



PATIENT PRESENTING CLINICAL SIGNS

Steele Dzorka History: 4/6 Murmur, PMI Aortic Valve

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

SPECIES

Canine

BREED

Silver Lab

SEX

Neutered Male

AGE

11 Months

WEIGHT

N/A

The echocardiogram in this patient presented mild to moderate volume overload of the **left ventricle** and **left atrium** with **mitral** insufficiency. Excessive EPSS measurement was noted. Mild deviation of the atrial septum noted owing to left atrial volume overload. The mitral insufficiency presented a centralized jet on color flow assessment with moderate filling of the left atrium. Contractility was slightly subnormal for this type of pathology. The **left ventricular outflow** tract revealed a thickened and vegetative aortic valve with excessive outflow velocity at 6.0 m/sec with secondary aortic insufficiency at 5.5 m/sec. This is consistent with subaortic stenosis regarding velocity. However, severe compensatory increased LVOT velocity may be playing a role owing to the PDA. The **right heart** revealed tricuspid insufficiency and fairly normal right ventricular volumes and right atrial size. Moderate pulmonary hypertension appeared to be present given the **tricuspid** insufficiency velocity (approximately 4.0 m/s). The pulmonary artery revealed domed pulmonic valve leaflet with irregular changes and significantly excessive outflow velocity. Post valvular dilation also noted with continuous flow on color flow assessment consistent with patent ductus arteriosus. CW Doppler in the deep pulmonary artery, which is in typical position for patent ductus arteriosus measured 5.0 m/sec. Pulmonic outflow velocity at the pulmonic valve was 4.3 m/s consistent with moderate pulmonic stenosis. Dual defect in the pulmonic outflow tract was noted. Pulmonic insufficiency was also noted at 4.0 m/s. Periodic arrhythmia noted. No pericardial or pleural effusion noted. Rapid view of the liver and CVC revealed no evidence of passive congestion.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

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HOSPITAL NAME

Franklin Lakes AH

REFERRING VET

Dr. Pomerantz

	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
CANINE CARDIAC							
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	5.7	3.8	1.7	2.3	29%	55%	1.0
	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)
CANINE CARDIAC PARAMETERS							
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	146		4.3		6.03	5.71	

ULTRASONOGRAPHIC FINDINGS

- Complex multiple congenital lesions.
- Pulmonic stenosis, patent ductus arteriosus and severe elevated left ventricular outflow velocity with secondary aortic insufficiency. This is consistent with concurrent SAS or severe compensatory elevated velocities owing to the presence of PDA. Interventional cardiologist review is recommended.

INVOICE

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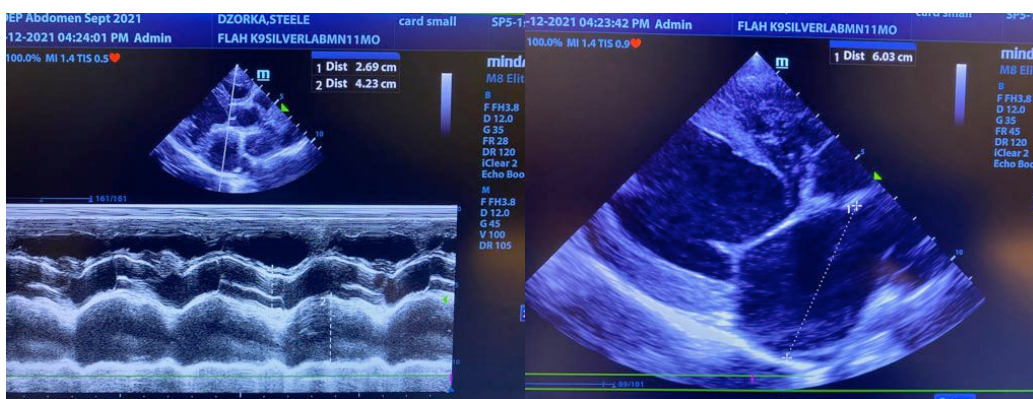
11 Months

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Interventional cardiologist review is recommended. Theoretically correction of the PDA and balloon valvuloplasty may allow for a significantly diminished LVOT velocity; however, this should be evaluated by cardiologist for possible intervention as to whether the LVOT velocities and aortic valve thickening is primary subaortic stenosis or if it could be managed by correction of the PDA. Given the periodic arrhythmia, excessive EPSS and volume overload of the left atrium and left ventricle I recommend rapid evaluation of this patient for the potential for interventional procedures. Please provide follow-up if possible owing to this interesting, yet precarious presentation. The breeding line should be fully evaluated for murmurs and/or echocardiograms to assess for similar cardiac congenital lesions in the breeding line. Guarded prognosis.

