



**PATIENT PRESENTING CLINICAL SIGNS**

Rosie Burger

History: Rosie presented for a cardiac diagnostic work-up over concern for a cardiac murmur of grade 3/6 that has gradually increased in intensity. The murmur had been ausculted previously during vet school and had been grade 2/6. Rosie has a history of sinusitis, cough and arthritis/ mobility concerns. She is on the following maintenance meds: Atopica, N-Acetylcysteine, meloxicam and Dausequin. She was given 0.9mg butorphanol to lightly sedate her for the cardiac u/s exam. Her BP was normal today, ranging from 117/93 (101) to 135/105 (118) mmHg systolic/ diastolic (MAP).  
 Abnormal PE/Chem/CBC/UA Results: Lab work run on 8/23/22 showed mildly increased albumin, calcium and mildly increased ALT of 171.

**SPECIES**

Canine

**BREED**

Miniature Dachshund

**SEX**

Spayed female

**AGE**

14 years

**WEIGHT**

10 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
 DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. McFeely

**HOSPITAL NAME**

Straley VA

**REFERRING VET**

Dr. McFeely

**INVOICE**

40141

**DATE**

10/19/22

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

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. The **left ventricle** presented normal 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. Arrhythmia was noted in this patient. This is likely sinus arrhythmia.

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
<b>CARDIAC PARAMETERS</b>	<b>VMAX</b> (m/s)	<b>VMAX</b> (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
<b>PATIENT</b>			1.15	1.2			NM
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
<b>CARDIAC PARAMETERS</b>	(BPM)	<b>VMAX</b> (m/s)	<b>MAX</b> (m/s)	(kg)	2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	Avg; 2D and m-mode short axis (cm)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
<b>PATIENT</b>		1.3	0.6	10 lbs	2.26		



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**ULTRASONOGRAPHIC FINDINGS**

Stage B1 valvular disease, compensated.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

EKG is indicated. There is no evidence of volume overload.

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Miniature Dachshund

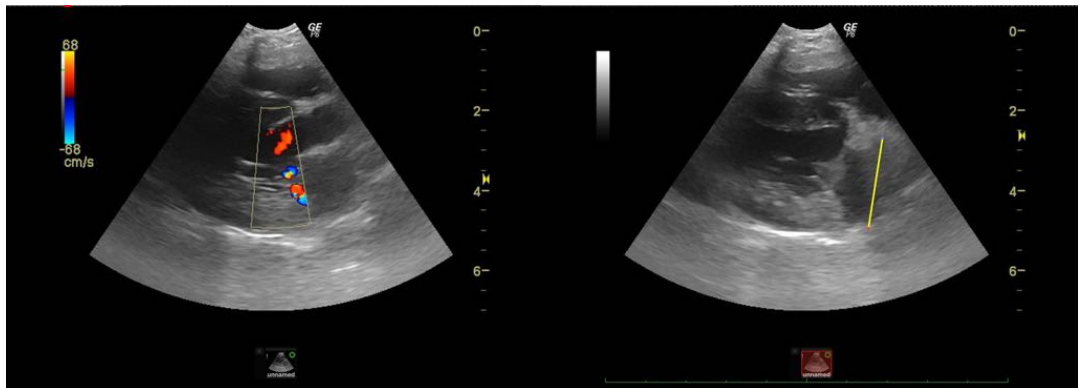
The heart is stable without clinical disease. No overt contraindication for anesthesia of brief to moderate duration. I suggest Torbutrol premed, Propofol induction, Isoflor maintenance or similar protocol if anesthesia is desired. Blood pressure recommended if not already performed and target white 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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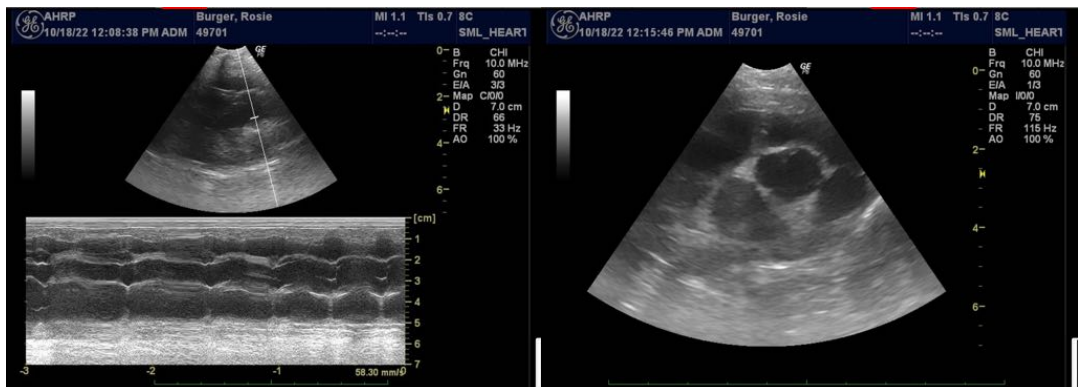
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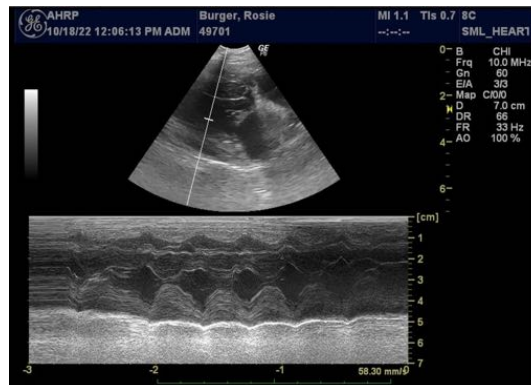
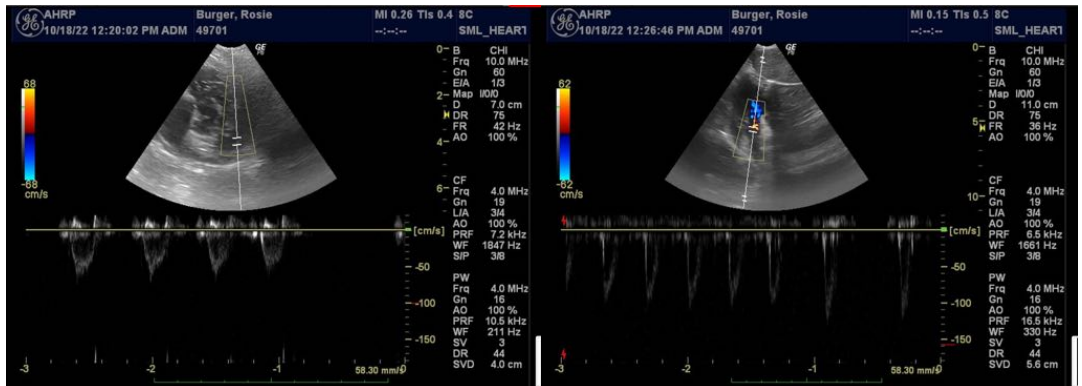
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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