



PATIENT PRESENTING CLINICAL SIGNS

Grady Morley

History: routine scan, no murmur detected, no cardiac signs. Patient was sedated with Butorphanol (0.2mg/kg) and Acepromazine (0.02ml/kg) through IM injection.

SPECIES

Abnormal PE/Chem/CBC/UA Results: none

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Labrador Retriever

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. Trivial, centralized **mitral** valve insufficiency was noted, yet not clinically significant. The **left ventricle** presented normal 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. Trivial eccentric **tricuspid** insufficiency was noted in this patient, is not clinically significant. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** 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. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window. The hepatic veins were not dilated.

SEX

Neutered male

AGE

7 years

WEIGHT

30 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. McFarlen

HOSPITAL NAME

Van Isle VH

REFERRING VET

Dr. McFarlen

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			1.0	1.3	17	37	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	BELOW	BELOW	BELOW	BELOW
PATIENT		1.05	0.42	30 kg	2.9	3.38	

ULTRASONOGRAPHIC FINDINGS

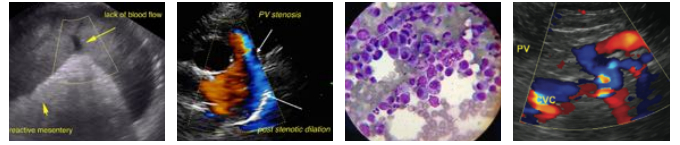
Largely normal echocardiogram with trivial mitral and tricuspid insufficiency, not clinically significant.

INVOICE

42718

DATE

11/25/22



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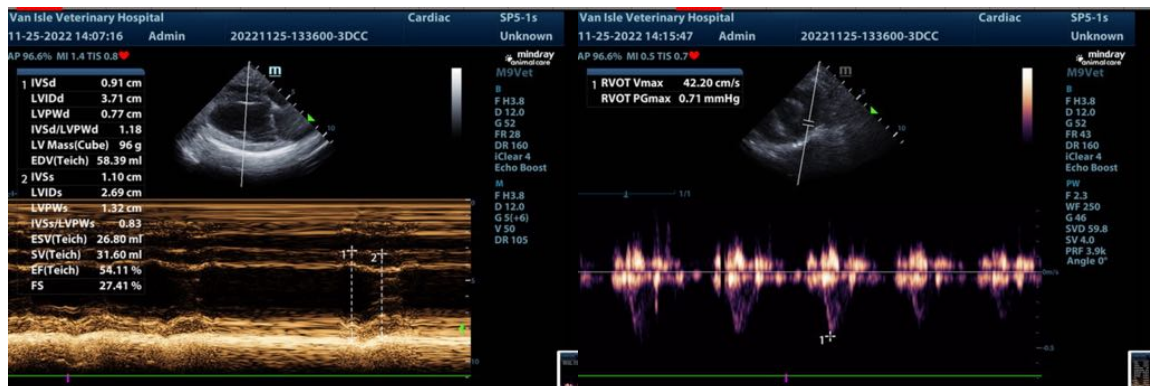
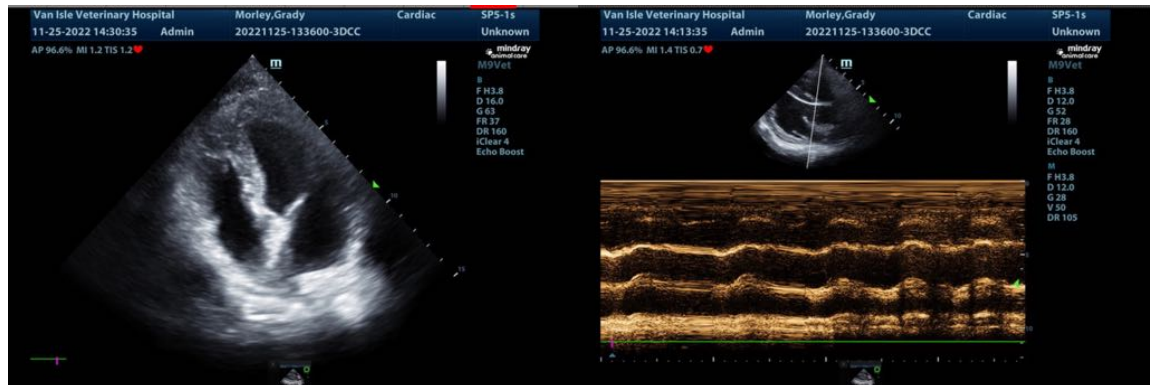
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ace promazine is likely diminishing the contractility in this patient. This may also be diminished owing to athletic state. If the patient is particularly an athletic dog. Typically ace promazine will drop fractional shortening approximately 5-7% in my experience. Otherwise, other causes such as nutritional cardiomyopathy and systemic disease such as hypothyroidism should be considered, yet structurally and functionally the heart is largely unremarkable.





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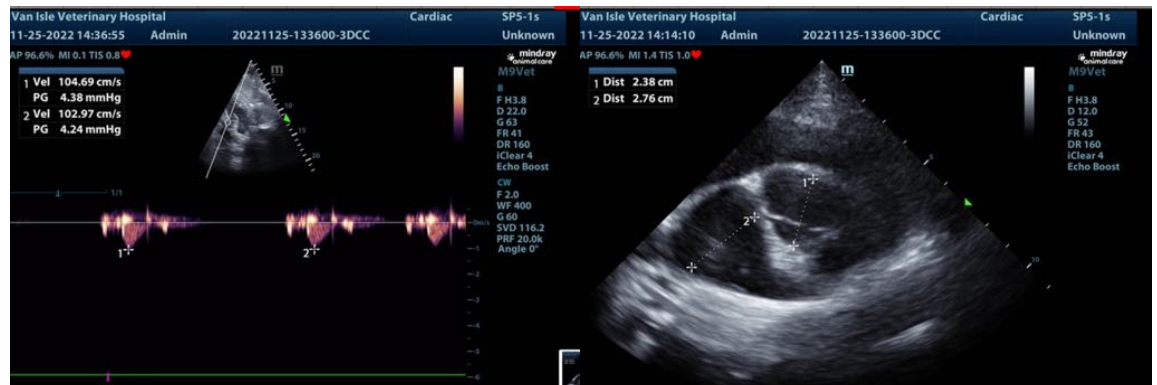
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com