



PATIENT PRESENTING CLINICAL SIGNS

Jazz Taylor

History: Patient presents for grade 3/6 heart murmur, considering dental. Confirming patient safe for anesthesia. Current meds: Benazepril 1.35 mgs BID, Vetmedin 1.25 mgs BID, Lasix 6.25 mgs BID.

SPECIES

Canine

BREED

Havanese

SEX

Intact Female

AGE

14 years

WEIGHT

13.6 lbs

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. Doppler indicated minor insufficiency. There was slight prolapse of the anterior mitral valve leaflet. The mitral insufficiency was centralized. 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. Arrhythmogenic activity was noted. This may be sinus arrhythmia; however, baseline EKG is indicated.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Pompton Lakes AH

REFERRING VET

Dr. Murphy

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			NM	1.4	39	72	NM
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)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	132	2.14	1.16	13.6 lbs	2.71 max	2.82	

INVOICE ULTRASONOGRAPHIC FINDINGS

93140

Early stage B1 valvular disease, compensated with arrhythmogenic activity.

DATE

11/16/21



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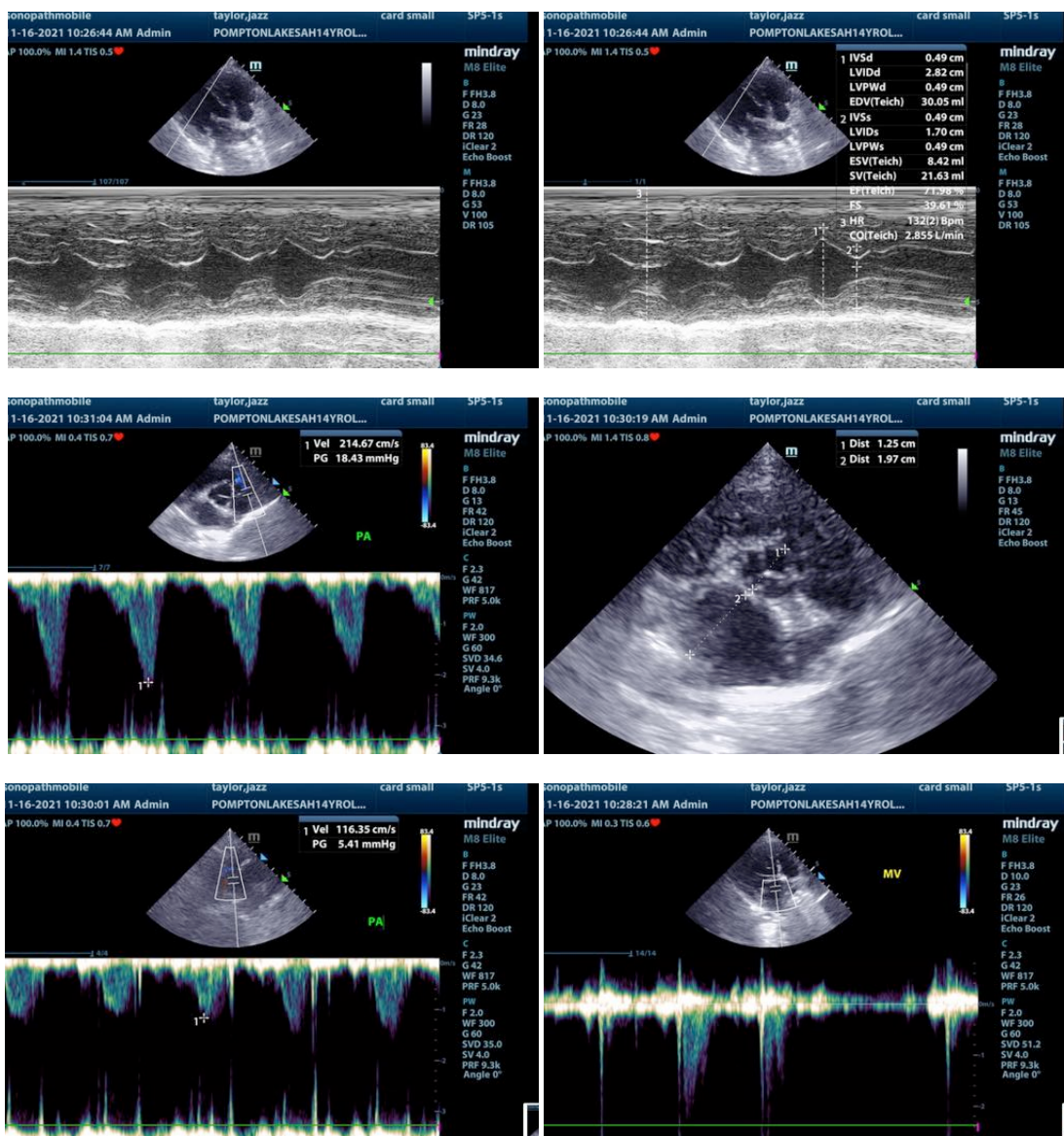
Pompton Lakes AH

