



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Duke Darrow

SPECIES
Canine

BREED
Border Collie

SEX
Neutered Male

AGE
11 Years 1 Month

WEIGHT
46 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

No issues reported, cardiac murmur discovered on examination.
Abnormal PE/Chem/CBC/UA Results: PE: Stage III Dental disease, Cardiac murmur, left heart base, systolic, III/VI, Likely lipoma on left thorax subcu, 2cm oval. CBC: Retic 113 K/uL, Lymph 0.784 K/uL Chem: T. Protein 4.5 g/dL, Albumin 2.0 g/dL, Lipase 408 U/L, Creatine Kinase 283 U/L Spec cPL 423 ug/L proBNP 1439 pmol/L total and free T4 Normal Heartworm, Ehrlichia, Lyme, And Anaplasma Negative. Fecal Antigen Screen and Floatation Negative.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	6.2		1.4	1.6	43	75	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)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT			0.87		4.47	3.6	

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. Slight prolapse 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. Minor **tricuspid** insufficiency noted at 3.1 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. Hepatic veins were not dilated.

ULTRASONOGRAPHIC FINDINGS

- Stage B1 valvular disease

DATE

11/2/21

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INVOICE

IMAGING PERFORMED BY

Dr. Leon Anderson

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Leon Anderson



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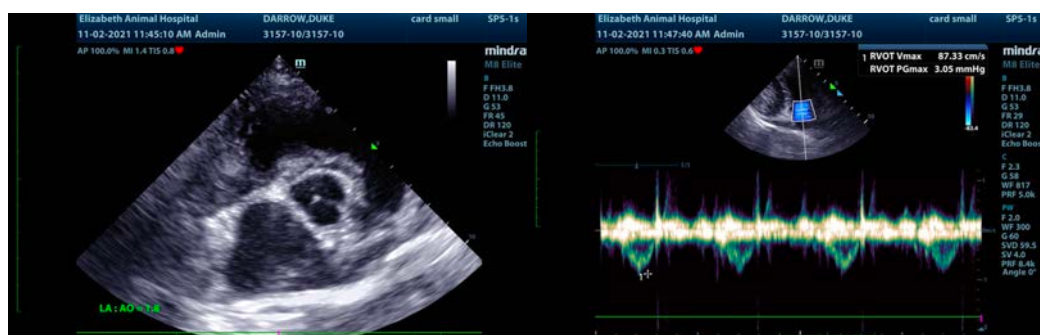
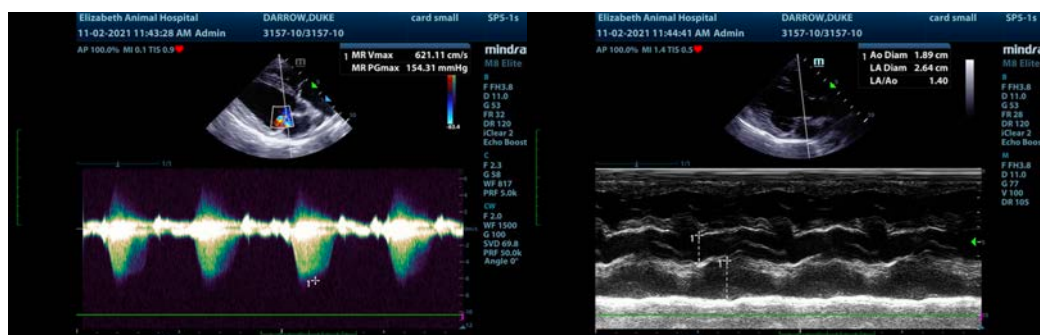
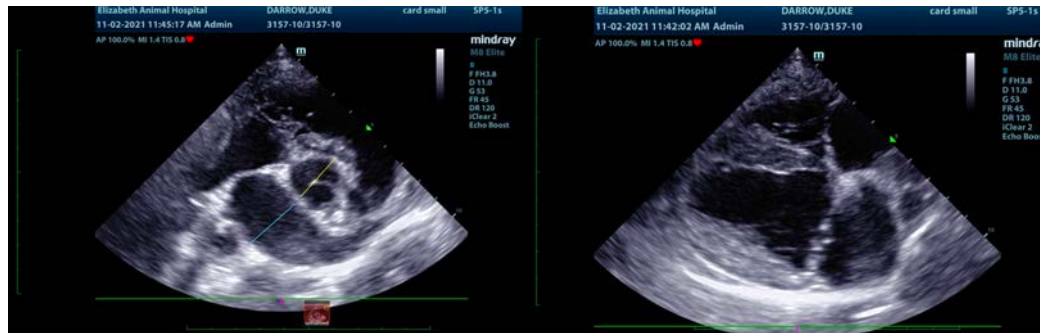
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No significant volume overload. Blood pressure measurements warranted. 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.





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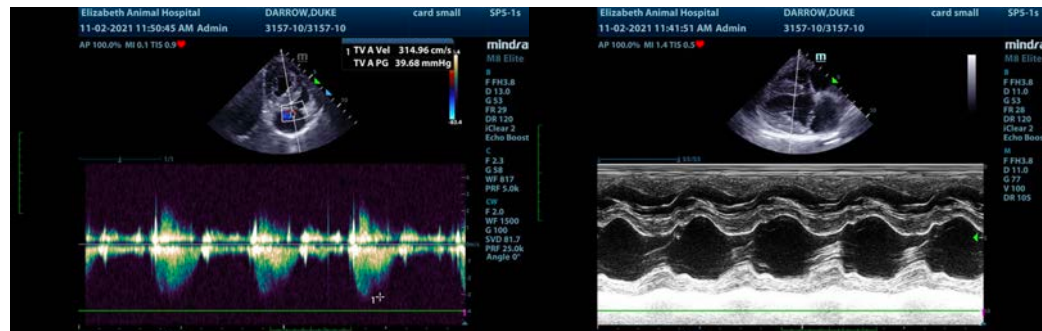
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com