

**PATIENT**

Kado Adame

**PRESENTING CLINICAL SIGNS**

History: Clinical exam findings: Kado presented on 11/29/21 for evaluation for a dental/mass removal procedure. A grade 1-2 apical, systolic heart murmur was auscultated at that time. Kado has been doing well clinically.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

BREED	CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
Dachshund Mix								
SEX	NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
Neutered Male	PATIENT	5.57	2.84	NM	1.44	57	89	0.1
AGE	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)
10 Years								
WEIGHT	NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
23.7 Lbs.	PATIENT	97	2.28	1.30	--	2.6	2.55	--

**Cardiac Presentation**

**INTERPRETED BY**

Eric Lindquist, DMV, DABVP, Cert. IVUS

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. Mitral insufficiency jet was moderate and eccentric, not clinically significant. No evidence of volume overload.

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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. Mild increased **left ventricular**

**REFERRING VET**

Dr. Sundholm

**outflow** velocity noted in this patient. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. Minor **tricuspid** insufficiency noted. 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.

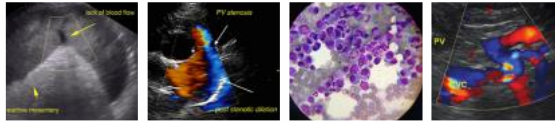
**INVOICE NUMBER**

13093

**ULTRASONOGRAPHIC FINDINGS**

**DATE**

12/17/21



**PATIENT**

- Stage B-1 valvular disease

Kado Adame

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Canine

The heart is stable without clinical disease. Screening for hypertension warranted prior to anesthesia, otherwise, overt contraindication for anesthesia of brief to moderate duration. I suggest Torbutrol premed, Propofol induction, Isoflor maintenance or similar protocol if anesthesia is desired. Blood pressure recommended if not already performed and target white coat negative systolic pressure of < 160 mmHg. If higher than this ACE-inhibitor is suggested to reach this level. Recheck echocardiogram is recommended in 6 months, earlier if murmur grade increases or clinical signs initiate.

**BREED**

Dachshund Mix

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

23.7 Lbs.

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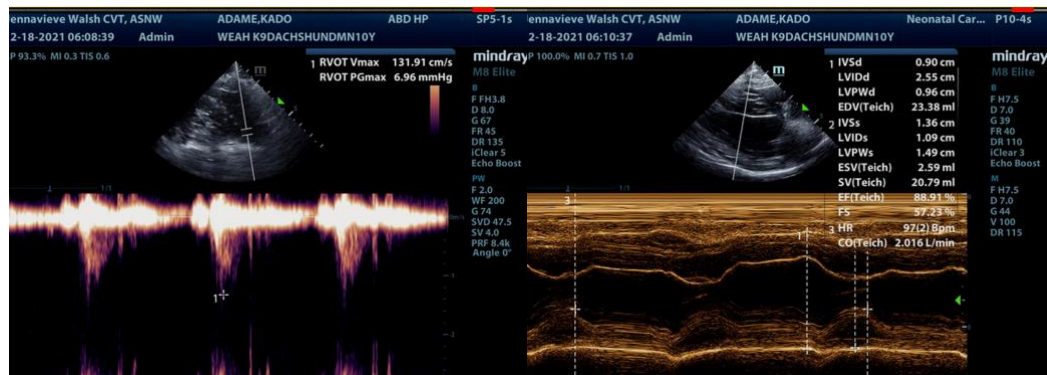
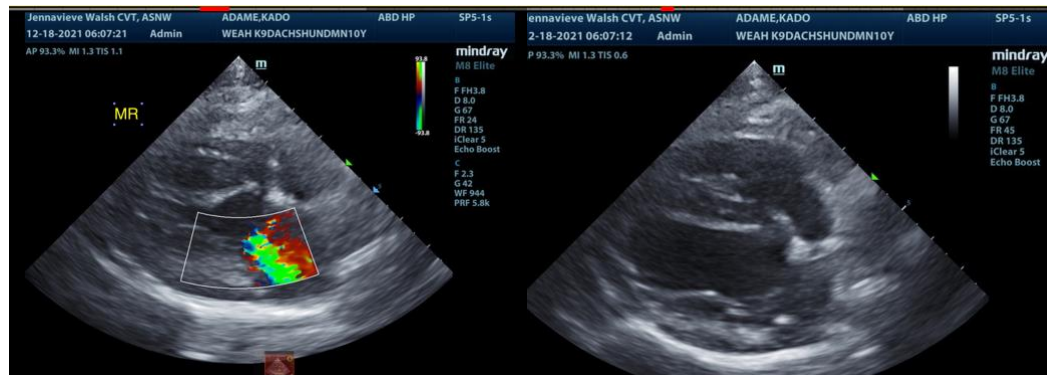
Dr. Sundholm

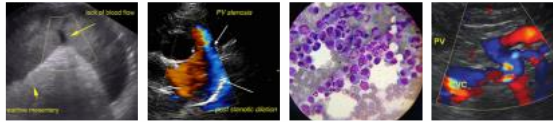
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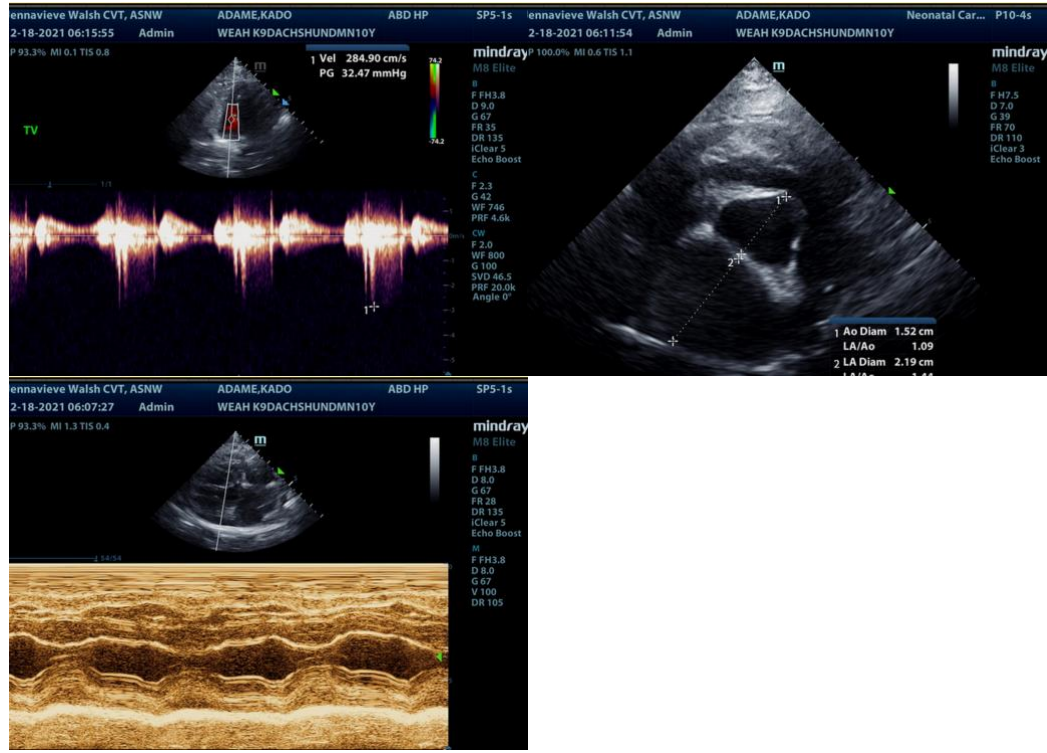
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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