



**PATIENT PRESENTING CLINICAL SIGNS**

Layla Kidd Repeat echo- 92443

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

Canine

**BREED**

Poodle X

**SEX**

Spayed Female

**AGE**

15 Years

**WEIGHT**

14.6 Pounds

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
<b>PATIENT</b>	6.0	3.0	NM	1.6	55	90	0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	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)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6				
<b>PATIENT</b>			1.10			2.6	

**Cardiac Presentation**

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. Prolapsed of the anterior mitral valve leaflet noted. 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** insufficiency noted, consistent with early pulmonary hypertension, not to the level of clinical significance. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. Minor pulmonic insufficiency noted. 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.

**ULTRASONOGRAPHIC FINDINGS**

- Stable mitral disease

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend continuation of the current protocol and monitoring of blood pressures. If murmur grade increases or clinical signs initiate, recheck echo. Assessment of BUN, creatinine, USG, chest radiographs and blood pressure as well as clinical exam ideal in 7-10 days. Basal respiratory rate should be <20/min. There is mild pulmonary hypertension in this patient. However, it is not likely to be a clinical issue at this

**INTERPRETED BY**

Eric Lindquist, DMV DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Travis Cerf

**HOSPITAL NAME**

VC of Hardyston

**REFERRING VET**

Dr. Travis Cerf

**INVOICE**

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**PATIENT**

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velocity. If no hepatic vein dilation is present, Sildenafil can likely be tapered and stopped, and recheck echocardiogram recommended 3-4 weeks after stopping the Sildenafil.

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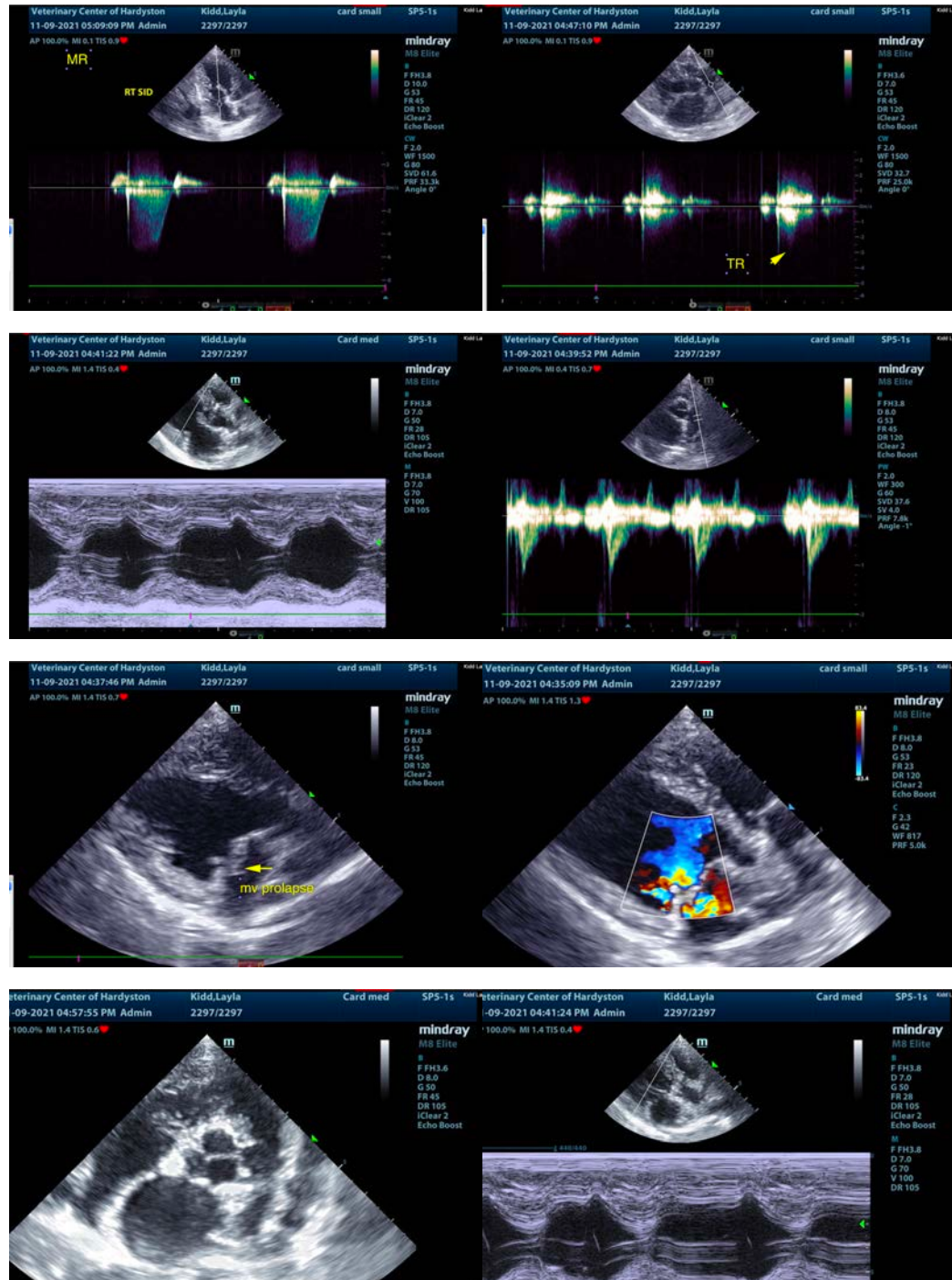
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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