



PATIENT PRESENTING CLINICAL SIGNS

Deezel Lewis

History of suspected tooth root abscess and grade 4-5/6 systolic murmur. Scheduled for dental cleaning; need to assess anesthetic risk.

SPECIES

Abnormal PE/Chem/CBC/UA Results: grade 4-5/6 systolic murmur; draining tract below OD, otherwise NSF. No hx of coughing; lungs auscult clear.

Canine

BREED

Pekinese Mix

SEX

Neutered male

AGE

9 years

WEIGHT

18.7 lbs

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated enlarged **left atrial** size based on 3 different LA measurement methods. Complete filling of the left atrium was noted on color flow assessment of the mitral valve. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral valve** leaflets presented vegetative thickening consistent with endocardiosis. Prolapse of anterior mitral valve leaflet was noted. 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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Great and Small Corvallis

REFERRING VET

Dr. Litalien

INVOICE

94438

DATE

12/9/21

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	6.34		1.47	1.7	55	87	0.1
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC PARAMETERS	(BPM)	VMAX (m/s)	MAX (m/s)		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		1.14	0.74	18.7 lbs	3.26	3.0	



PATIENT

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ULTRASONOGRAPHIC FINDINGS

Mitral insufficiency.
Mild left atrial enlargement.
Stage B2 valvular disease.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend Blood pressure measurements in this patient if not already performed. If the systolic pressure is greater than 160 then ace inhibitor is indicated. Pimobendan is indicated at 0.3 mg/kg b.i.d. Recheck in 10 days to assess atrial size and contractility after which the following protocol is recommended. However, at this point there is mild anesthetic risk. Torbutrol premed, Propofol induction, and Isoflurane maintenance is recommended.

