



PATIENT PRESENTING CLINICAL SIGNS

Loki Torning

Syncopal episode, prev. SonoPath echo 5/8/2020. Hx of AFIB, Cushings, Hypothyroidism, DM, CHF. Current meds: Pimobendan 5mg q12h, Lasix 40mg q12h, Spironolactone 25mg q12h, Diltiazem 45mg q8h, Trilostane 0.15mg q12h, Thyrotabs 0.3mg q12h, Novolin N 16U am/15U pm. Ketolac drops 0.3% ou sid.
HCT 56%, Glucose 265, Chol 367, Potass. 3.3, Cl 100, ALP 497

SPECIES

Canine

BREED

Swedish Valhund

SEX

Neutered male

AGE

13 years

WEIGHT

39 lbs

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The **mitral valve** presented moderate insufficiency with moderate filling of the **left atrium** on color flow assessment. The left atrial size was slightly enlarged in LA max position, but appears to be compensated at this time. 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

Shari Reffi, CVT

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Kim

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	5.1		1.3	1.68	30	58	NM
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				
PATIENT	140	1.1	0.9	39 lbs	4.57	3.25	

INVOICE

94844

DATE

12/22/21



PATIENT

Loki Torning

ULTRASONOGRAPHIC FINDINGS

Compensated valvular disease. Current function and volume appears contained.

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Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend maintaining the current protocol. No pericardial or pleural effusion. Recheck echocardiogram is recommended in 3-6 months or earlier if clinical signs initiate. I recommend continuation of the current protocol.

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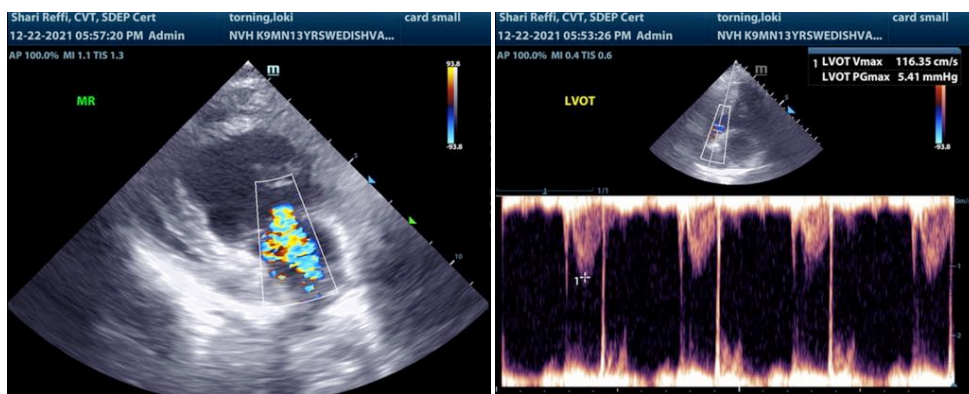
Neutered male

