

PATIENT

Dolly Morrison

SPECIES

Canine

BREED

Scottish Terrier

SEX

Spayed female

AGE

10 years

WEIGHT

22.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Peavine AH

REFERRING VET

Dr. Plateman

INVOICE

42280

DATE

12/21/22

PRESENTING CLINICAL SIGNS

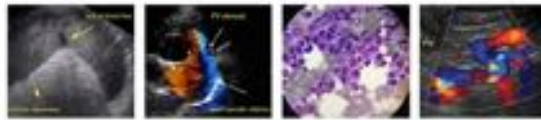
History: Chief Concern: Dolly is presenting for having a slight wheeze that started 3+ months ago that is off and on. O states that the wheezing is at its worst when P is laying down and or just getting up after a long resting period. O states the wheezing can last upward of 30 minutes at a time. E/D and U/D normally, no other concerns per O at this time. Diagnosis: Open- cardiopulmonary disease due to age, screening due to recent breathing episodes. No previous heart murmur noticed.

Radiographic Abnormalities: Tracheal elevation, cardiomegaly, broncho-interstitial pattern. Current Therapy and Medications: Apoquel and betagen spray, as needed. EKG normal sinus rhythm, no abnormalities present.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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. The mitral insufficiency was centralized and minor. 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** insufficiency was noted at 2.88 m/sec. 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.



PATIENT

Dolly Morrison

SPECIES

Canine

BREED

Scottish Terrier

SEX

Spayed female

AGE

10 years

WEIGHT

22.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
 LVT

HOSPITAL NAME

Peavine AH

REFERRING VET

Dr. Plateman

INVOICE

42280

DATE

12/21/22

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	5.68	2.88	1.3	1.5			0.2-0.3
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		1.02	0.77	22.4 lbs	2.9		

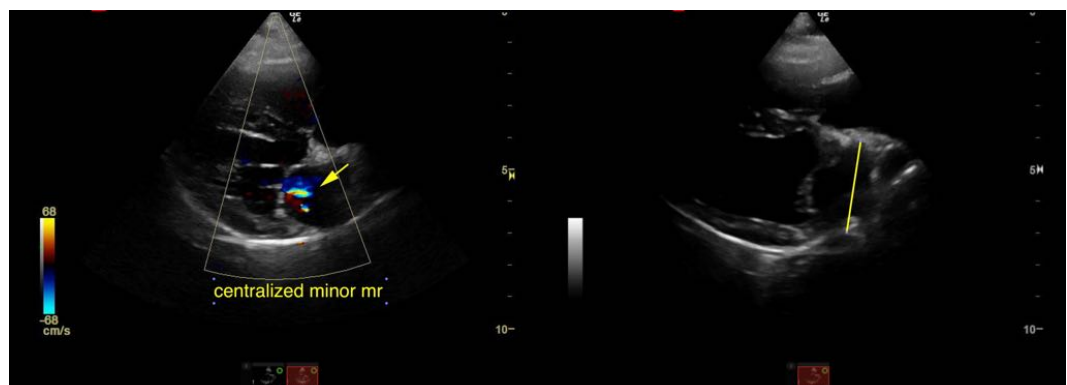
ULTRASONOGRAPHIC FINDINGS

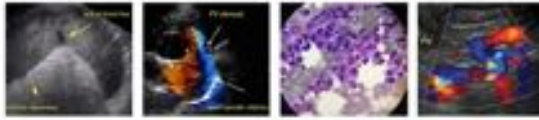
- Stage B1 valvular disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinical signs are not related to the cardiac presentation. The mitral and tricuspid insufficiency is trivial. Primary respiratory management is recommended.

The heart is stable without clinical disease. No overt contraindication for anesthesia of brief to moderate duration. I suggest Torbutrol premed, Propofol induction, Isoflo 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.





