

**PATIENT**

Chloe Tripp

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

Spayed Female

**AGE**

11 years

**WEIGHT**

30 lbs

**PRESENTING CLINICAL SIGNS**

History: No symptoms

Abnormal PE/Chem/CBC/UA Results: Progressively louder heart murmur, grade 5/6, PMI on the left side Elevated ALK, ~500

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

The **left atrium** was at the upper limits of normal in this patient; however, the atrial septum was fairly flat. The LA max measurement appears to be most reliable position for measurement in this patient. Moderate filling of the left atrium was noted on color flow assessment of the mitral valve. 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** 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.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Garro

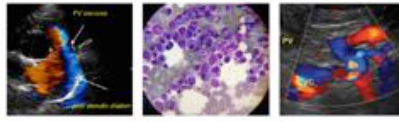
**INVOICE**

94664

**DATE**

12/16/21

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	5.59	2.74	NM	1.7	40	71	0.27
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		1.3	0.76	30 lbs	4.0	3.88	



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**ULTRASONOGRAPHIC FINDINGS**

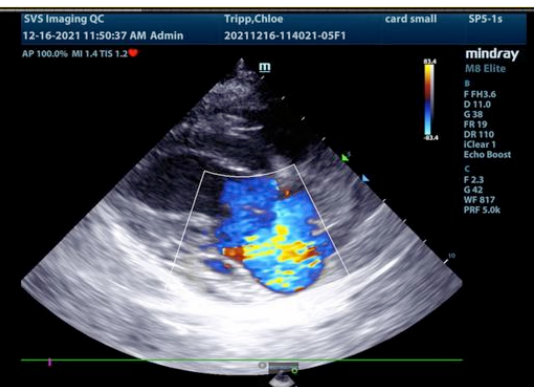
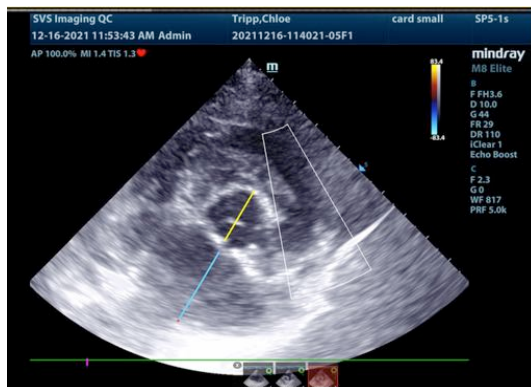
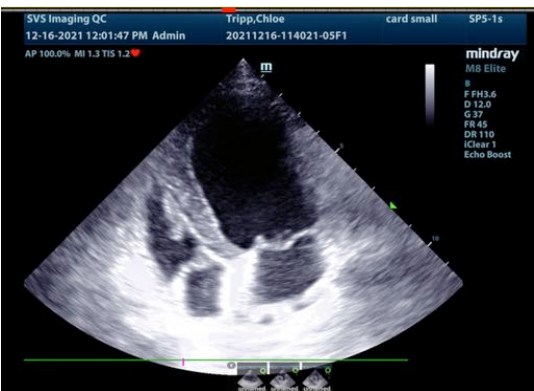
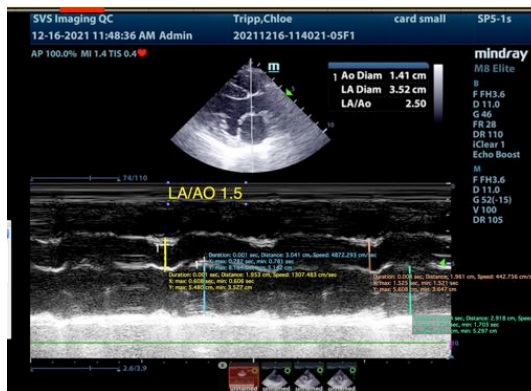
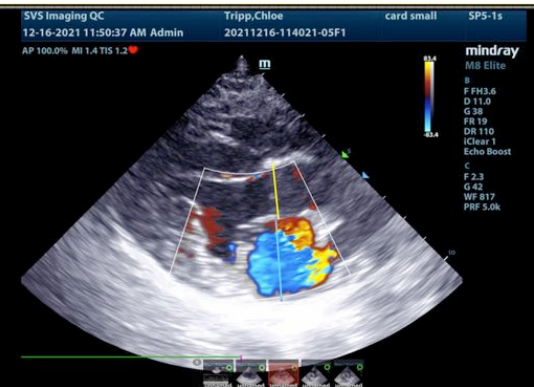
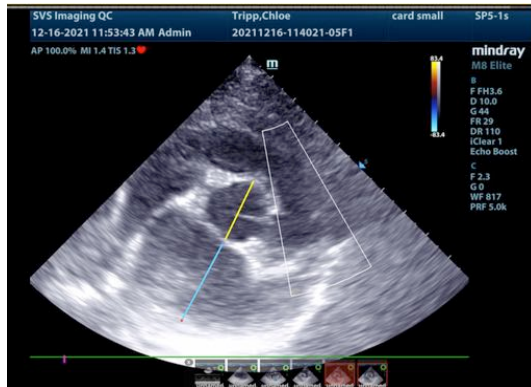
Stage B1 valvular disease with upper limits of normal left atrial size.