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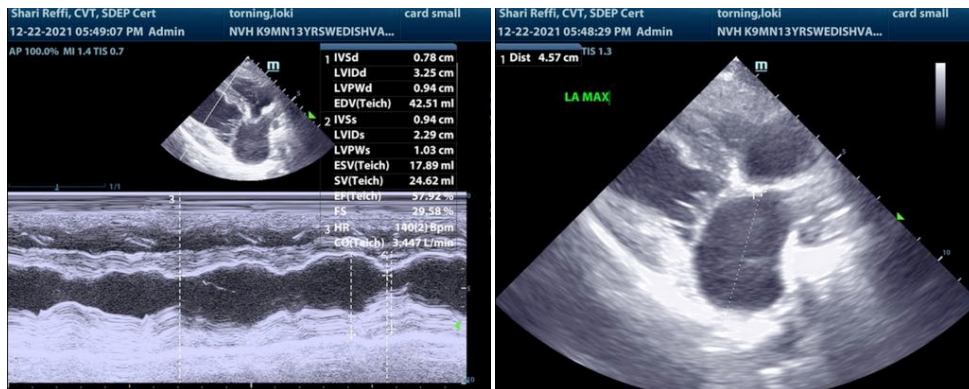
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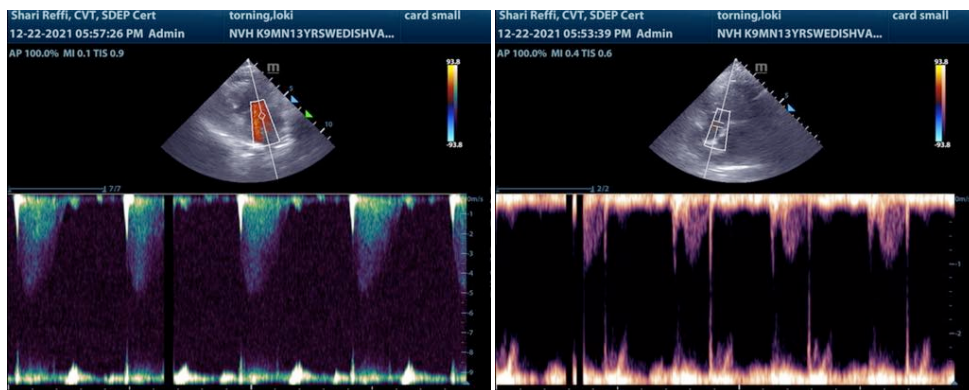


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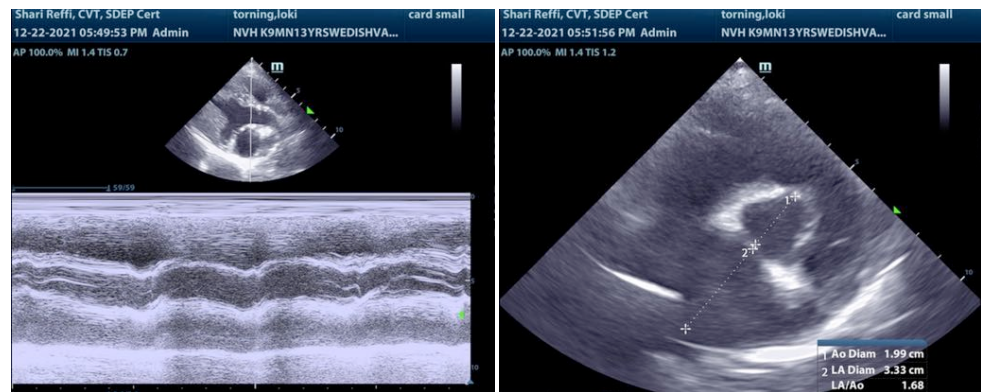
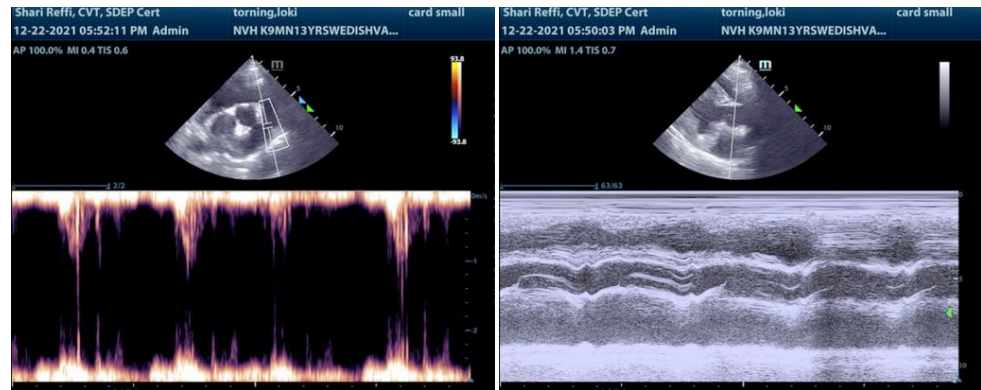
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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