PATIENT

Dolly Morrison

SPECIES

Canine

BREED

Scottish Terrier

SEX

Spayed female

AGE

10 years

WEIGHT

22.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Peavine AH

REFERRING VET

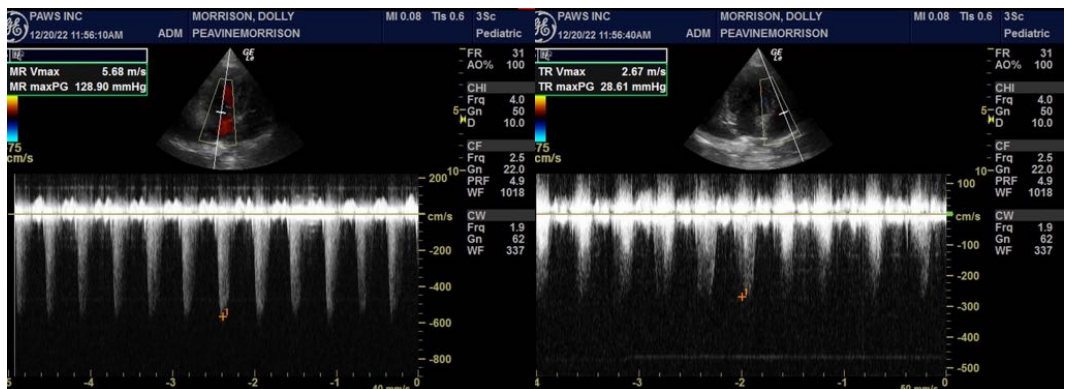
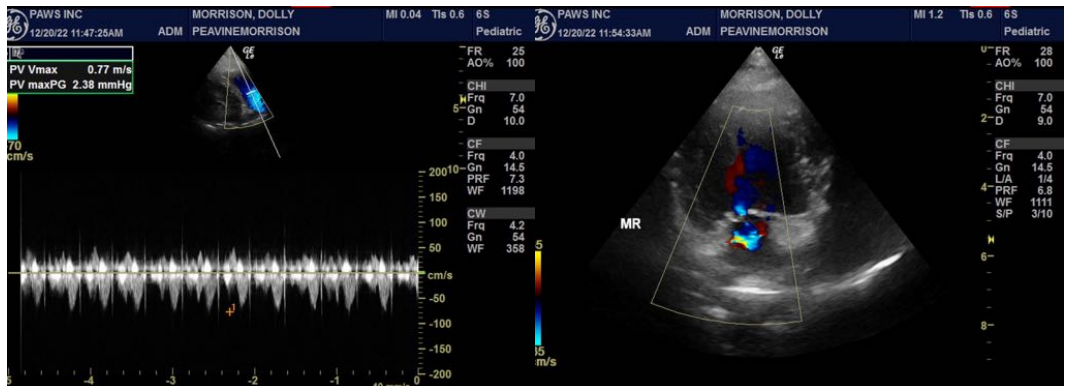
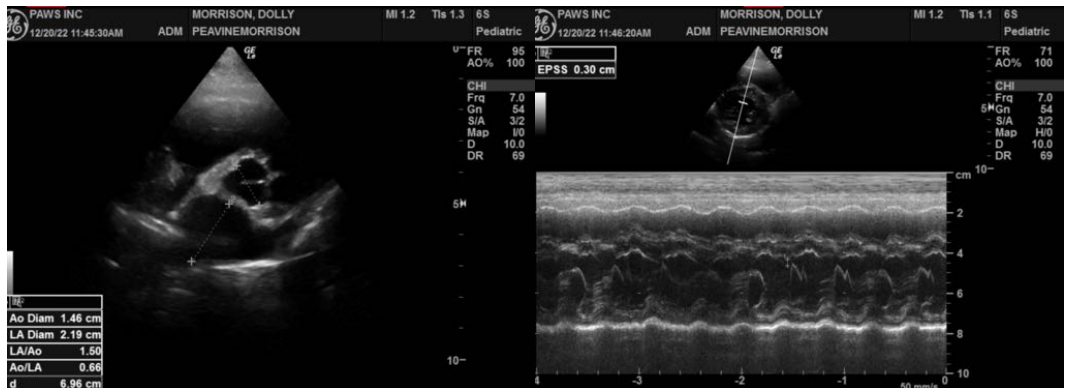
Dr. Plateman

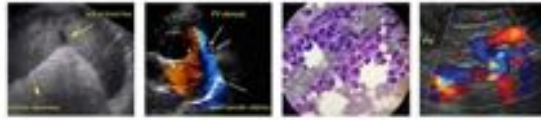
INVOICE

42280

DATE

12/21/22





PATIENT

Dolly Morrison

SPECIES

Canine

BREED

Scottish Terrier

SEX

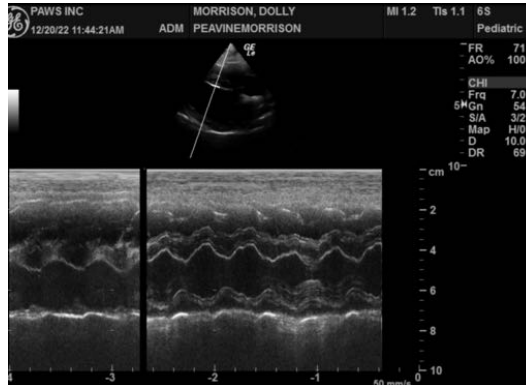
Spayed female

AGE

10 years

WEIGHT

22.4 lbs



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

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Peavine AH

REFERRING VET

Dr. Plateman

INVOICE

42280

DATE

12/21/22