SEX

Neutered male

AGE

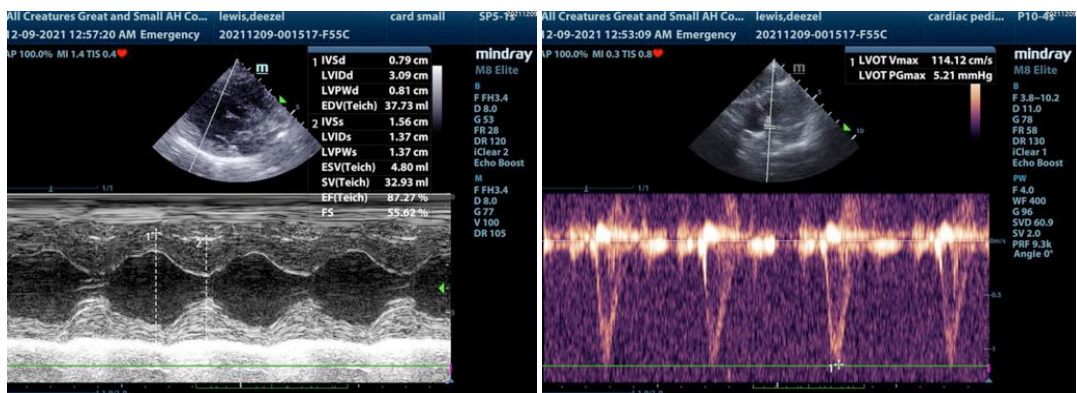
9 years

WEIGHT

18.7 lbs

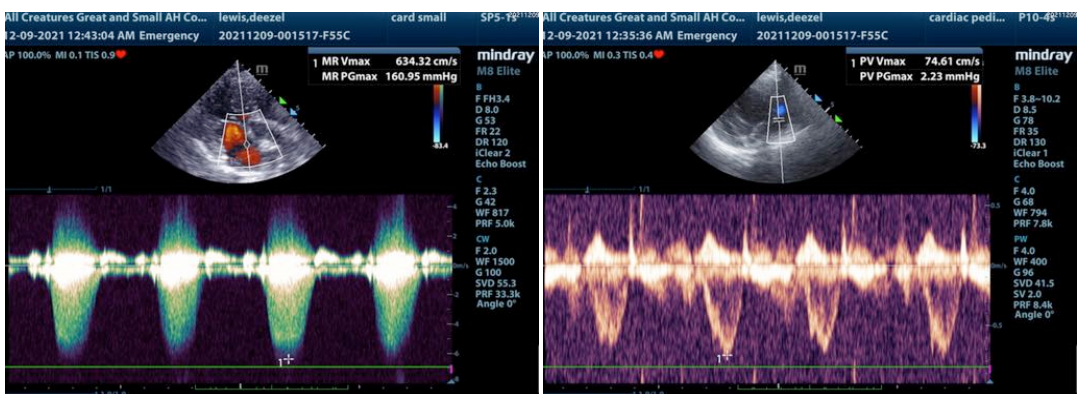
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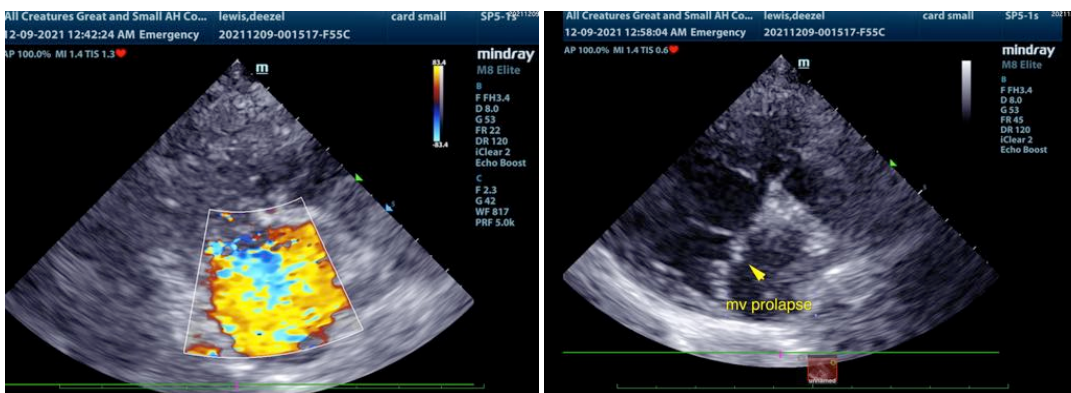
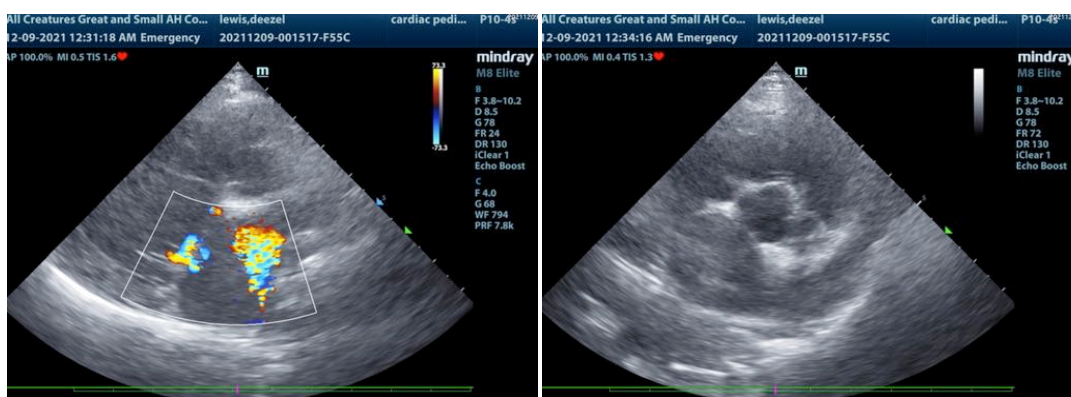
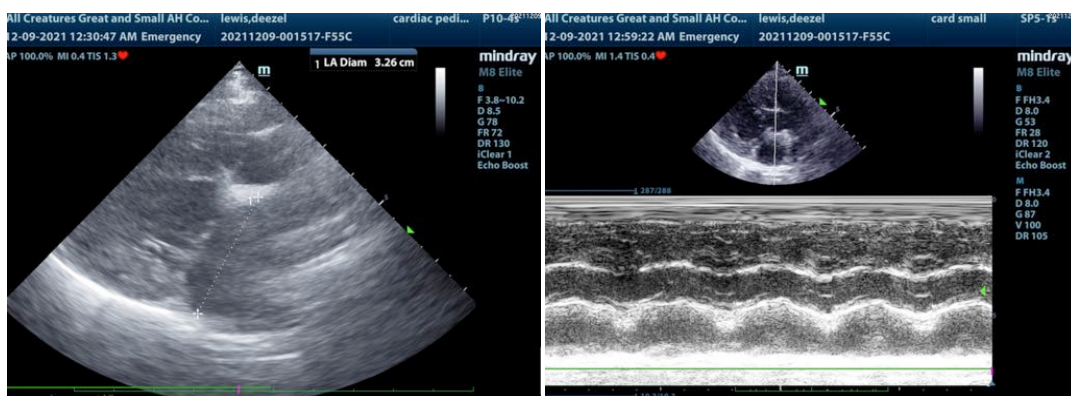
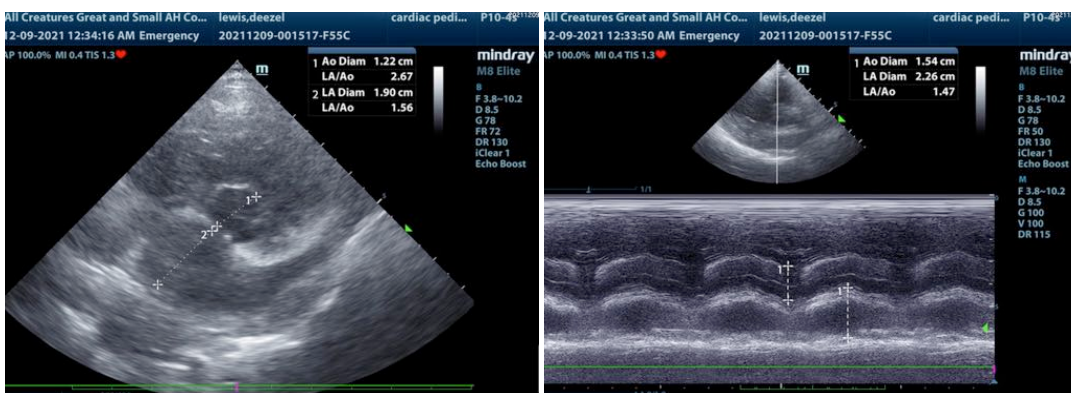
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com