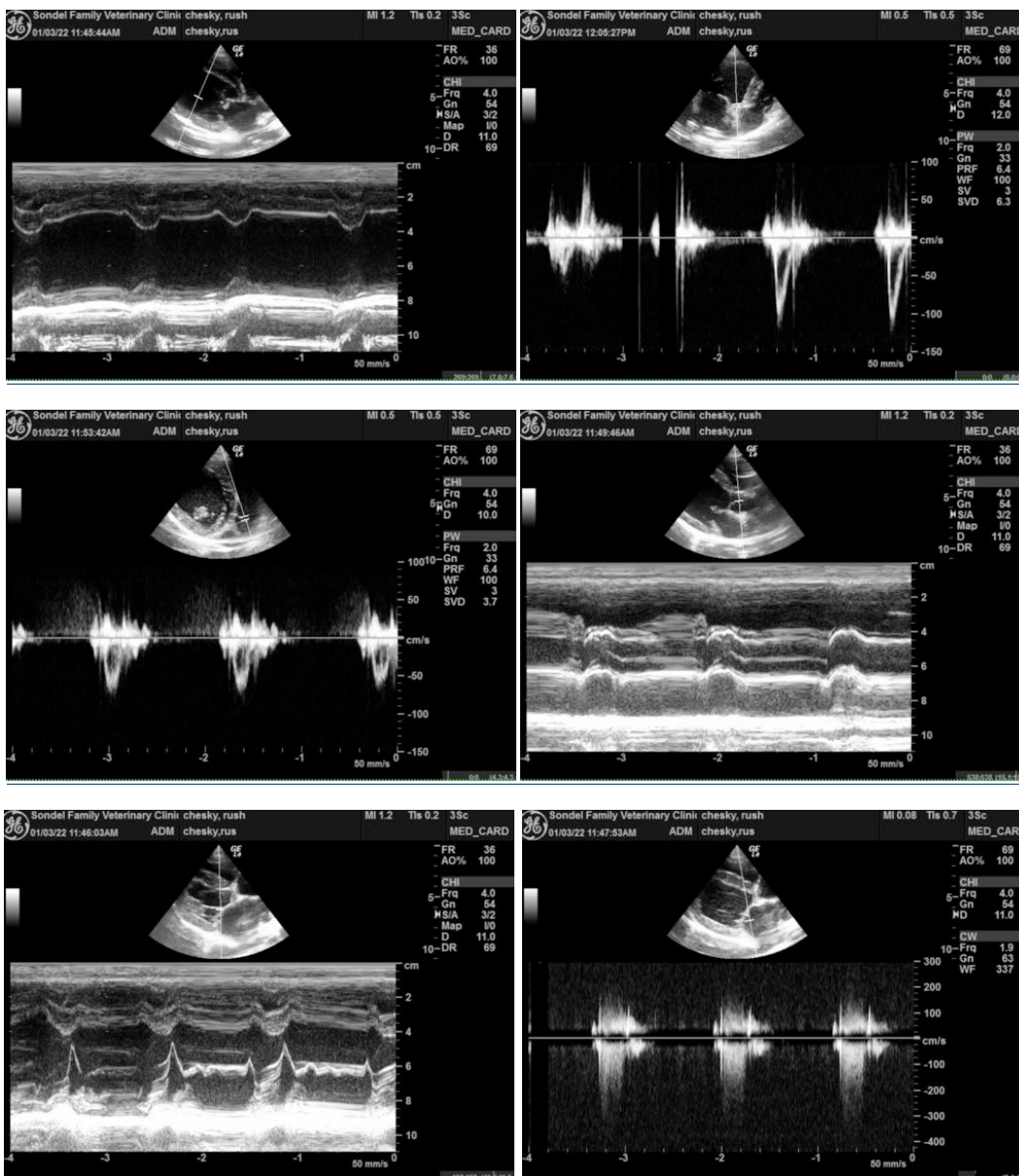
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PATIENT

Rush Chesky

SPECIES

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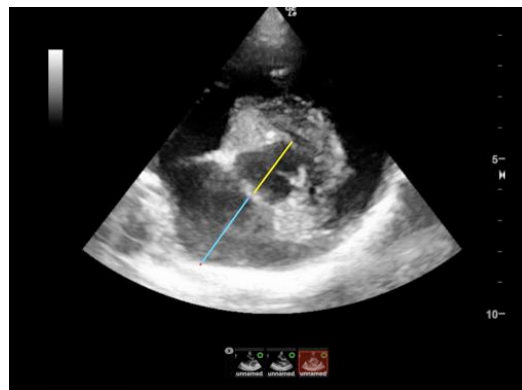
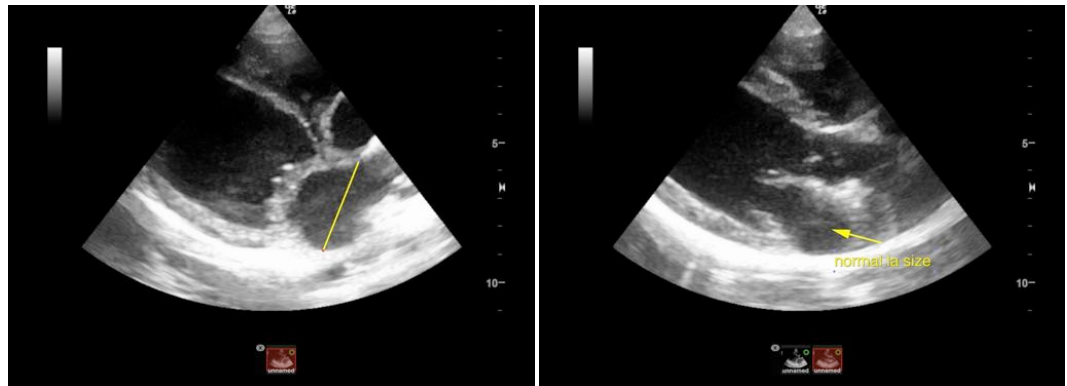
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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