



PATIENT

Toby Duran

SPECIES

Canine

BREED

Mixed Breed Canine

SEX

Neutered Male

AGE

10 Years

WEIGHT

67 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Glen Rock VH

REFERRING VET

Dr. Scott Stekler

INVOICE

13402

DATE

10/1/21

PRESENTING CLINICAL SIGNS

History: Patient presents for echo, previous ultrasound June 2021. Diagnosed with degenerative mitral and tricuspid valve disease, pulmonary hypertension, and arrhythmia. Current meds: Pimobendan 5mg 1 1/2 BID

Abnormal PE/Chem/CBC/UA Results:

Radiographs: Current lateral radiograph revealed generalized cardiomegaly. Mild chronic bronchial changes. No hilar edema at this time.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	6.0	--	1.7	1.8	29	56	0.55
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	110	2.0	1.39	--	5.63	5.05	--

Cardiac Presentation

The echocardiogram for this patient presented excessive **left atrial size** expressed both in the LA/AO and LA max measurements 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. Trivial **Tricuspid** insufficiency noted, not clinically significant. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. Trivial **Pulmonic** insufficiency noted at 2.0 m/s, not clinically significant. 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. Periodic arrhythmia noted in this patient.



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ULTRASONOGRAPHIC FINDINGS

- Advanced stage B2 valvular disease
- Periodic arrhythmia

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

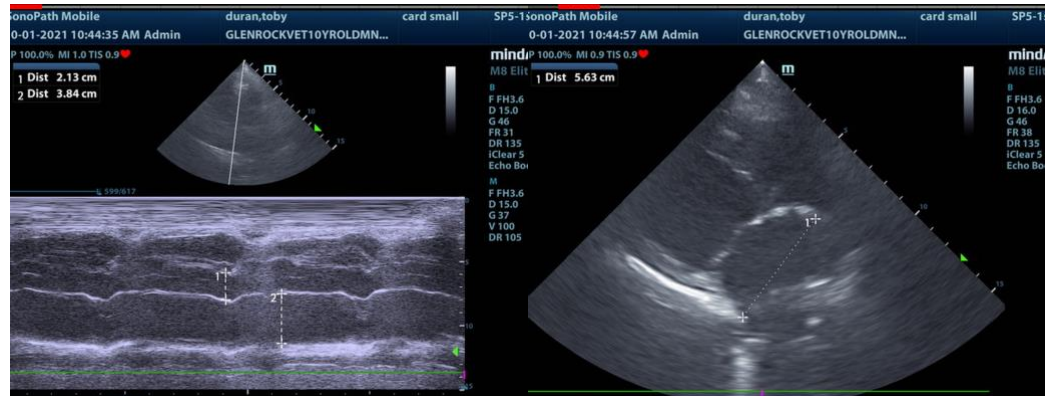
Given the left atrial and left ventricular dilation in this patient, concern for cardiac progression and emerging stage C1 valvular disease in the near future. If basal respiratory rate is >20 per minute, then Lasix therapy at 1-2 mg per kg BID could be considered. If systolic blood pressure is >160, then Ace Inhibitor therapy indicated. Recheck in echo in 3-6 months or earlier if clinical signs initiate.

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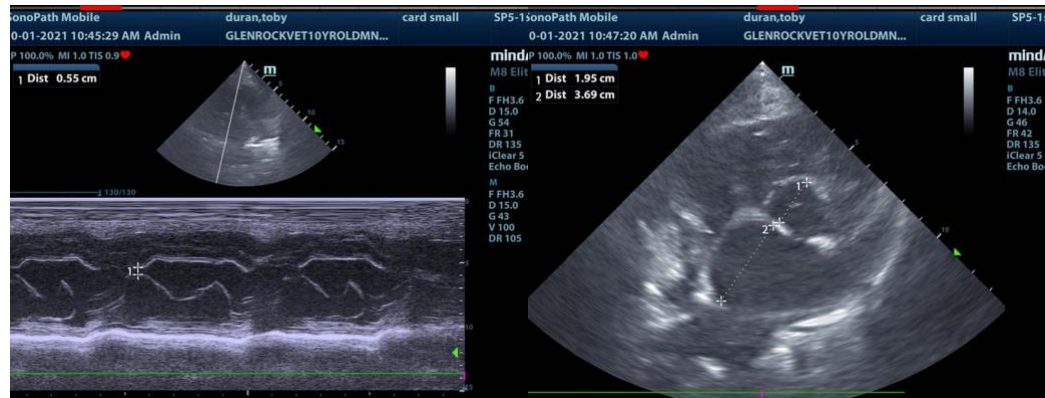
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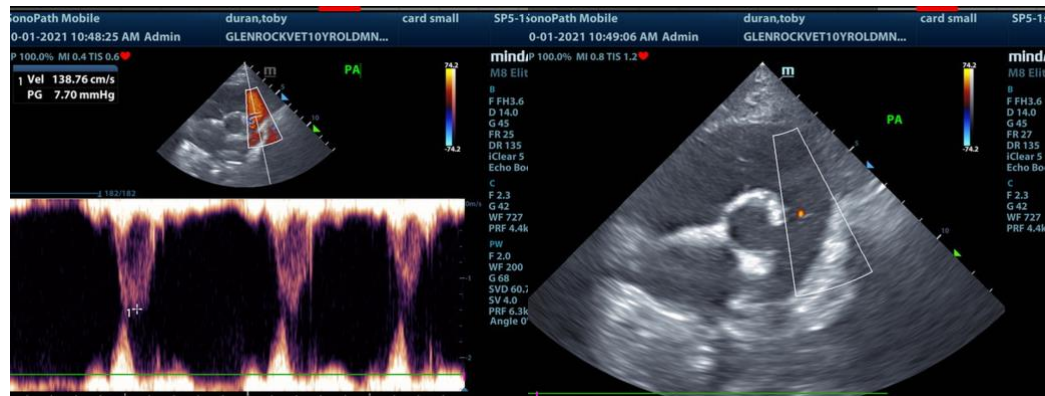


