

**PATIENT PRESENTING CLINICAL SIGNS**

Livvie Sheets History: 3/6 systolic murmur, very notable sternal region, mitral PMI, previous exam suspect pleural friction rub

**SPECIES**

Canine

**BREED**

Galgo (Spanish

**SEX**

FS

**AGE**

7 years

**WEIGHT**

47.3 lbs

**ECHOCARDIOGRAPHIC FINDINGS**

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The **mitral** valve was mildly vegetative with moderate 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. Artifact interfered with aortic velocity. The **left ventricular outflow** tract was not able to be measured. 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. Tachycardia was noted.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

Alburtis AH

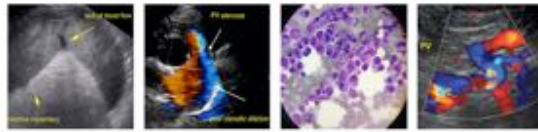
**REFERRING VET**

Dr. Smith

**DATE**

1.5.2022

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	1.6	44	74	0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	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		NM		47.3 lbs	4.4 max	4.32	



**PATIENT** **ULTRASONOGRAPHIC FINDINGS**

Stage B1 valvular disease with tachycardia.

Livvie Sheets

**SPECIES** **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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LVOT was not able to be measured. I cannot evaluate the left ventricular outflow velocity; however, it does not appear to be an issue. This is consistent with stage B1 valvular disease. EKG is warranted to ensure sinus tachycardia is owing to excitement or other. No cardiac therapy is warranted at the time. Mild sedation with Torbutrol or similar is warranted for LVOT evaluation if thought clinically necessary and if any ejection murmur is present. However, given that there is no secundary effect from left ventricular outflow pathology this is likely clinically insignificant. Blood pressure measurements are recommended with Torbutrol pre med as well in a quiet, white coat negative effect environment.

B1: The heart is stable without clinical disease. No overt contraindication for anesthesia of brief to moderate duration. I suggest Torbutrol premed, Propofol induction, Isoflurane 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.

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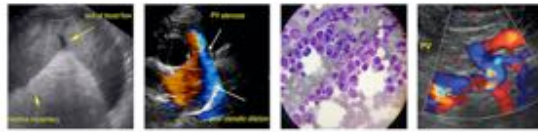


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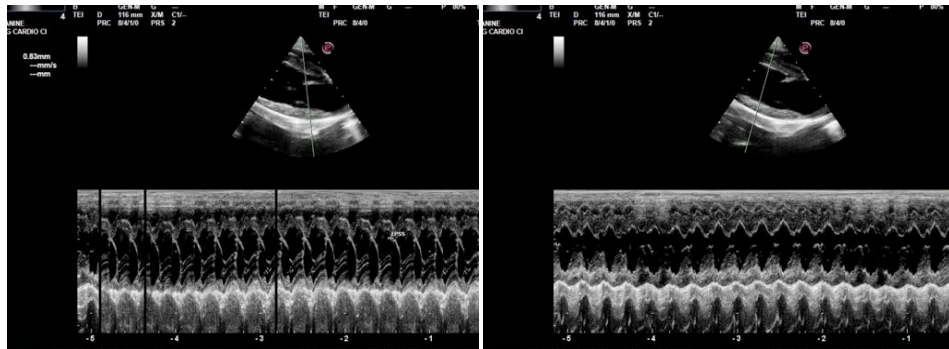
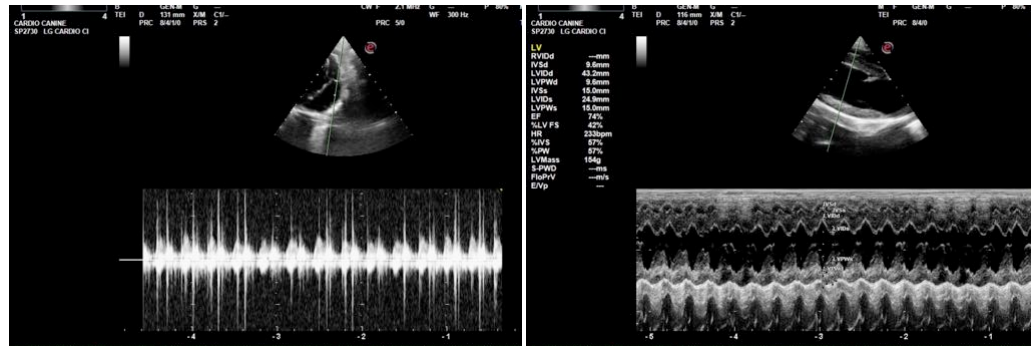
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

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

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