



PATIENT PRESENTING CLINICAL SIGNS

Levi Harrison

History: Pre-surgical echo. Patient had echo in March 2021 - history of pulmonic stenosis. No current meds. Patient needs to go under anesthesia for mass removal.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

French Bulldog

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. 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** was slightly enlarged with a 1:1 ratio with the left atrium. This is likely a conformational issue as no significant **tricuspid** insufficiency was noted on color flow or spectral Doppler assessment. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. There was mild turbulence noted in the post valvular **pulmonary** artery; however, it is well compensated. The pulmonary artery at the pulmonic valve appeared to be strictured with minor post valvular dilation, yet compensated at this time. 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.

SEX

Intact male

AGE

4 years

WEIGHT

31 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

| 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 | | | NM | 1.0 | 30 | 43 | 0.53 |
| 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 | | | | |
| PATIENT | | 1.59 | 3.74 | 31 lbs | 2.36 max | 3.32 | |

Dr. Lang

INVOICE

94631

DATE

12/15/21



PATIENT

ULTRASONOGRAPHIC FINDINGS

Levi Harrison

Stable pulmonic stenosis.

SPECIES

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Canine

The patient is at mild anesthetic risk. I recommend the following protocol or similar. Torbutrol premed, Propofol induction, and Isoflurane maintenance is recommended. I recommend adequate ventilation of pulse ox readings and minimally effective sedation time. Prophylactic antibiotics are recommended 3 days prior to the procedure and 7 days post as a security measure to ensure that endocarditis does not develop. Recheck echocardiogram in 6 months to assess any increase in pulmonic velocities. At this point the pulmonic velocity falls into the mild to moderate category and does not typically arrange where pulmonic stenosis is treated further.

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IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Animal General on
Hudson