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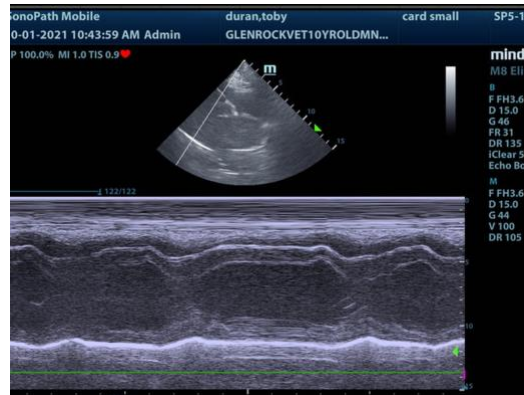
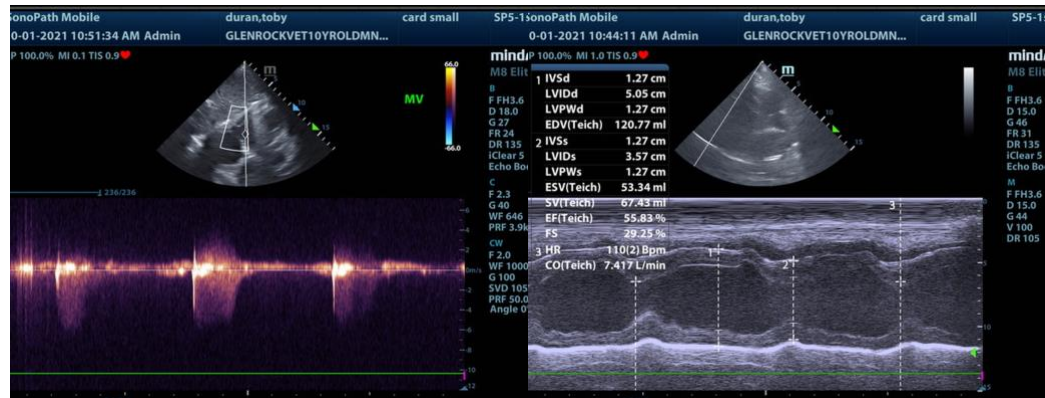
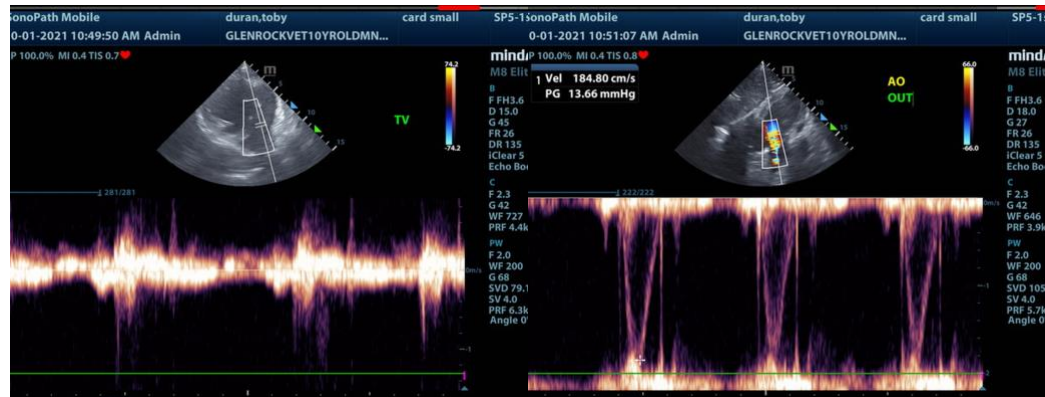
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com