



PATIENT PRESENTING CLINICAL SIGNS

Sid Engle Heart murmur 3/6, no arrhythmia ausculted. Femoral pulses are strong and synchronous.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

8 Years

WEIGHT

14.38 Pounds

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	5.8		1.11	1.3	41	74	0.1
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	137	1.81	0.72		2.94	2.63	

Cardiac Presentation

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. Minor prolapse of the anterior mitral valve leaflet noted. 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.

ULTRASONOGRAPHIC FINDINGS

- Stage B1 valvular disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No therapy recommended at this time.

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

The Ark Vet Clinic

REFERRING VET

Dr. Sangl

DATE

1/7/22

INVOICE

34093



PATIENT

Sid Engle

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

8 Years

WEIGHT

14.38 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

The Ark Vet Clinic

REFERRING VET

Dr. Sangl

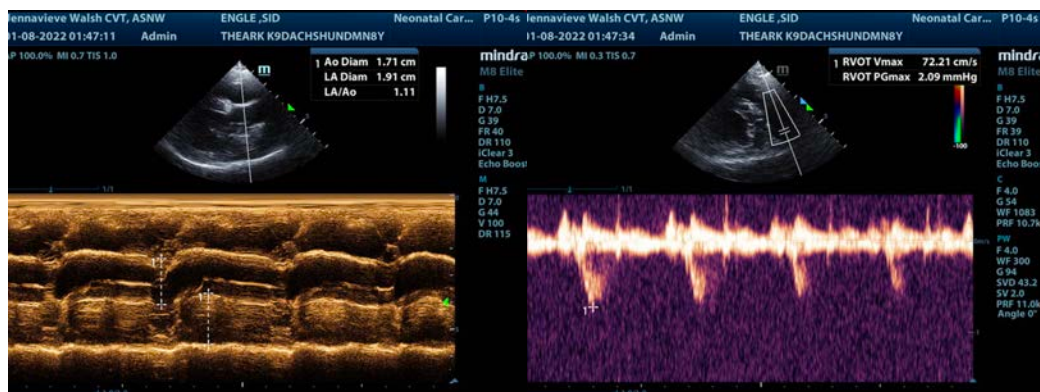
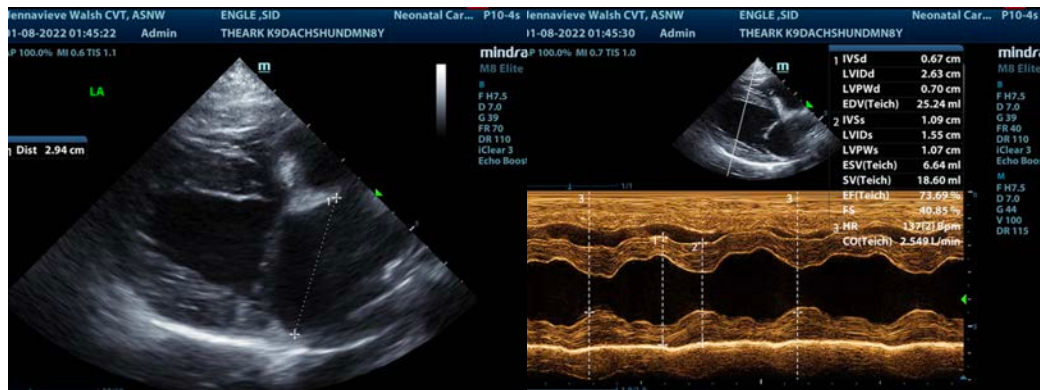
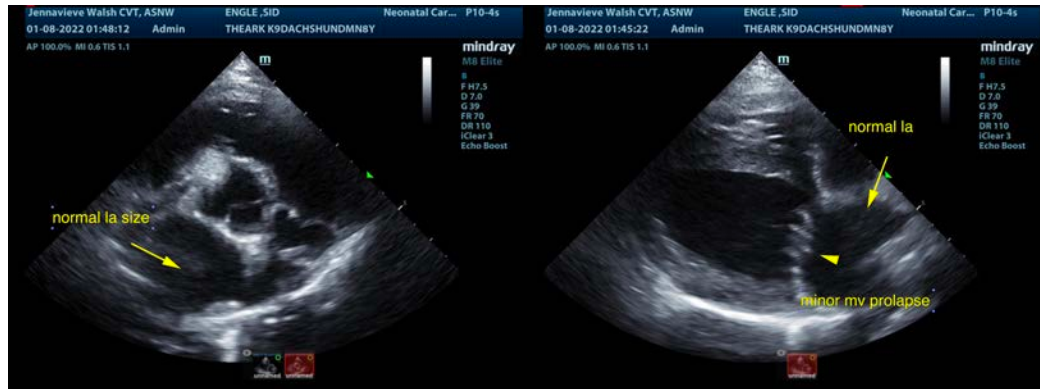
DATE

