



**PATIENT**

Oliver Maitland

**PRESENTING CLINICAL SIGNS**

seizures; grade 0-1/6 murmur; tachycardia  
Abnormal PE/Chem/CBC/UA Results: HGB incr 22, HCT 63%, neuts and eos incr; A/G ratio incr 2.3

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

**BREED**

Beagle X

**SEX**

Neutered Male

**AGE**

3 Years

**WEIGHT**

38.6 Pounds

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			1.34	1.34	39	71	NM
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	BELOW	BELOW	BELOW	BELOW
PATIENT	134	2.31	1.0		3.33	3.18	

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

ACC Flanders

**REFERRING VET**

Dr. Hallihan

**INVOICE**

35787

**DATE**

2/22/22

**Cardiac Presentation**

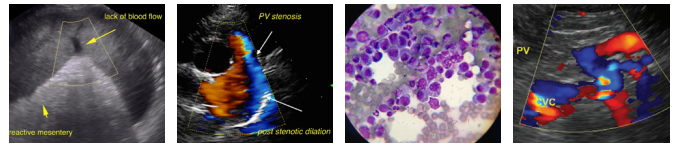
The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The cranial and caudal **mitral valve** leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. The **left ventricle** presented 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** velocity was mildly increased. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** 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. The cranial **mediastinum** and **pericardial** and **extra-cardiac** regions were free of masses in the visible window.

**ULTRASONOGRAPHIC FINDINGS**

- Mild idiopathic increased LVOT velocity – possible minor form of subaortic stenosis. However, structurally the aortic valve was unremarkable and not clinically significant.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No contraindication to anesthetic procedure if necessary. No treatment warranted. If murmur grade increases in 12 months, then recheck echocardiogram would be recommended. This excessive outflow velocity will not likely given the patient any clinical issues in its lifetime.



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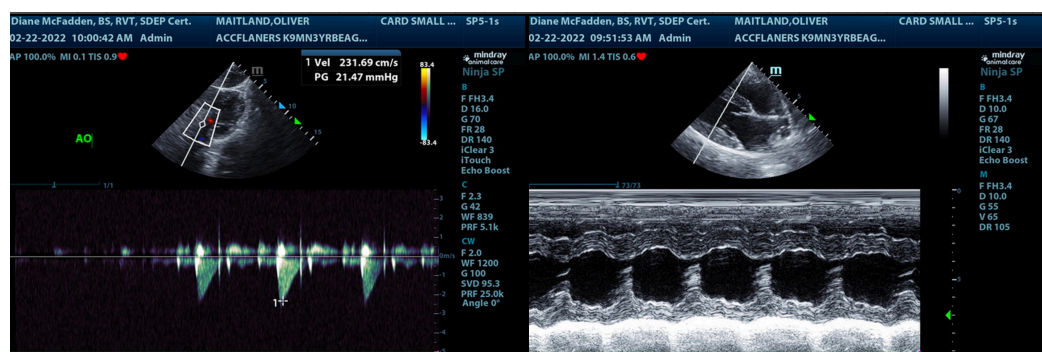
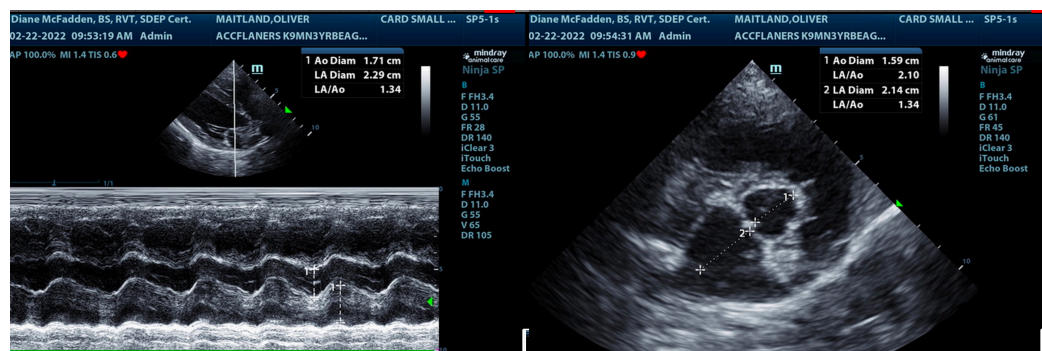
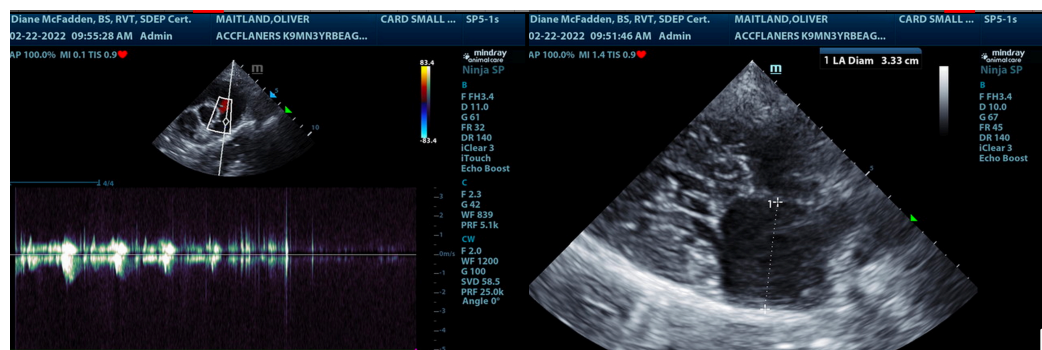
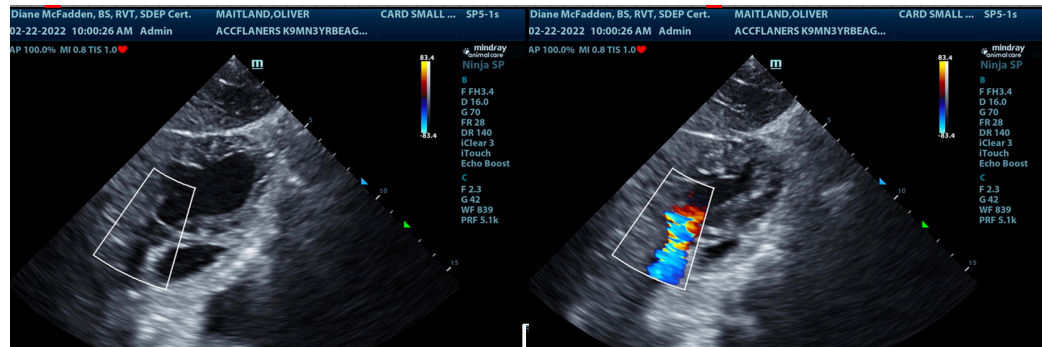
Dr. Hallihan

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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.

**SPECIES**

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.

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

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