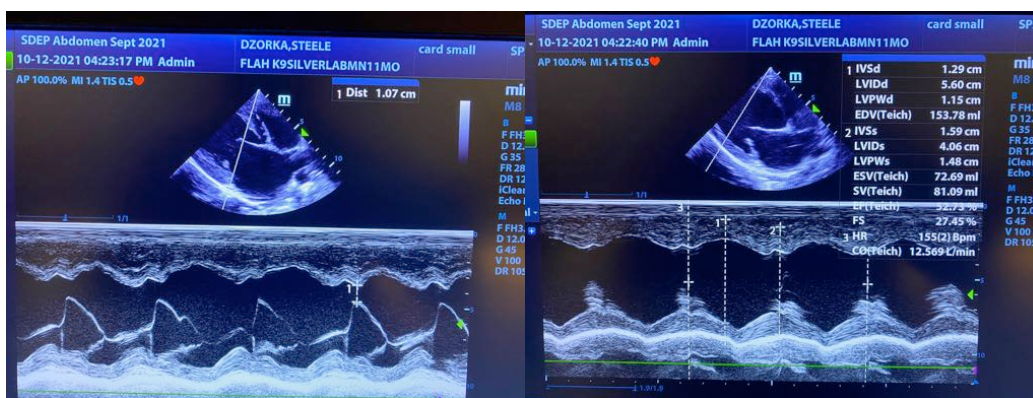


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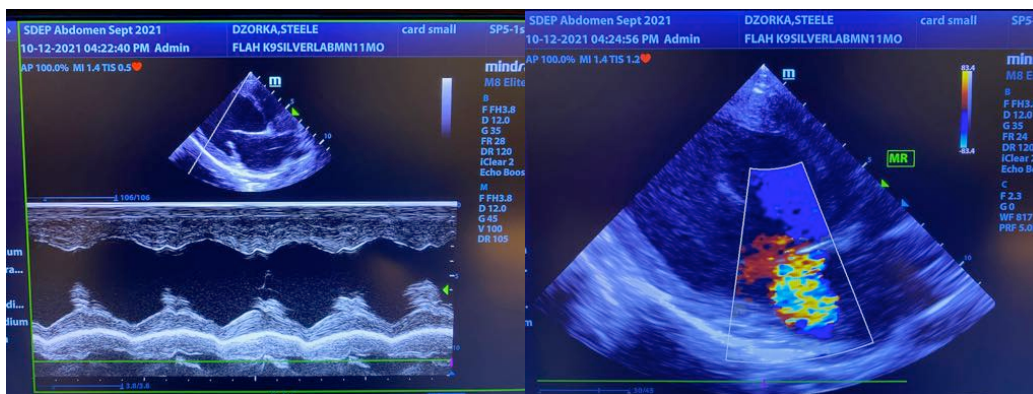
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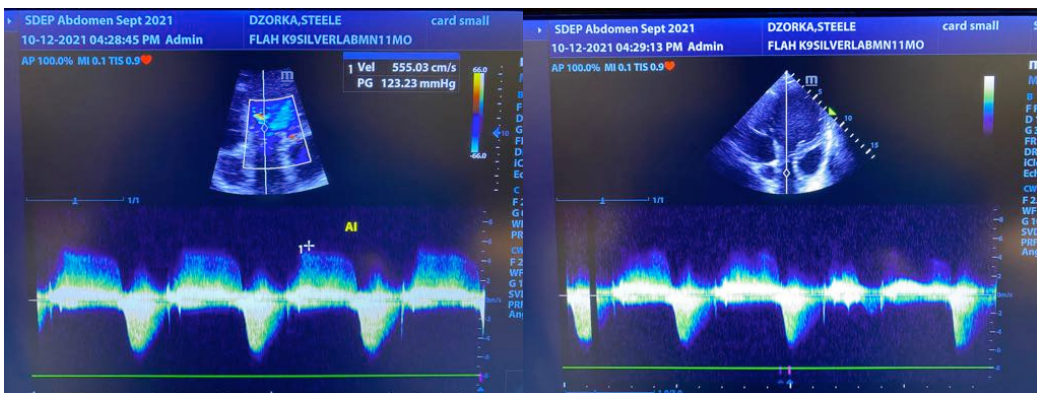
