



PATIENT PRESENTING CLINICAL SIGNS

Thomas Stephens

History: Long standing heart murmur. No clinical signs of heart disease (no cough, exercise intolerance, syncope, restlessness). This is a pre-dental cardiac assessment. Radiographs do not demonstrate cardiomegaly.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Severe dental disease. Grd III/VI systolic murmur heard on the right and left sides.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Cocker Spaniel Cross

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Complete filling of the left atrium was noted, yet compensated at this time. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable insufficiency. 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** insufficiency was noted and considered significant. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. Trivial **pulmonic** insufficiency was noted and measured 6.4 m/sec. 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.

SEX

Neutered male

AGE

9 years

WEIGHT

13 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Westcott

HOSPITAL NAME

Alastair Westcott

REFERRING VET

Dr. Westcott

INVOICE

94538

DATE

12/13/21

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	5.36	3.8	NM	1.3	33	63	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		1.05	0.84	13 kg	1.94	2.65	



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ULTRASONOGRAPHIC FINDINGS

Mitral and tricuspid insufficiency with moderate pulmonary hypertension.

Volume and function is conserved.

SPECIES

Canine

Consistent with stage B1 valvular disease.

BREED

Cocker Spaniel Cross

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of volume overload; however, pulmonary hypertension should be treated if exercise intolerance is an issue and if hepatic veins are dilated. Recheck blood pressure measurements are warranted if not already performed. A recheck is recommended in 3-6 months.

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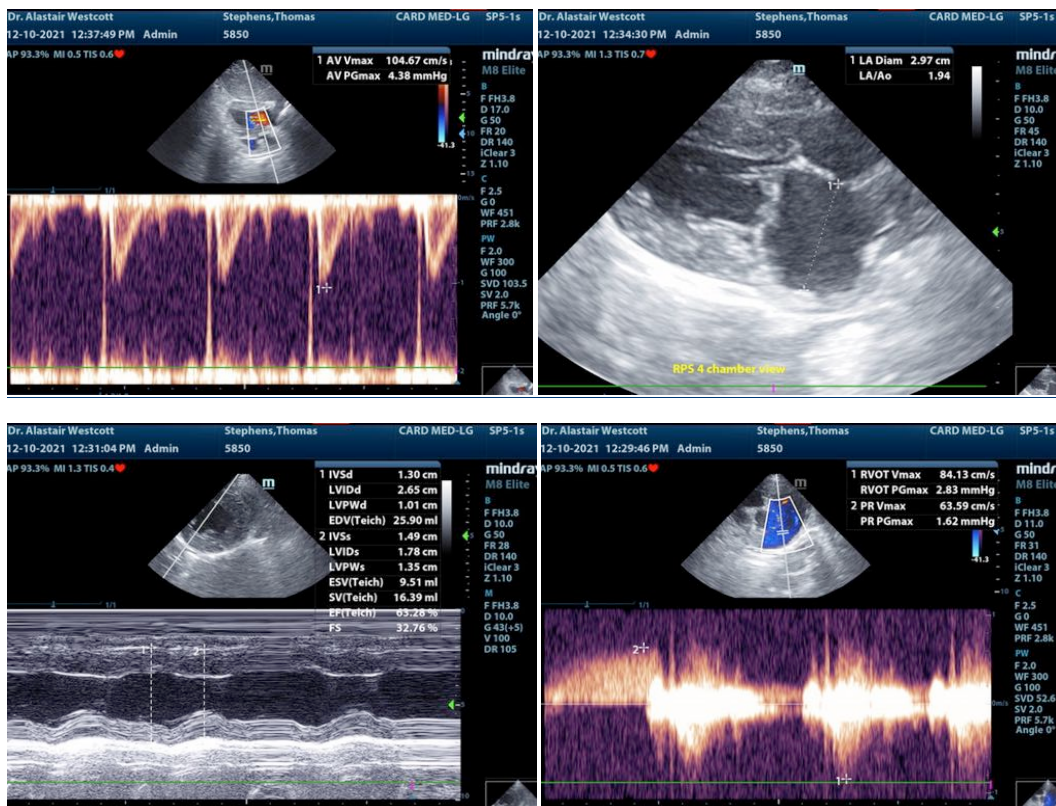
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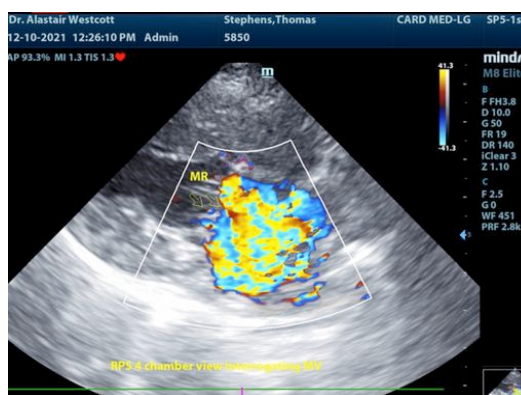
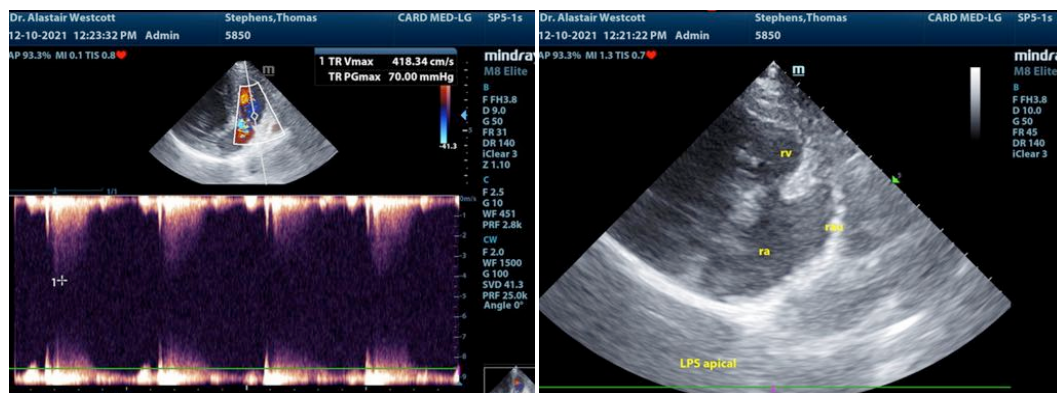
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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