



PATIENT

Sakari Hinchy

PRESENTING CLINICAL SIGNS

Grade II murmur, PMI left side. Current meds: Adequan, preventatives. Abnormal PE/Chem/CBC/UA Results WNL

SPECIES

Canine

BREED

Chinook

SEX

Spayed Female

AGE

12 years

WEIGHT

101.5 lbs

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The **left atrium** presented mild enlargement with deviation of the atrial septum. The LA max is the most accurate representation of the left atrial size in this patient. Chamber volumes and echogenicity were normal. 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. Aortic insufficiency was noted. Aortic outflow velocity was 1.07 m/sec and aortic insufficiency was 2.84 m/sec. 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

Blairstown AH

REFERRING VET

Dr. Harker

INVOICE

DATE

12/22/21

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC PARAMETERS	VMAX (m/s)	VMAX (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	5.11		1.43	1.42	37	68	0.1
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC PARAMETERS	(BPM)	VMAX (m/s)	MAX (m/s)	(kg)	2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	124	1.07	0.9		4.28	3.95	



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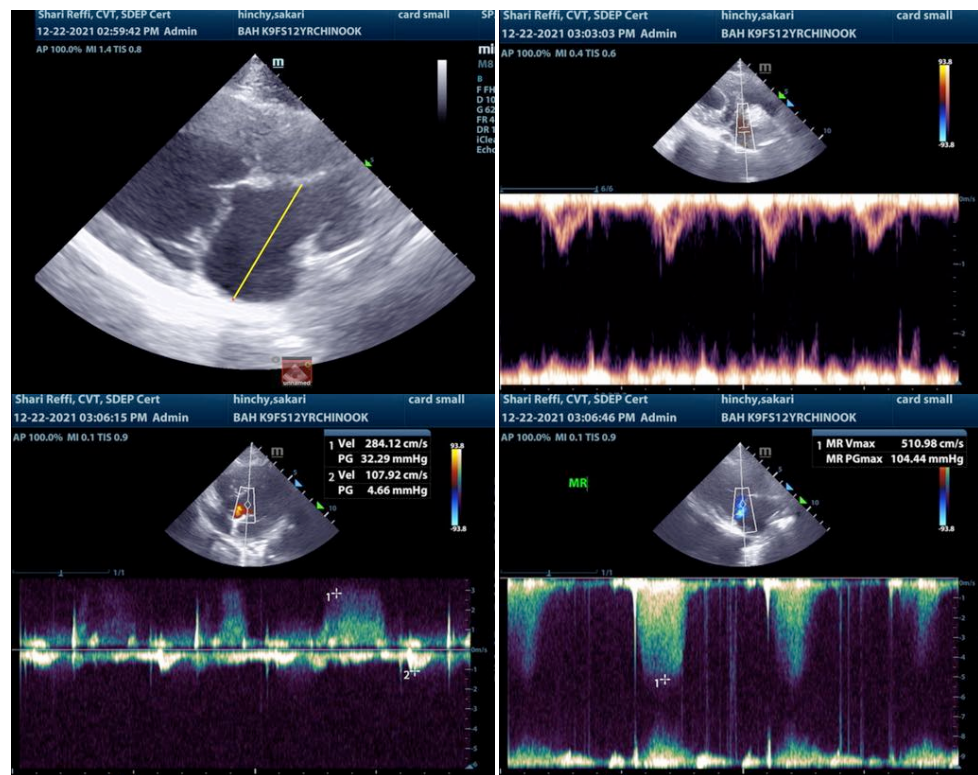
ULTRASONOGRAPHIC FINDINGS

Stage B2 valvular disease.

Mitral insufficiency with left atrial enlargement, mild.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Blood pressure measurements are warranted. If the systemic pressure is > 160 then ace inhibitor therapy is warranted. Pimobendan is recommended at 0.3 mg/kg b.i.d. A recheck echocardiogram is recommended in 1-3 months. I recommend treating this patient first with a recheck echocardiogram after a week on Pimobendan and ace inhibitor prior to anesthesia. I recommend Torbutrol premed, Propofol induction, and Isoflurane maintenance when anesthesia is utilized.





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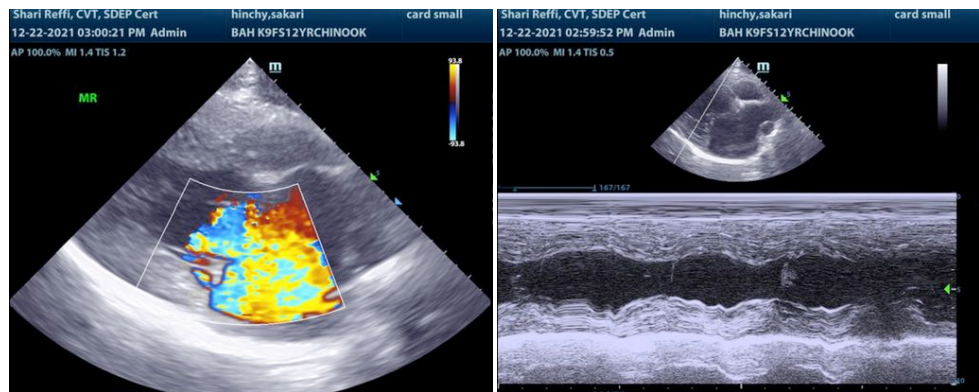
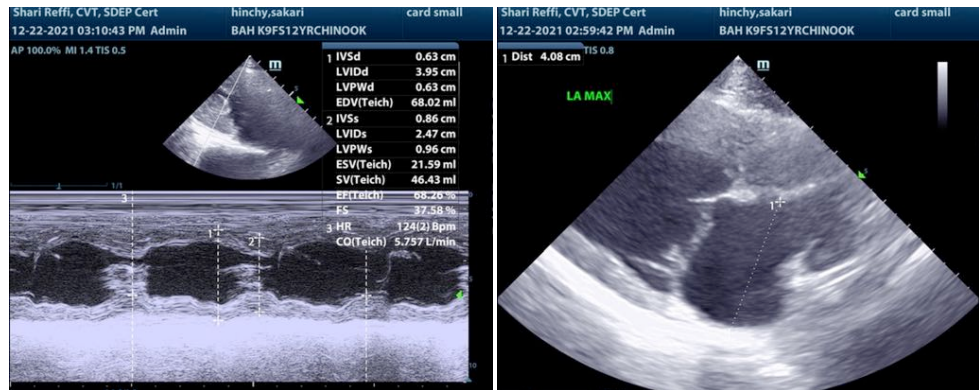
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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