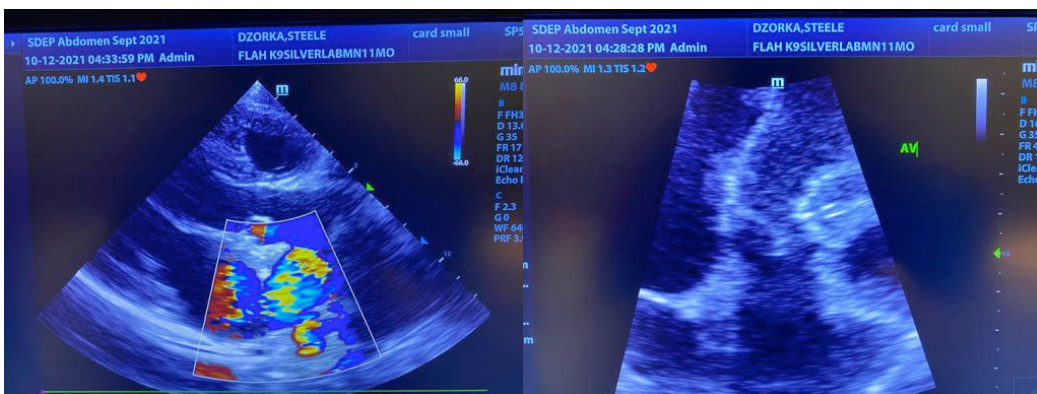
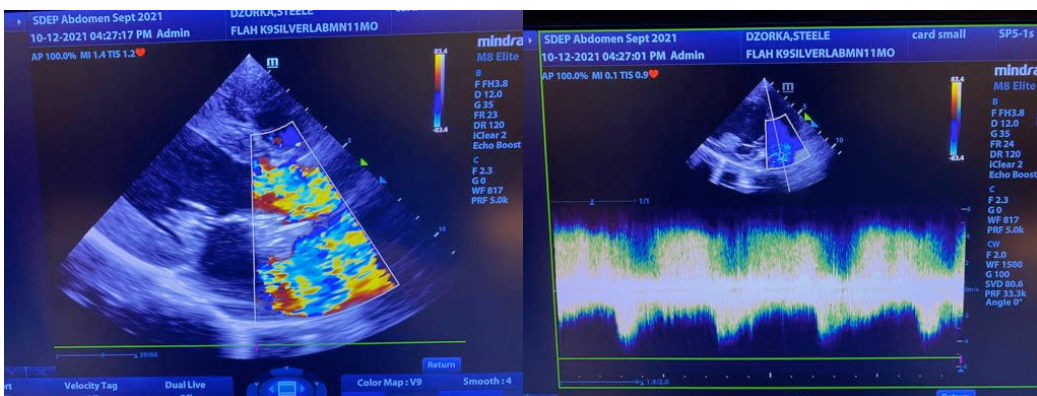
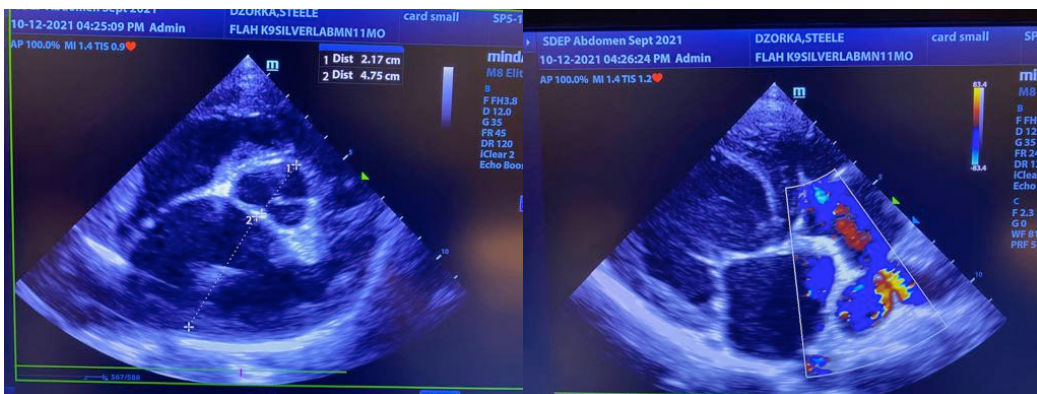
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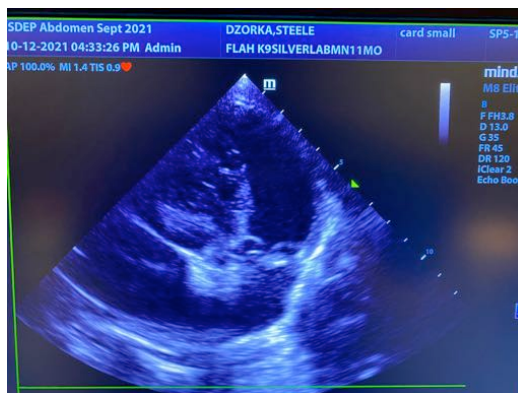
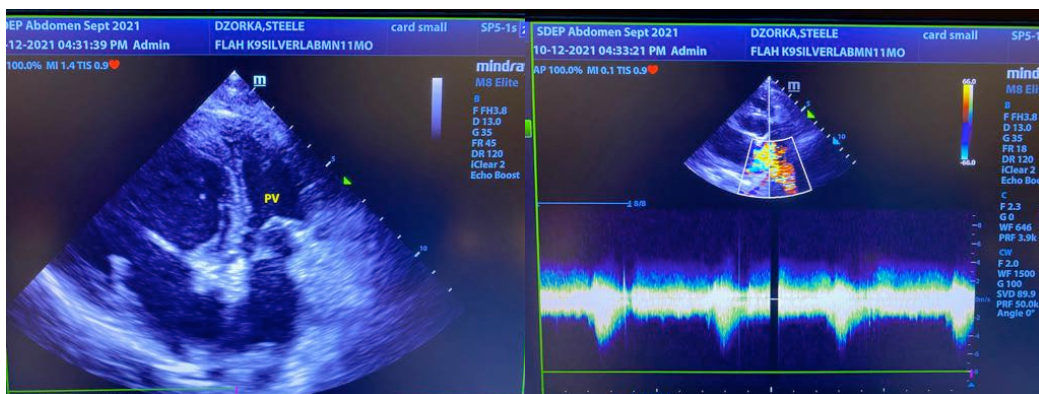