REFERRING VET

Dr. Murphy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Baseline EKG is indicated as well as blood pressure measurements. No cardiac medications are recommended at this time. Assessment of BUN, creatinine, USG, chest radiographs and blood pressure as well as clinical exam is ideal in 7-10 days. Basal respiratory rate should be <20/min.



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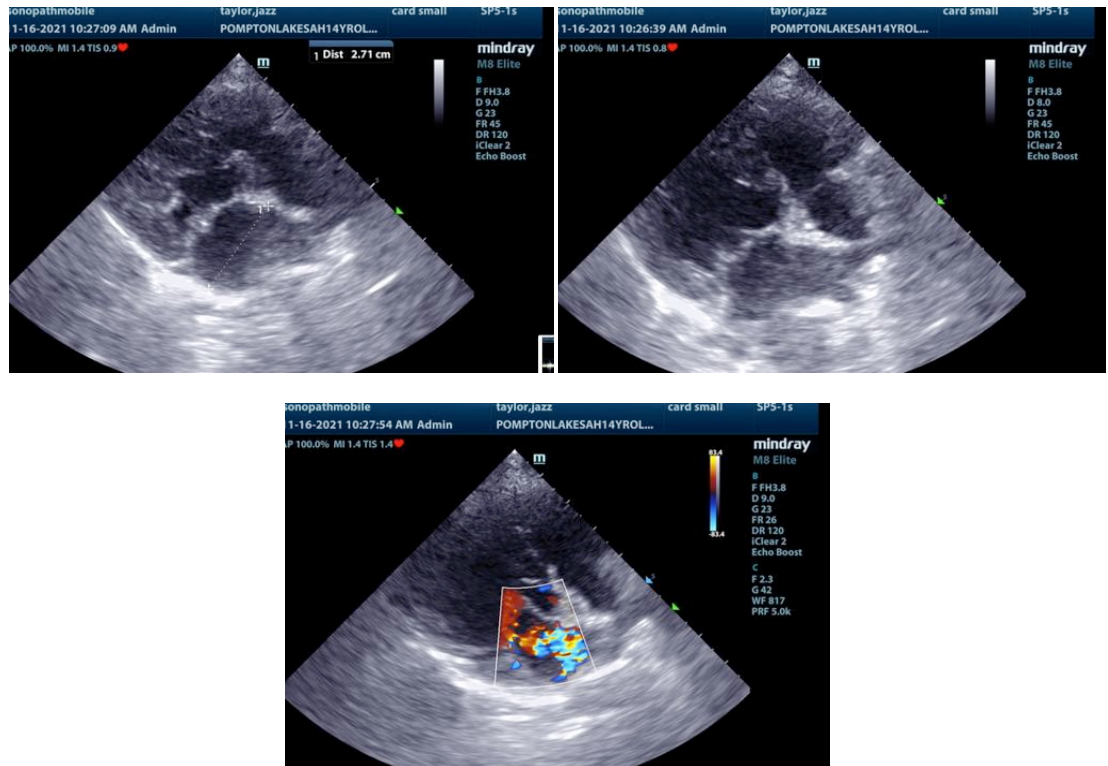
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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