



PATIENT

Talley Terpak

SPECIES

Canine

BREED

Cavalier Mix

SEX

Spayed female

AGE

11 years

WEIGHT

19.9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. McFeely

HOSPITAL NAME

Straley Veterinary
Associates

REFERRING VET

Dr. McFeely

INVOICE

42409

DATE

11/9/22

PRESENTING CLINICAL SIGNS

History: Talley presented for cardiac diagnostic work-up, recheck of cardiac u/s prior to anesthesia and a dental procedure. She was previously examined by cardiac ultrasound (and evaluated by SonoPath telemedicine service) in 2019, then again in 2021. In April of 2021 she was started on pimobendan therapy for early stage B2 cardiac insufficiency/ MMVD. She was given 1.8 mg butorphanol IV as light sedation for the ultrasound today. Her BP ranged from 145/87 (102) to 163/67 (125) mmHg systolic/diastolic (MAP).

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. There was slight prolapse of the mitral valve leaflet. Doppler indicated measurable insufficiency. 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	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC PARAMETERS	VMAX (m/s)	VMAX (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT			1.15	1.4			0.1
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC PARAMETERS	(BPM)	VMAX (m/s)	MAX (m/s)		2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	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		1.6	0.8	19.9 lbs	2.94	2.24	



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ULTRASONOGRAPHIC FINDINGS

Compensated mitral insufficiency on current protocol.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no overt contraindication to anesthetic procedure. Torbutrol pre med, Propofol induction and Isoflurane maintenance is recommended.

BREED

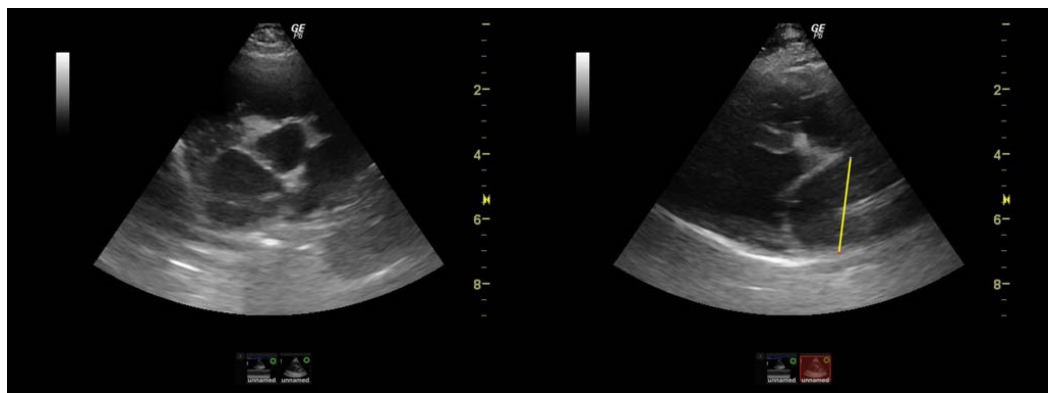
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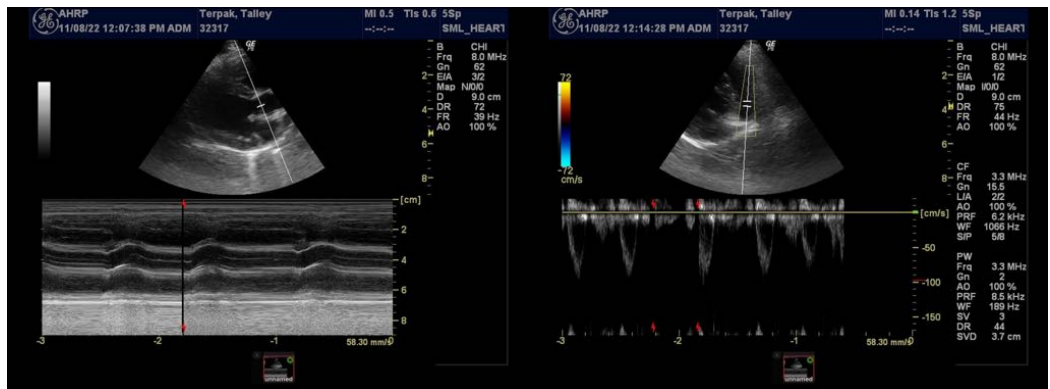


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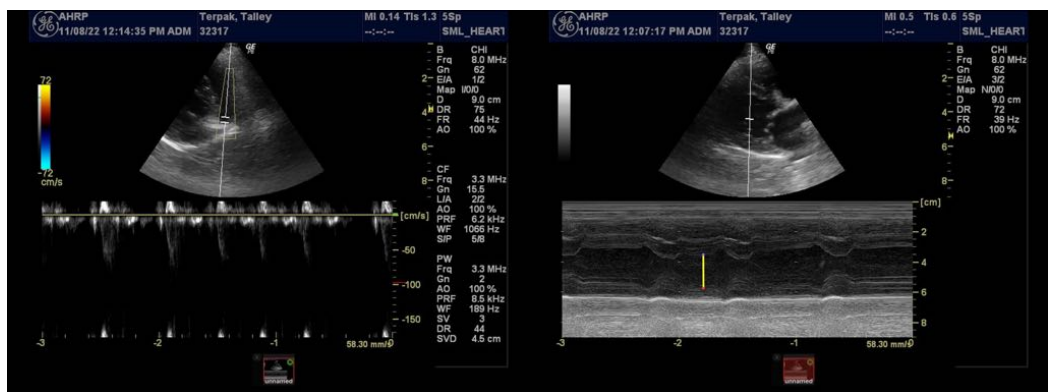
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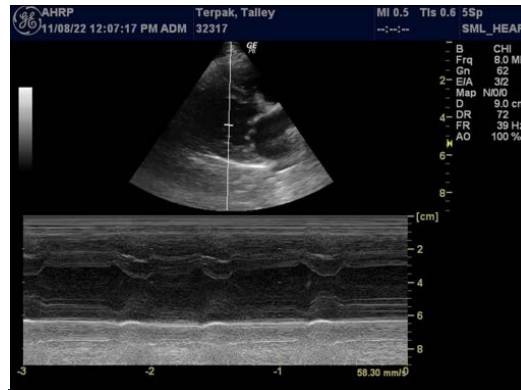
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com