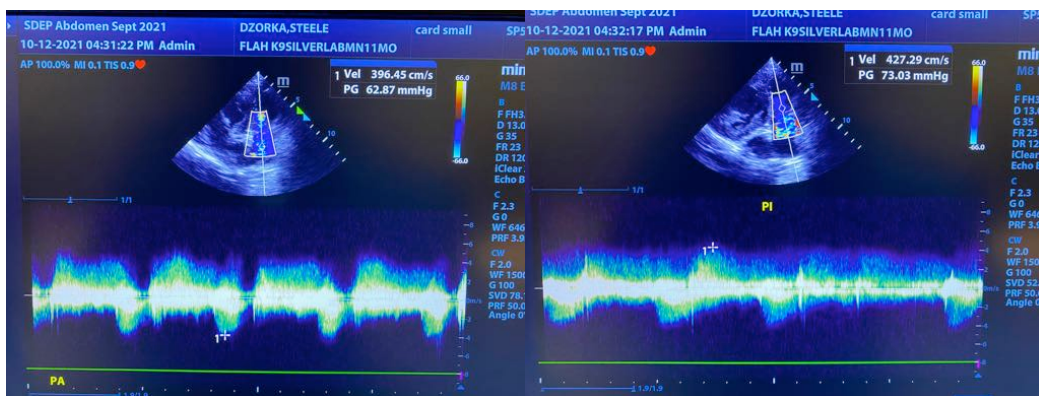
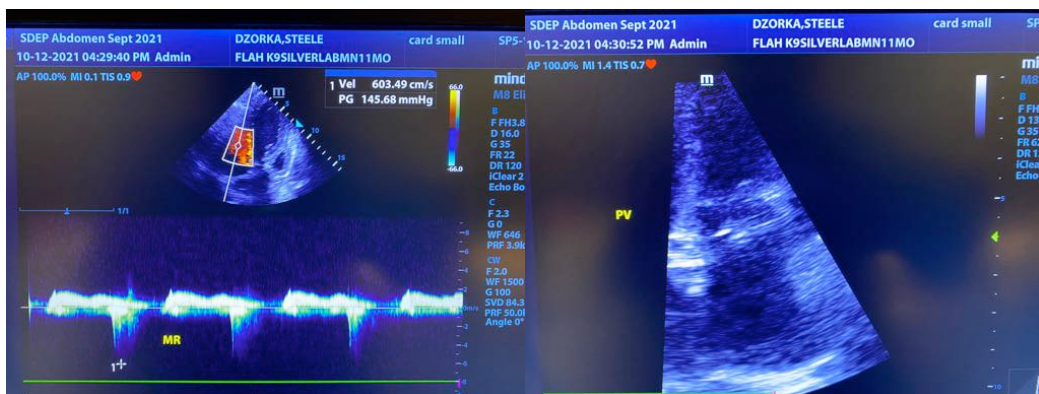
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

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info@SonoPath.com

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