REFERRING VET

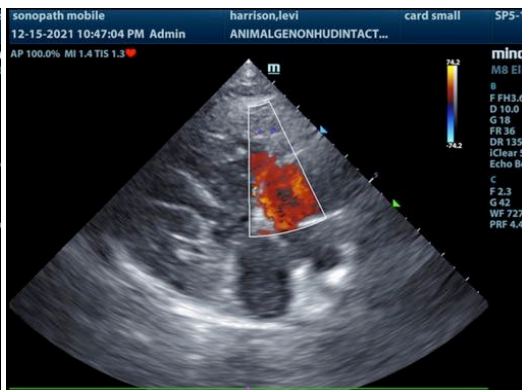
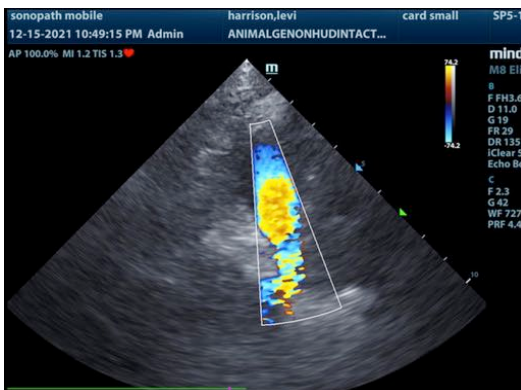
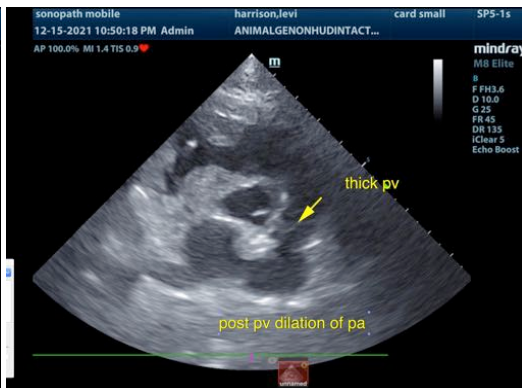
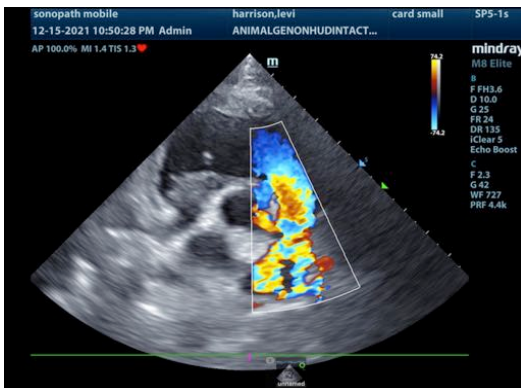
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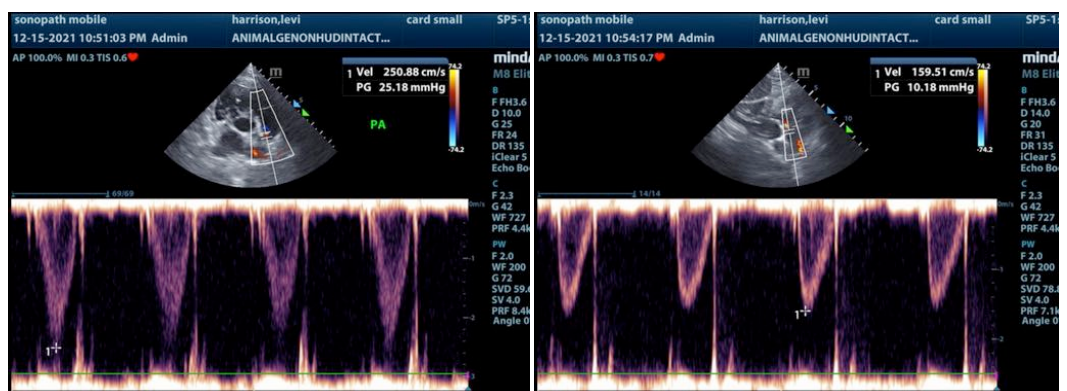
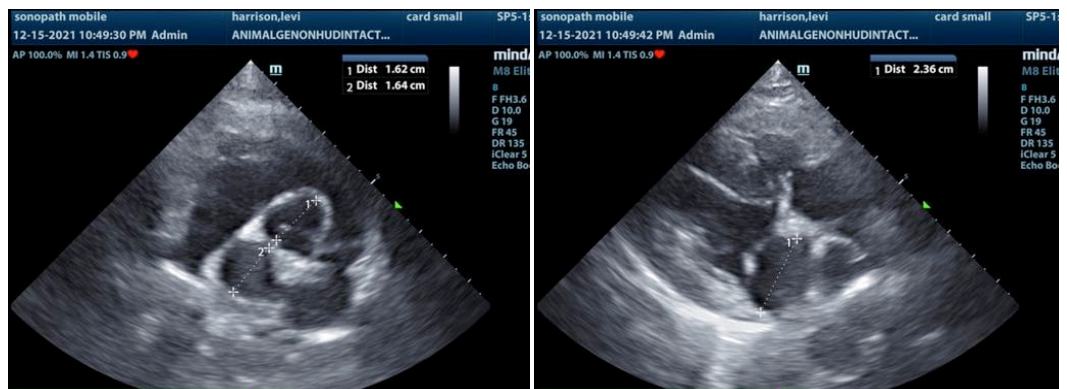
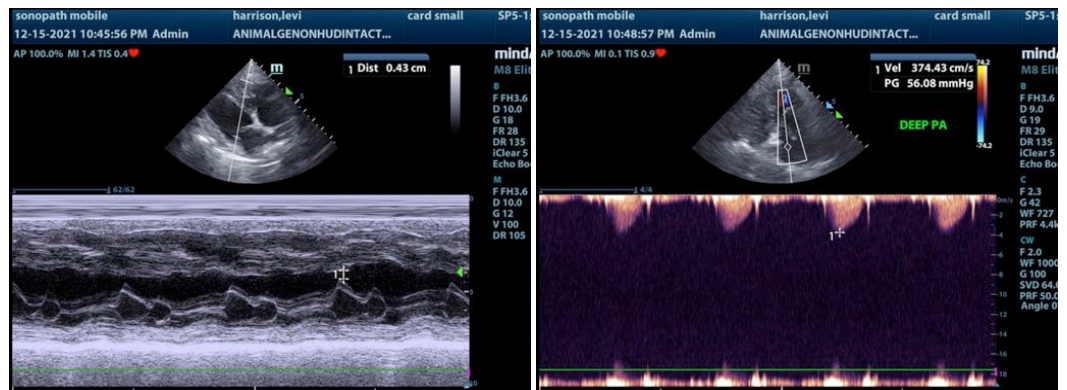
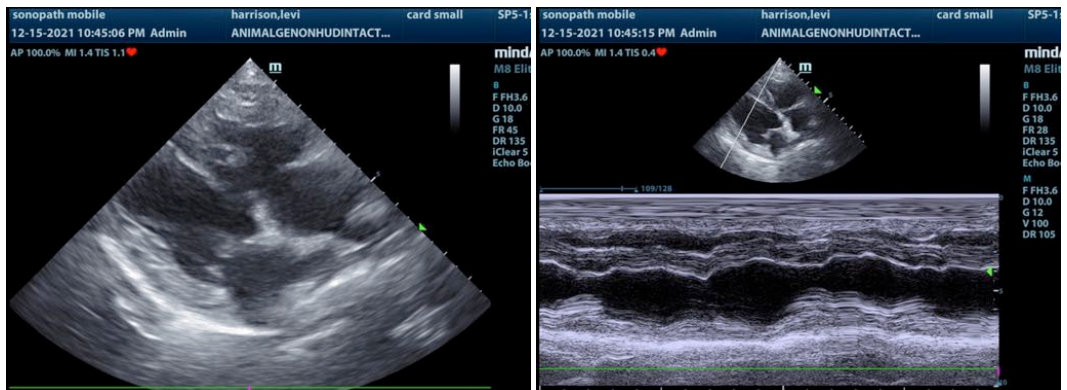
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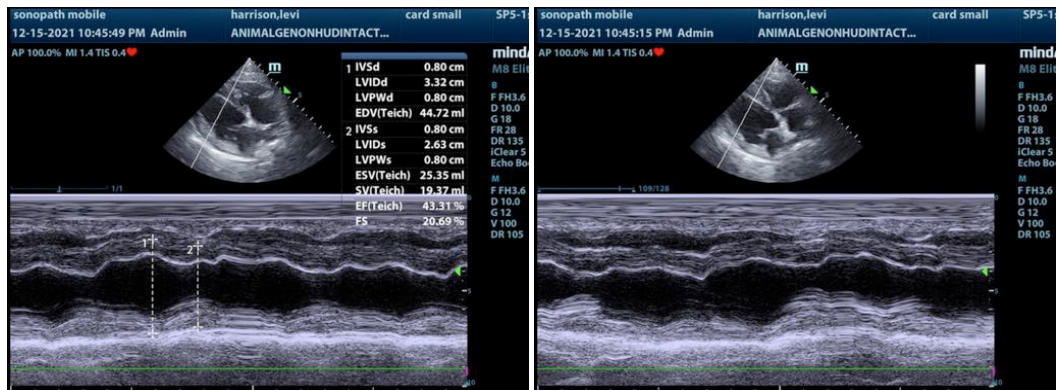
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com