



**PATIENT PRESENTING CLINICAL SIGNS**

Newton Schneeweis

History: History of heart murmur - currently loud systolic murmur asymptomatic  
 Abnormal PE/Chem/CBC/UA Results: Bloodwork/Urine unremarkable heart murmur 4/6 systolic

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

**BREED**

Cocker Spaniel

The echocardiogram in this patient demonstrated enlarged **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. 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.

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

35 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
 DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Gunther

**HOSPITAL NAME**

New Frontier AMC

**REFERRING VET**

Dr. Gunther

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	>5.0		1.7	2.5	37	68	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	140	2.0	1.0	35 lbs	4.34	3.78	

**INVOICE**

43096

**DATE**

12/14/22



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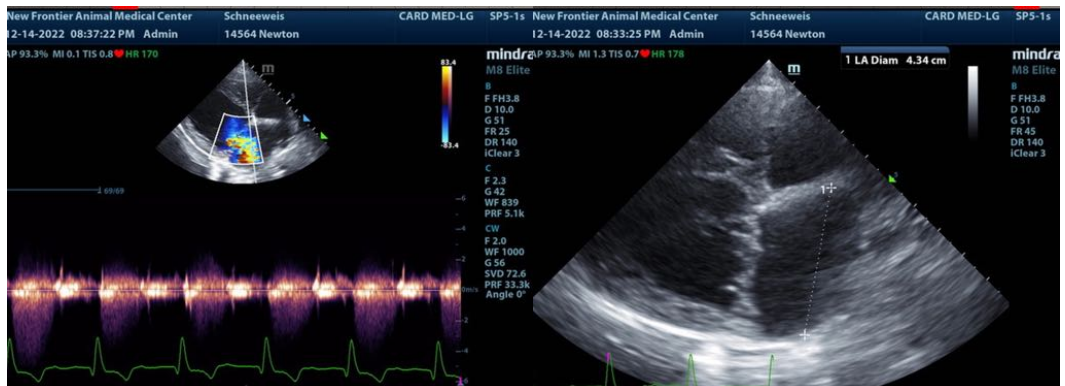
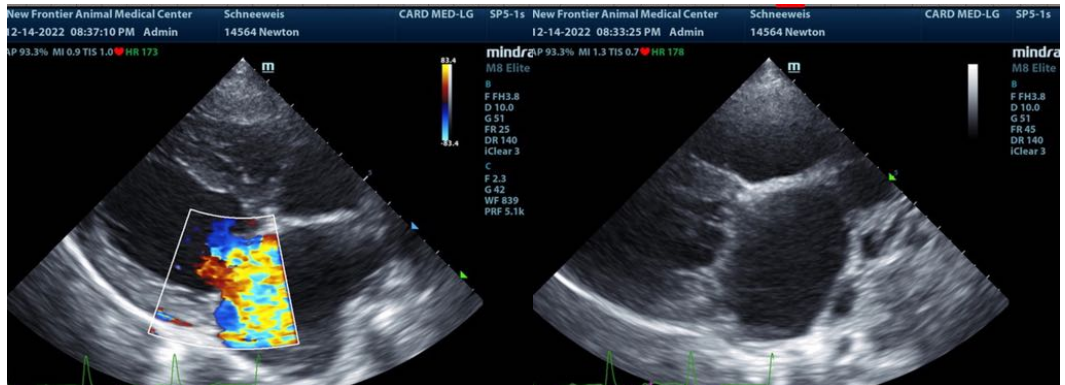
**ULTRASONOGRAPHIC FINDINGS**

Advanced stage B2 valvular disease.

Tachycardic.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If any pulmonary edema is present or tachypnea or resting respiratory rate > 25/minute then early left-sided CHF may be an issue. I recommend initiating Pimobendan at 0.3 mg/kg b.i.d., ace inhibitor at 0.5 mg/kg s.i.d. progressing to b.i.d. and Spironolactone at 1-2 mg/kg b.i.d. Recheck echocardiogram in 3-6 months or earlier if clinical signs initiate. The tachycardia may be owing to emerging left-sided failure.





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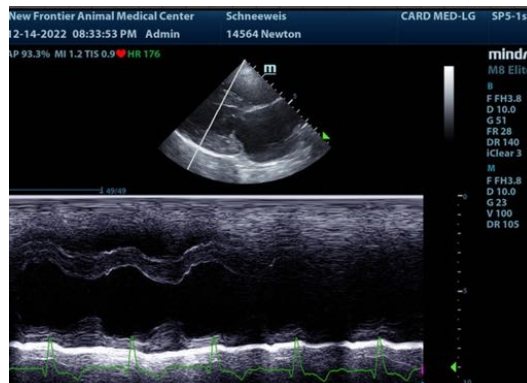
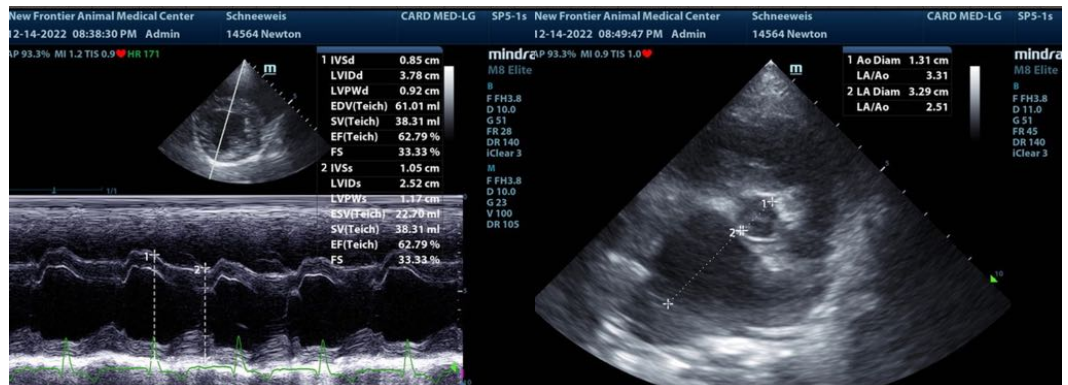
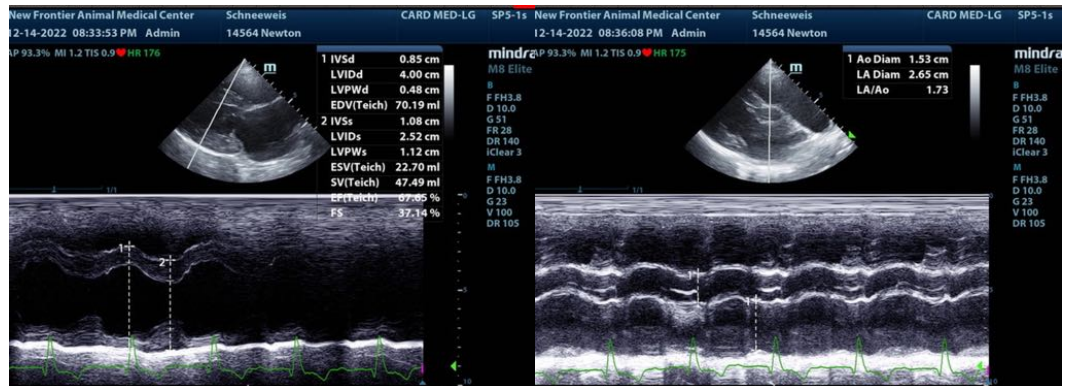
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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