1/7/22

INVOICE

34093

B1: 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

Sid Engle

SPECIES

Canine

BREED

Dachshund

SEX

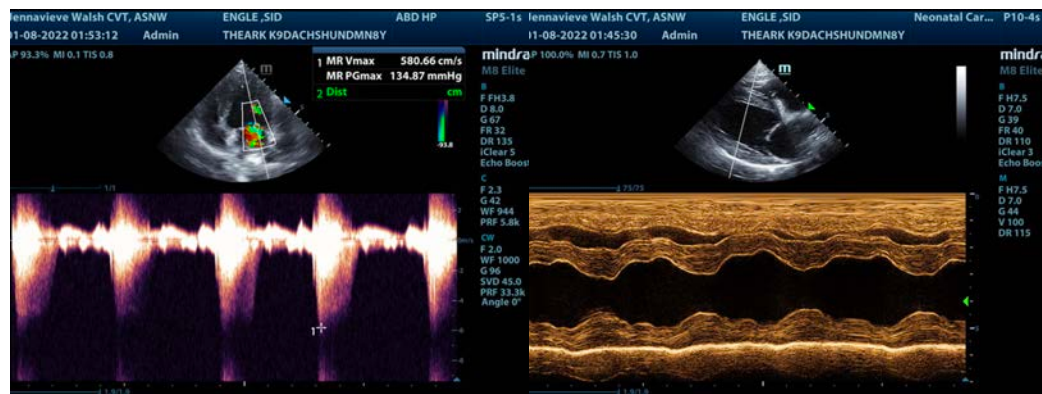
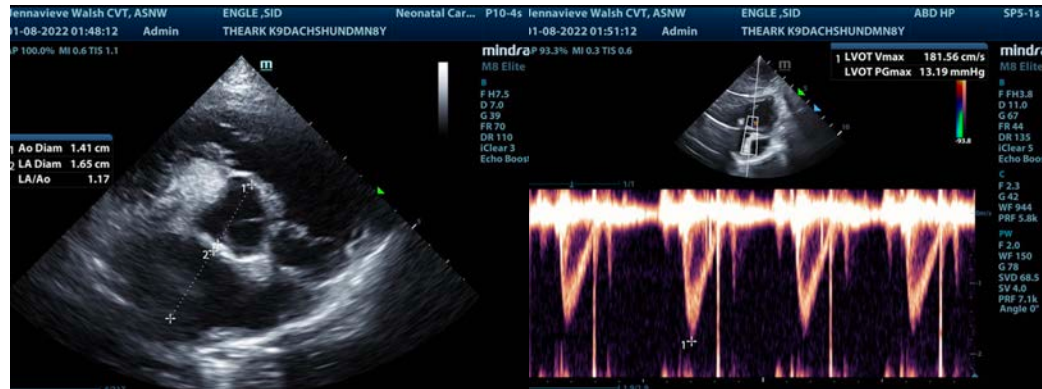
Neutered Male

AGE

8 Years

WEIGHT

14.38 Pounds



INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

The Ark Vet Clinic

REFERRING VET

Dr. Sangl

DATE

1/7/22

INVOICE

34093

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS

CEO of Sonopath.com

Eric.Lindquist@SonoPath.com