



PATIENT PRESENTING CLINICAL SIGNS

Lulu Robb

History: Lulu presented for cardiac diagnostics to further evaluate a grade III to IV/VI cardiac murmur and a productive cough of about 6 weeks duration. She was on 12.5mg furosemide orally BID prior to the cardiac ultrasound, but her owner mentioned she was no longer on furosemide yesterday. She was given 2.7mg butorphanol IV to lightly sedate, then was given 30mg alfaxalone IV to facilitate positioning and holding still for the cardiac ultrasound exam. Her BP was normal, ranging from 111/84 (93) to 133/70 (88) mmHg systolic/ diastolic (MAP). Recent chest radiographs showed a VHS of 10.5.

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed female

AGE

11 years

WEIGHT

29.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. McFeely

HOSPITAL NAME

Straley VA

REFERRING VET

Dr. McFeely

INVOICE

42408

DATE

11/9/22

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 **mitral** valve in this patient appeared slightly thickened, yet insufficiency was not documented likely owing to poor acoustic penetration with color flow Doppler and lung interference. However, there is no evidence of volume overload in this patient. If mitral insufficiency is present it is minor. 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 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.

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			1.1	1.25	45		0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	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		1.3	0.7	29.7 lbs	3.0	3.2	



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ULTRASONOGRAPHIC FINDINGS

Slightly thickened mitral valve.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No cardiac medications are recommended.

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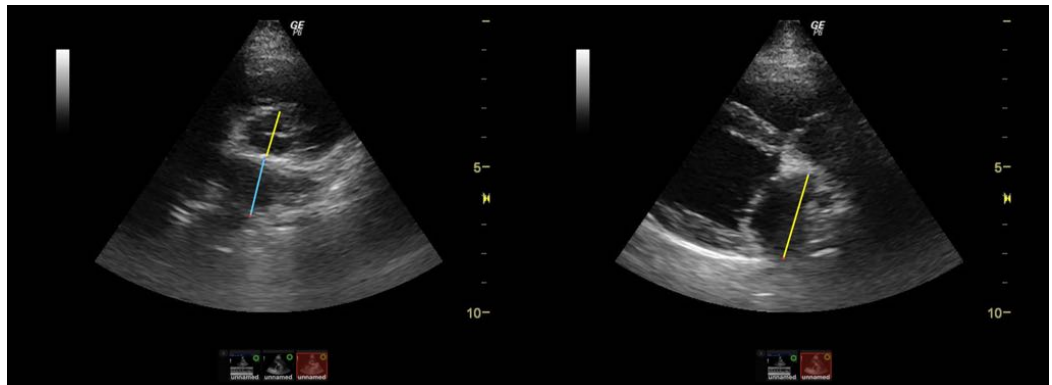
Spayed female

AGE

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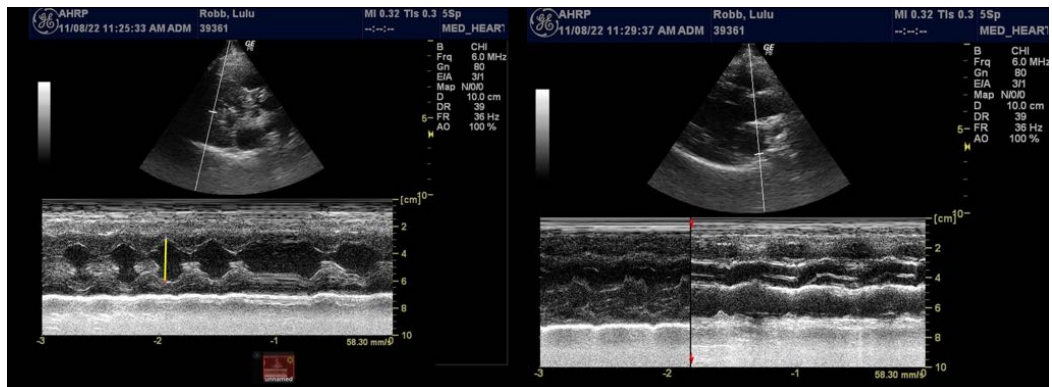
WEIGHT

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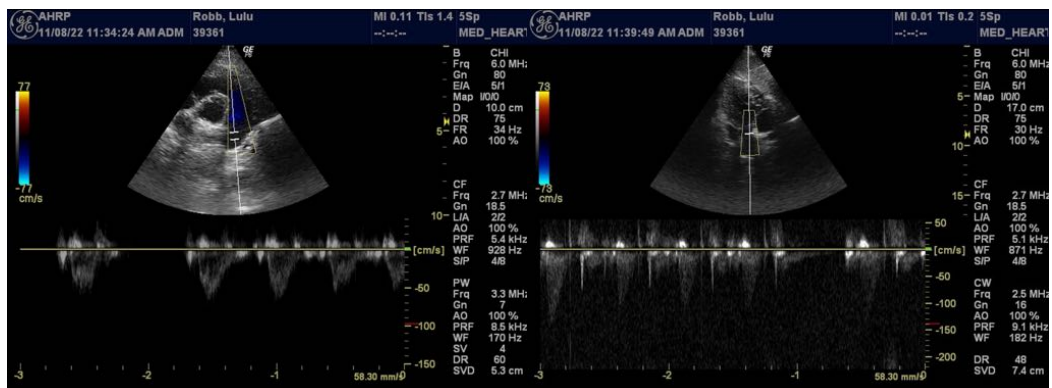
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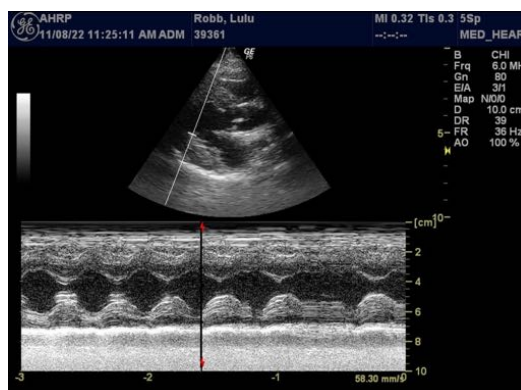
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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