



PATIENT PRESENTING CLINICAL SIGNS

Peanut Keith

History: Peanut presented for a cardiac diagnostic work-up over concern for a moist cough and to further investigate a grade 2/6 cardiac murmur. She has diabetes mellitus that appears to be well controlled. Peanut was given 1.5mg butorphanol IV to lightly sedate for the procedure today, and her blood pressure was normal, between 114/59 (88) and 135/92 (106) mmHg syst/diastolic (MAP).
Abnormal PE/Chem/CBC/UA Results:

SPECIES

Canine

BREED

Poodle Mix

SEX

Spayed female

AGE

4 years

WEIGHT

16.6 lbs

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated enlarged **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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Alex McFeely

HOSPITAL NAME

Straley VA

REFERRING VET

Dr. McFeely

INVOICE

42055

DATE

10/21/22

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			1.15	1.4	40		0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	LA (2D short axis Base view)	LVIDd (Avg; 2D and m-mode short axis)	LVIDs (Avg; 2D and m-mode short axis)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT		1.5	0.6	16.6 lbs	2.3	2.4	



PATIENT

Peanut Keith

ULTRASONOGRAPHIC FINDINGS

Normal echocardiogram.

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Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The source of the murmur is unclear. Likely a flow murmur or trivial insufficiency. There was no evidence of significant disease present. There was no evidence of significant cardiac disease.

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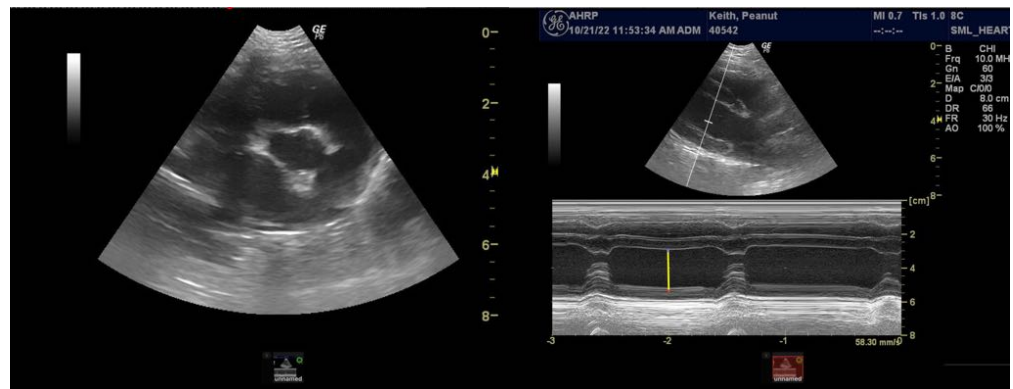
Spayed female

AGE

4 years

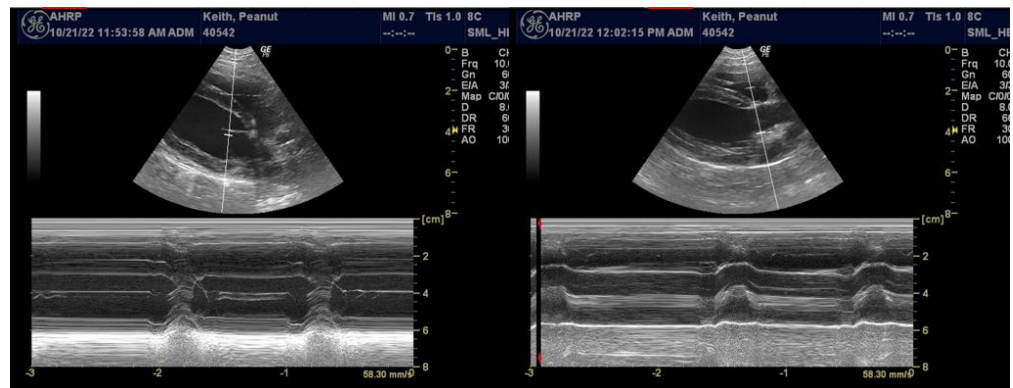
WEIGHT

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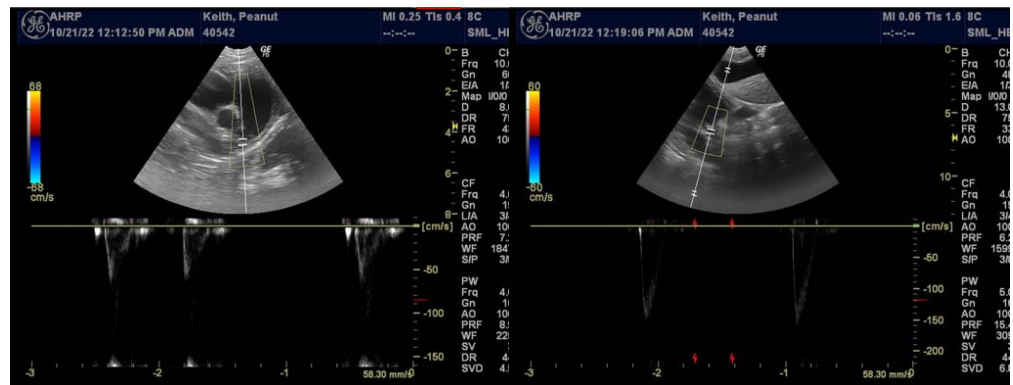


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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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