



PATIENT PRESENTING CLINICAL SIGNS

Remy Rinck

History: Patient seen recently, new pet to clinic, DVM noted with grade III/VI murmur at, history of murmur since he was young, has severe periodontal disease. Needs a dental but recommended an echo prior to surgery. No other concerns, no symptoms of heart disease noted by owner.
PE: Grade III/VI murmur, grade 3/4 periodontal disease, otherwise normal PE.

SPECIES

Canine

BREED

Dachshund

SEX

Intact male

AGE

4 years

WEIGHT

12.2 lbs

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. 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. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. Turbulence was noted at the deep **Pulmonary** artery. Further Doppler evaluation is recommended in this region. This is likely the source of the murmur. No visible **pericardial** or free pleura fluid was noted. The cranial **mediastinum** and **pericardial and extra-cardiac** regions were free of masses in the visible window.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Krell

HOSPITAL NAME

Paws and Prairie AC

REFERRING VET

Dr. Hensel

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	1.3			0.1
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				12.2 lbs	2.5 max		

INVOICE

92697

DATE

10/27/21

ULTRASONOGRAPHIC FINDINGS

Structurally and functionally the heart appears unremarkable. However, there is turbulence in the deep pulmonary artery. I cannot rule out a pulmonic stenosis or PDA.



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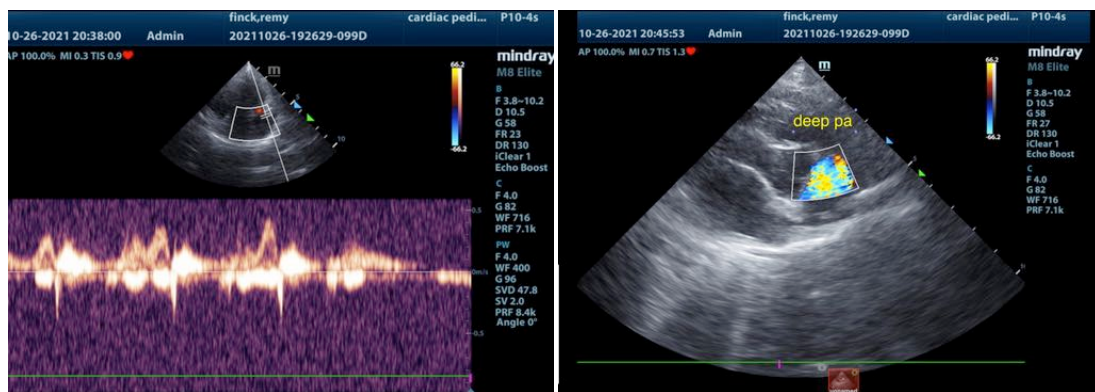
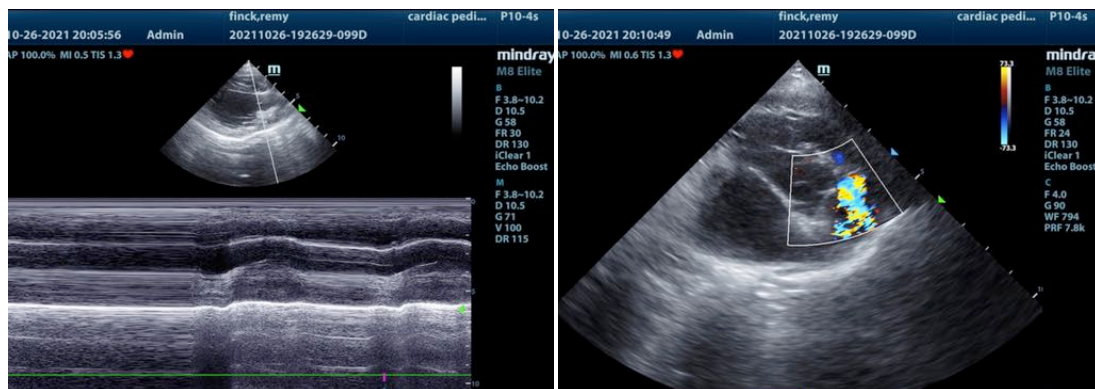
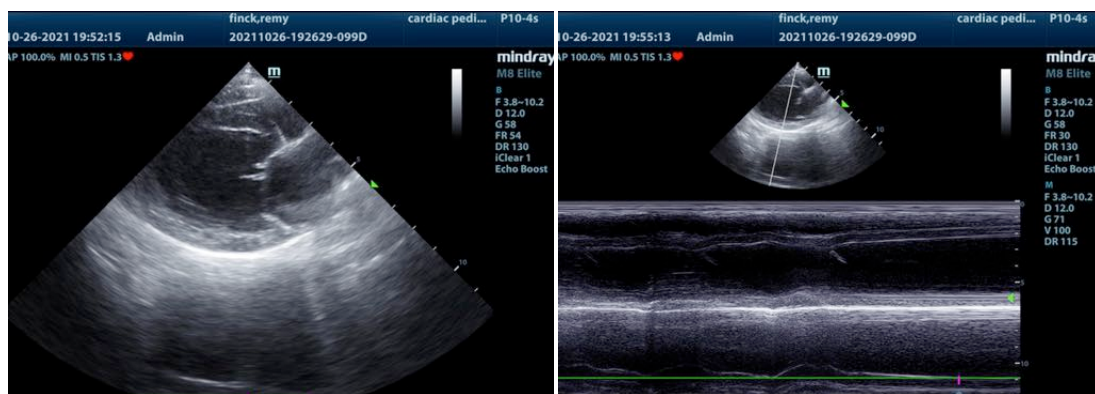
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further Doppler evaluation, primarily of the pulmonary artery as well as the LVOT is indicated for further definition. Based on the image set there is no overt contraindication to anesthetic procedure. However, I recommend further interrogation of the pulmonary artery and LVOT prior to sedation as an underlying congenital issue is likely.



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



PATIENT

image/video clips provided.

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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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Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

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