



PATIENT PRESENTING CLINICAL SIGNS

JJ Masker History: Echo prior to Ear surgery

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: BP 199/119(137),195/112(120),199/130(142) Stressful in hospital

Three view chest Radiographs: hepatomegaly noted, excessive thoracic fat, normal cardiac silhouette and mild chronic bronchial changes.

BREED

Cocker Spaniel

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

SEX

Neutered Male

AGE

9 Years

WEIGHT

49 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	--	--	1.3	1.6	78	98	NM
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	130	3.0	1.50	--	3.5	3.27	--

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The **mitral** valve revealed mildly thickened apical leaflet. Trivial turbulence noted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Aortic velocity** was excessive at 3.0 m/s. 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.

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg VC

REFERRING VET

Dr. DenHeyer

ULTRASONOGRAPHIC FINDINGS

INVOICE

13431

- Increased left ventricular outflow velocity, suspect mild subaortic stenosis, especially if this murmur has been present the entire life of this patient
- Minor vegetative mitral valve

DATE

10/1/21

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hyperdynamic state may also be contributing to outflow velocity, however, is not functionally an issue



PATIENT

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at this point. No contraindication to anesthetic procedure. Suggested protocol includes Torbutrol premed, Propofol induction, and Isoflurane maintenance. Recheck echocardiogram in 6 months or earlier if murmur grade increases or clinical signs initiate.

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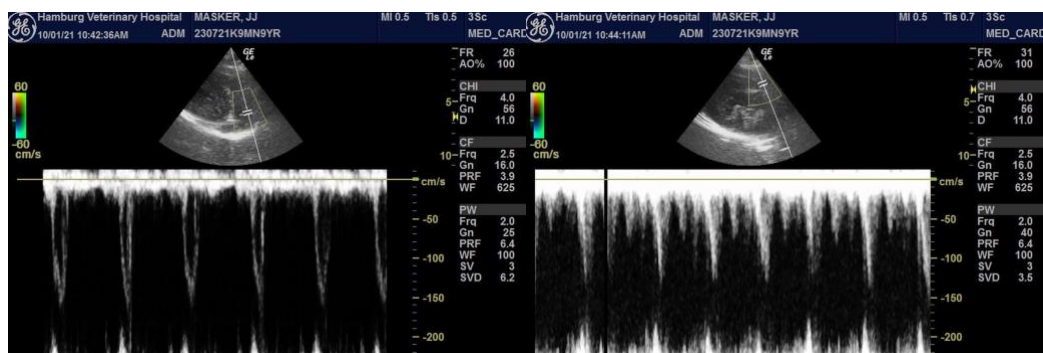
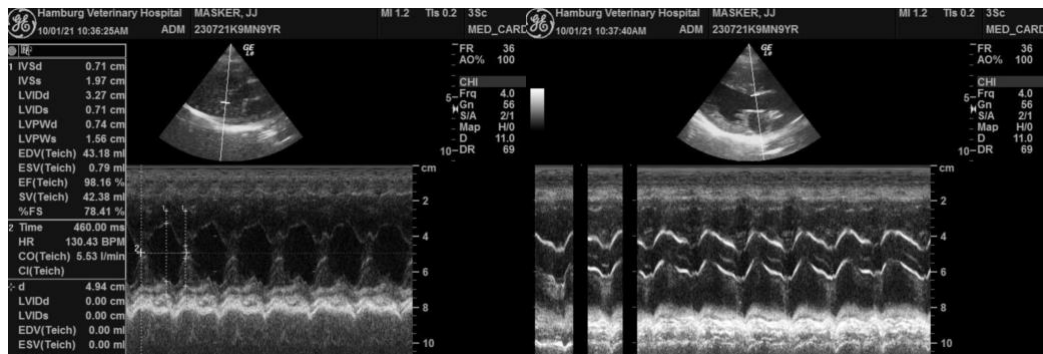
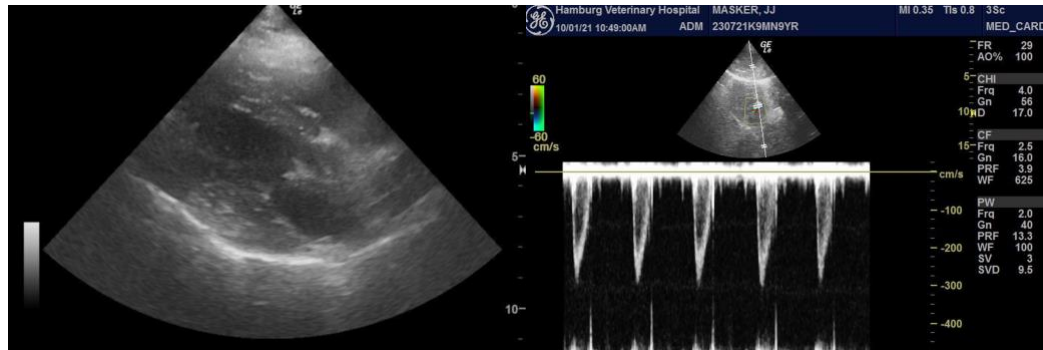
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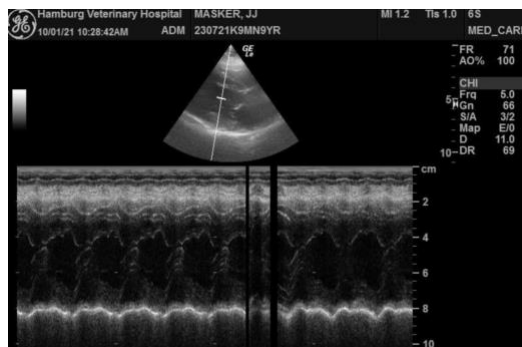
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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