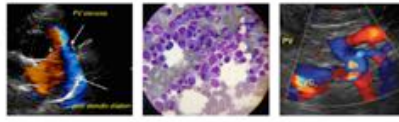
No significant left atrial enlargement at this time.

Mitral and tricuspid insufficiency.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If anesthesia is necessary, there is no overt contraindication to an anesthetic procedure. Suggested protocol includes Torbutrol premed, Propofol induction, and Isoflurane maintenance. Recheck echocardiogram in 6 months or earlier if murmur grade increases or clinical signs initiate.





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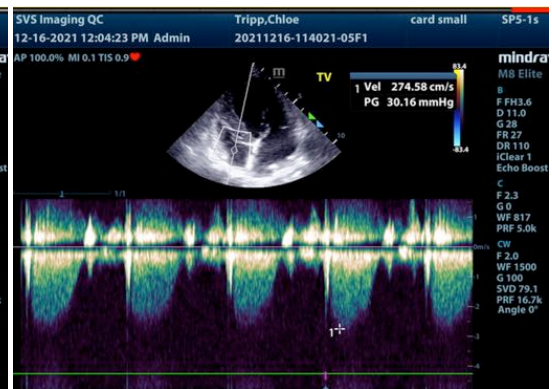
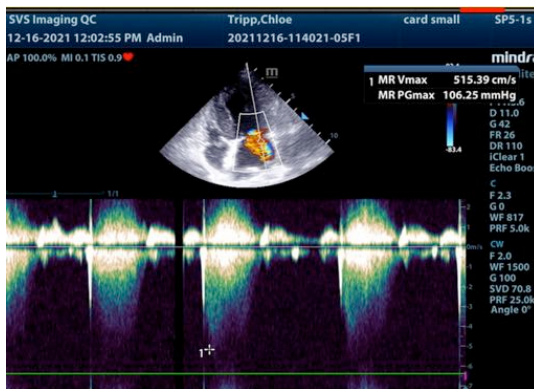
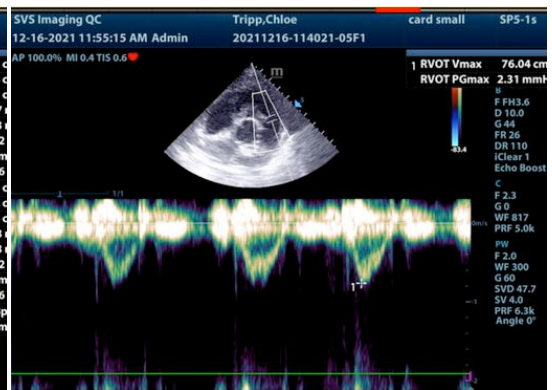
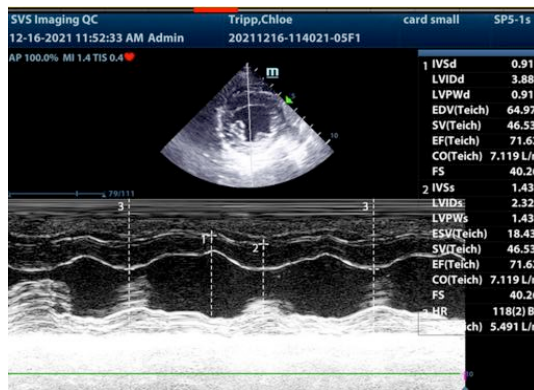
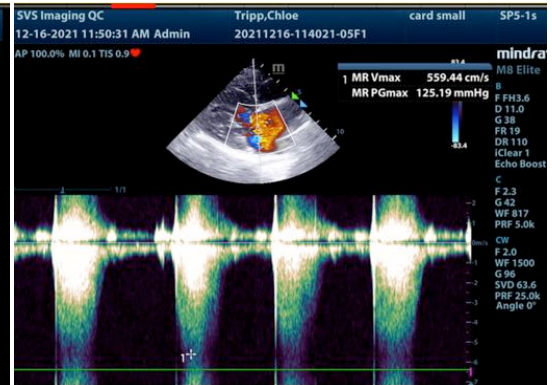
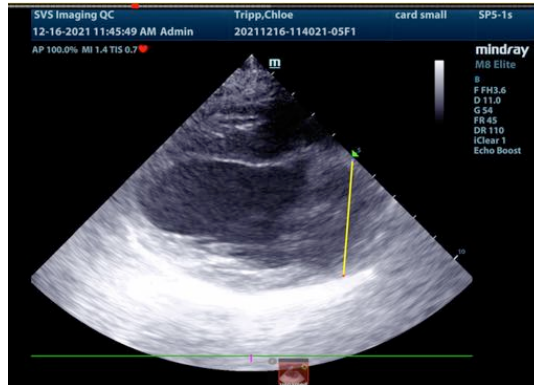
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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