


**PATIENT**

Spooky Goodmonson

**SPECIES**

Canine

**BREED**

Doodle

**SEX**

Neutered Male

**AGE**

9 Years

**WEIGHT**

31.7 Pounds

**INTERPRETED BY**

 Eric Lindquist, DMV  
 DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Jessica Bailes

**HOSPITAL NAME**

 All Creatures Great &  
 Small Corvallis

**REFERRING VET**

Dr. Jessica Bailes

**INVOICE**

33862

**DATE**

12/30/21

**PRESENTING CLINICAL SIGNS**

hx of progressive valvular disease; last echo was performed 9/13/21 and dx early stage B2 mitral/tricuspid valvular disease. Started on vetmedin after this; SRR was initially consistently >32 @ home but once vetmedin started it has been consistently in the low 20's. Dental disease, otherwise no concerns.

Abnormal PE/Chem/CBC/UA Results: Obese Grade 4-5/6 systolic murmur Dental disease Anesthetic risk?

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

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	5.87		1.4	1.8	55	86	0.12
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)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT		2.34	1.47		3.17	3.34	

**Cardiac Presentation**

The cardiac presentation revealed normal internal volumes of the left atrium and left ventricle, improved compared to the prior sonogram. Contractility was adequate and compensatory. No pericardial or pleural effusion noted. Left and right atrial sizes were normal. Right and left ventricular internal diameters were normal.

**ULTRASONOGRAPHIC FINDINGS**

- Stable valvular disease

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend continuation of the current protocol. There is no significant anesthetic risk in this patient as long as blood pressures and EKG are normal.

Compensated Mitral Disease Follow Up: The heart is stable without clinical disease. No overt contraindication for anesthesia of brief to moderate duration. I suggest Torbutrol premed, Propofol induction, Isoflurane 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.



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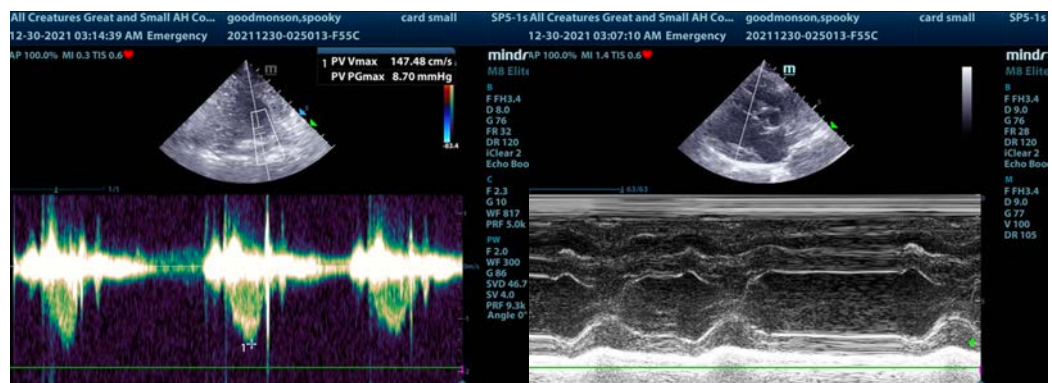
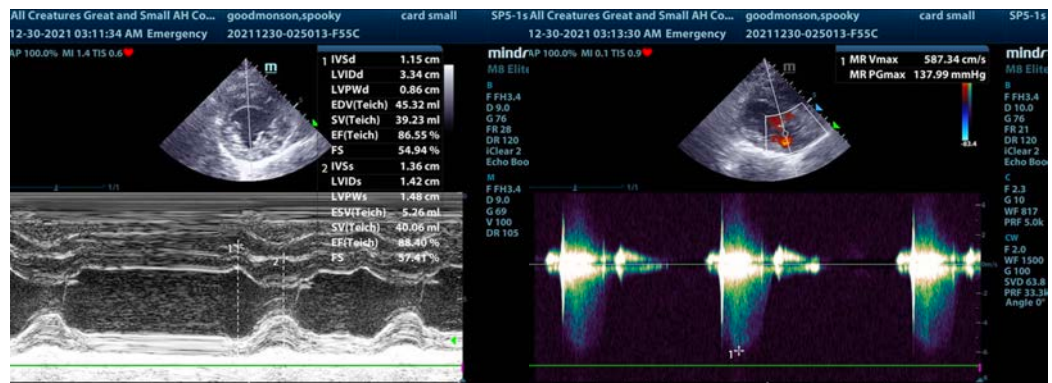
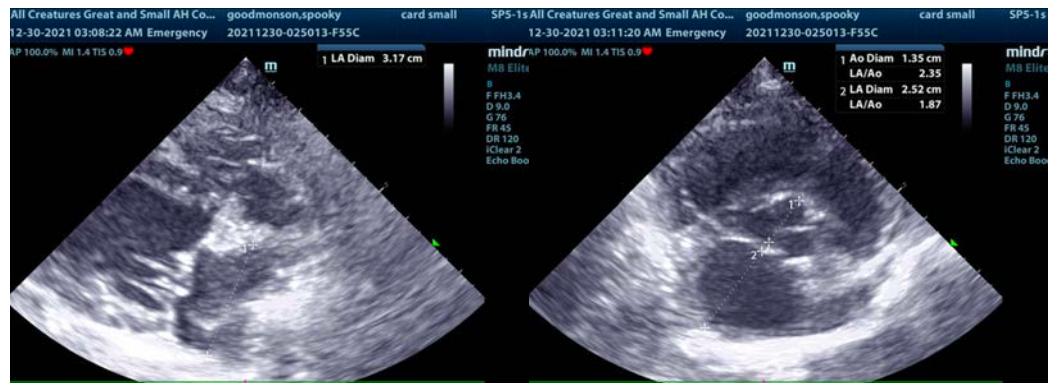
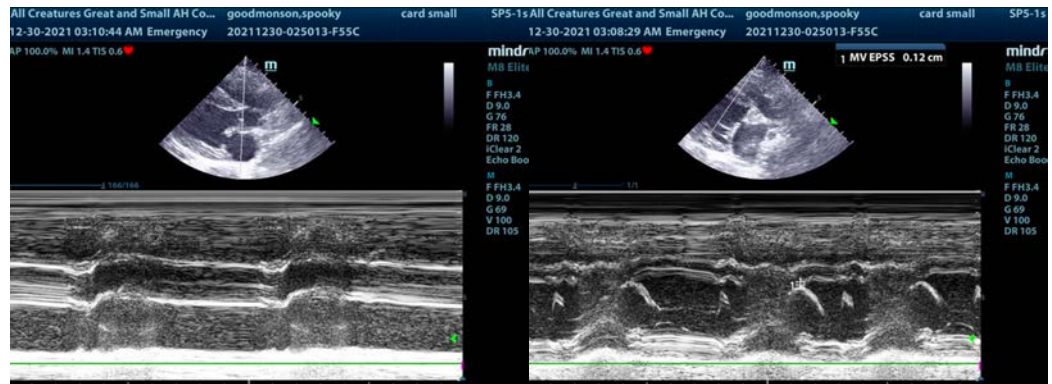
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Canine

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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**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)

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