



PATIENT PRESENTING CLINICAL SIGNS

Jade Ramsden

History: Records from previous vet - Previous hx of 3/6 systolic murmur 1 year ago; possibly associated w/ being on grain free diet. Started on Vetmedin. Diet changed; heart murmur persisted - started on Enalapril Prior BW WNL; no hx of any imaging; no hx of any blood pressure or urinalysis being performed. No breathing concerns; occ. coughing.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: 2/6 systolic murmur - PMI L base Lungs clear Bloodwork done 10/26/21: WNL Urinalysis pending BP performed today - possibly hypertensive but patient very nervous (ranged from 153-226 systolic)

BREED

Labrador Cross

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

SEX

Spayed Female

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 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. Trivial **tricuspid** insufficiency was noted at 2.04 m/sec. 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.

AGE

11 years

WEIGHT

66.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Bailes

HOSPITAL NAME

All Creatures Great
and Small Corvallis

REFERRING VET

Dr. Bailes

INVOICE

92733

DATE

10/28/21

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC PARAMETERS	VMAX (m/s)	VMAX (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT			1.0	1.36	37	67	0.1
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC PARAMETERS	(BPM)	VMAX (m/s)	MAX (m/s)		2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT		1.45	1.0	66.4 lbs	2.7	4.03	



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ULTRASONOGRAPHIC FINDINGS

Stage B1 valvular disease.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of volume overload. No therapy is necessary at this time. If anesthesia is necessary, there is no overt contraindication to an anesthetic procedure. Suggested protocol includes Torbutrol premed, Propofol induction, and Isoflurane maintenance. Recheck echocardiogram in 6 months or earlier if murmur grade increases or clinical signs initiate.

BREED

Labrador Cross

SEX

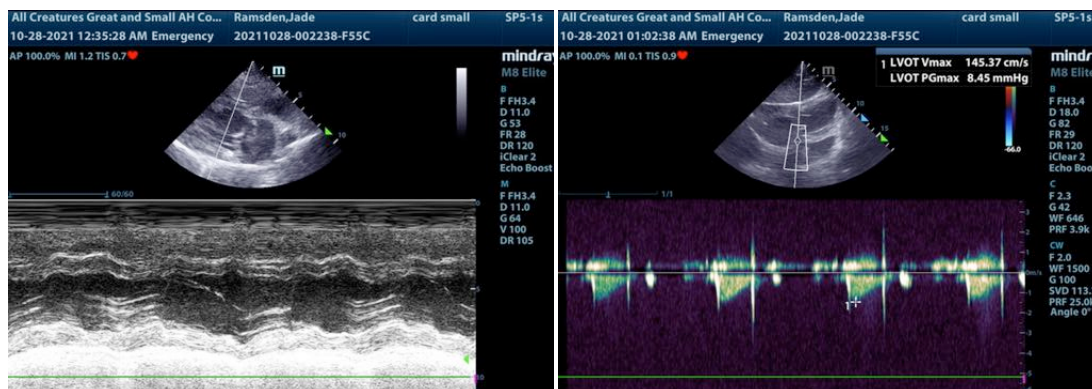
Spayed Female

AGE

11 years

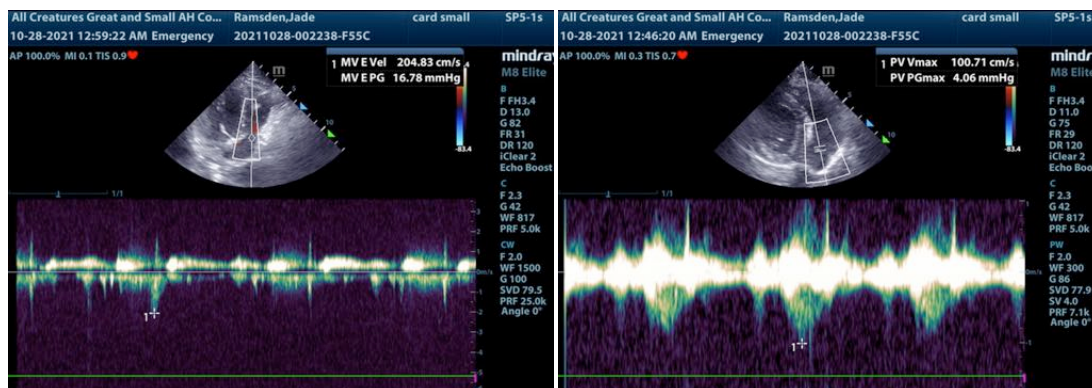
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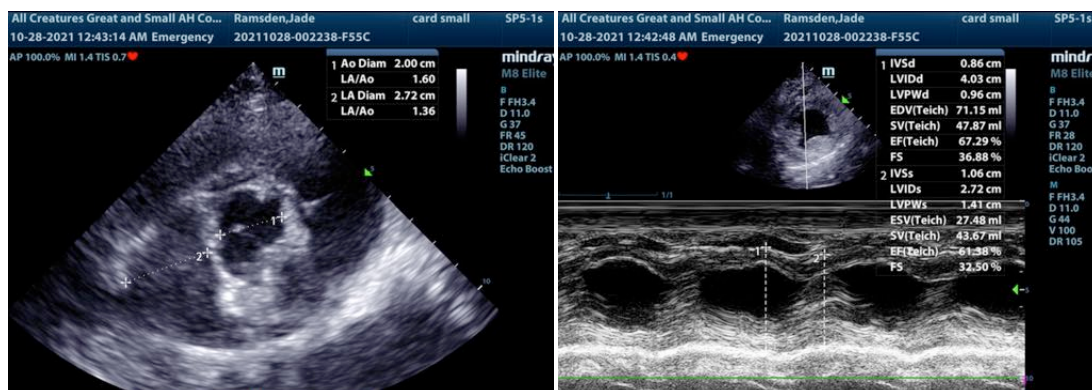


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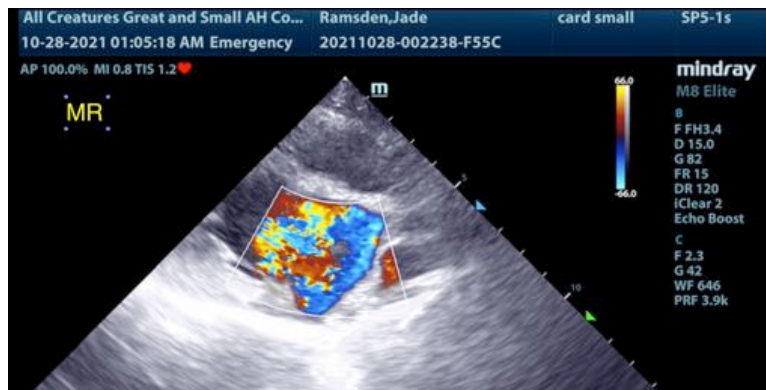
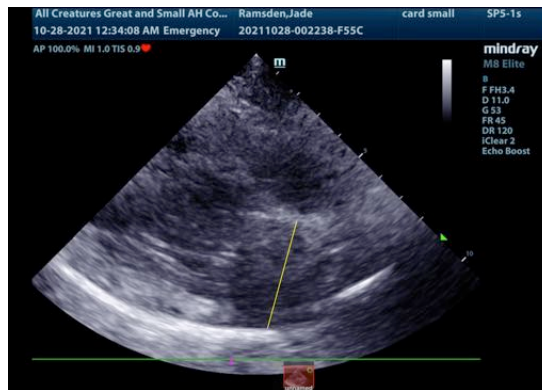
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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