



PATIENT

Ziggy Alvarez Cortez

SPECIES

Canine

BREED

Miniature Poodle
Cross

SEX

Neutered male

AGE

12 years

WEIGHT

8.1 lbs

PRESENTING CLINICAL SIGNS

History: Hx of grade 2-3/6 systolic murmur Echo done 4/21; diagnosed w/ stage B1 valvular disease w/ no LA enlargement. Vetmedin started Rec'd to recheck echo in 6 months.

Abnormal PE/Chem/CBC/UA Results: grade 3-4/6 systolic murmur, severe dental disease Here for a recheck echo today. Assessing anesthetic safety for dental cleaning.

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. Prolapse of the anterior mitral valve leaflet was noted. 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. **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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Great
and Small VC Corvallis

REFERRING VET

Dr. Marszewski

INVOICE

92655

DATE

10/21/21

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	5.26		1.3	1.6	31	61	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	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		1.5	0.75	8.1 lbs	2.07 max	2.14	

ULTRASONOGRAPHIC FINDINGS

Persistent stage B1 valvular disease.



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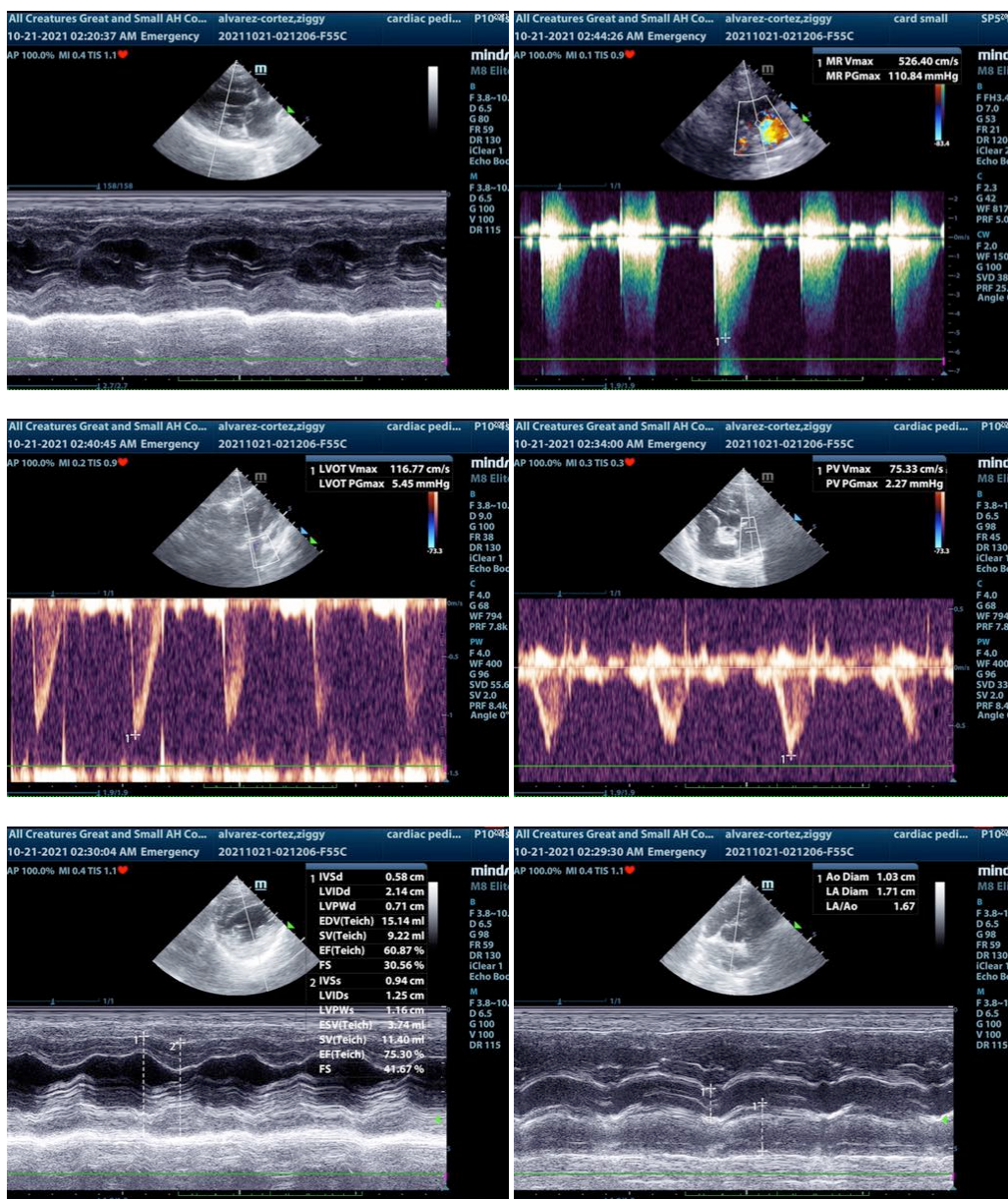
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The only difference from the prior sonogram is prolapse of the anterior mitral valve leaflet. This patient likely ruptured a chordae tendineae; however is compensated at this time. The patient should be monitored for systemic hypertension as well as assessment for any onset of clinical signs. The mitral valve prolapse would explain the increase in murmur grade. Recheck echocardiogram in 1-3 months depending on the clinical status of the patient.





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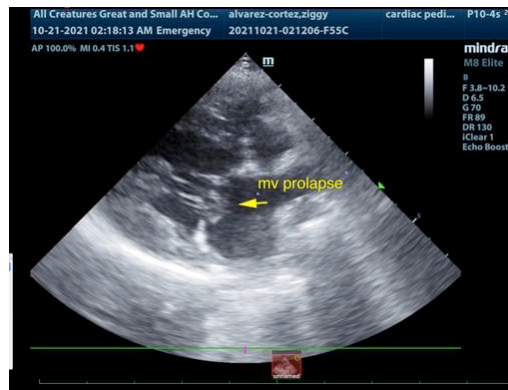
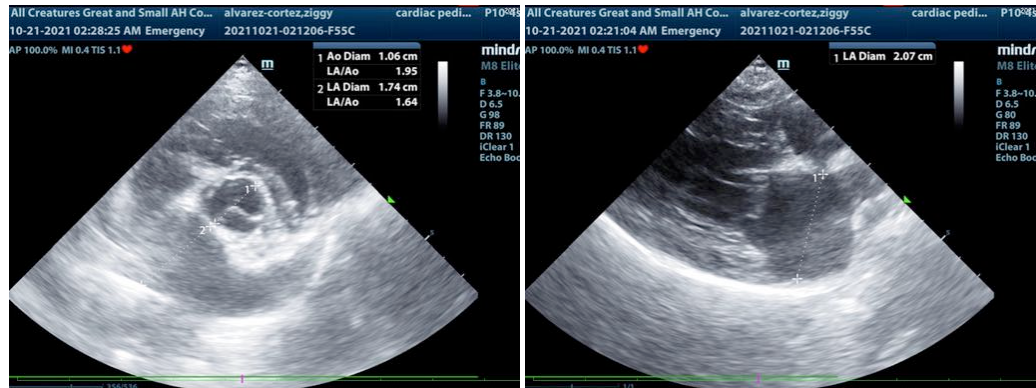
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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