



PATIENT PRESENTING CLINICAL SIGNS

Bevo Johnson

History of torn ACL- referred to surgical specialist for TPLO. During consult, surgeon heard a heart murmur and recommended a workup. Surgeon then transferred Bevo to our clinic to perform xrays/echo to evaluate safety of anesthesia during a TPLO. No other history. O says asymptomatic for heart issues.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Chest xrays: Slightly enlarged/rounded cardiac silhouette, lungs clear, otherwise unremarkable rads

BREED

Shih Tzu

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

SEX

Spayed Female

The echocardiogram in this patient demonstrated normal **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. Minor eccentric mitral insufficiency was noted. Vegetative changes were noted on the mitral valve. 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.

AGE

12 years

WEIGHT

12 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Wallisch

HOSPITAL NAME

Sondel Family VC

REFERRING VET

Dr. Wallisch

INVOICE

94749

DATE

12/20/21

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			1.15	1.2	35		0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	LA (2D short axis Base view)	LVIDd (Avg; 2D and m-mode short axis)	LVIDs (Avg; 2D and m-mode short axis)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6		(cm)	(cm)	(cm)
PATIENT			0.7	12 lbs	2.3 max	2.2	



PATIENT

Bevo Johnson

ULTRASONOGRAPHIC FINDINGS

Minor mitral valve insufficiency.

Stage B1 valvular disease.

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Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no contraindication to anesthetic procedure.

BREED

Shih Tzu

The heart is stable without clinical disease. No 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.

AGE

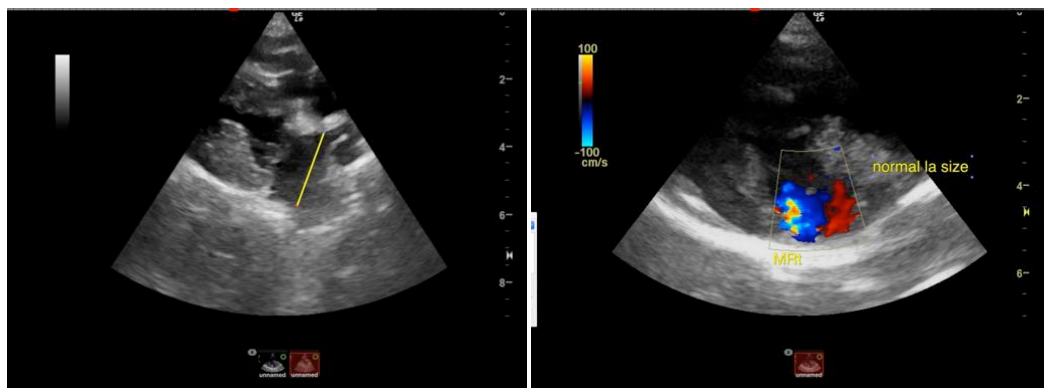
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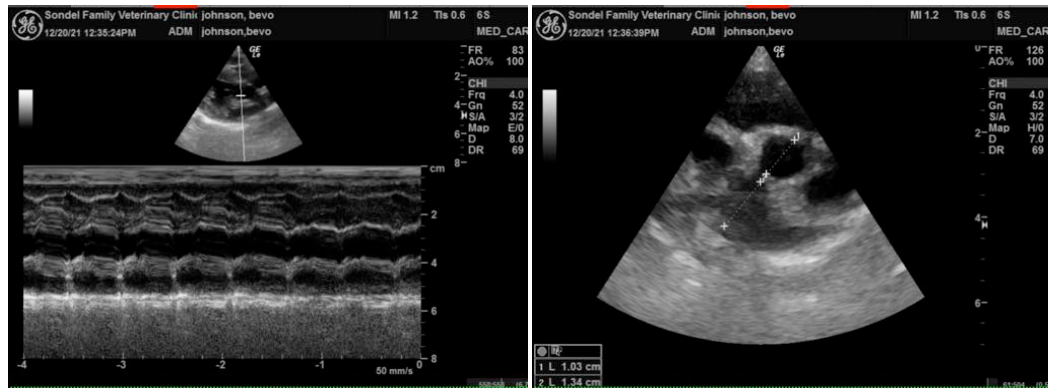
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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