



PATIENT

Simon Thompson

PRESENTING CLINICAL SIGNS

Recheck heart, history of DCM + mitral and tricuspid insufficiency. Current meds: Vetmedin 2.5mg BID, furosemide 5mg bid, Enalapril 5mg BID

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Pug

SEX

Neutered male

AGE

9 years

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. 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 ventricular** internal diameter measured 3.09 cm. The left ventricle presented subnormal contractility, yet appears to be adequate. Internal volume is mildly excessive. 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** insufficiency was noted. 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.

WEIGHT

21.8 lbs

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC	VMAX	VMAX	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
PARAMETERS	(m/s)	(m/s)					
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	5.41	3.0	1.16	1.09	24	49	0.23
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC	(BPM)	VMAX	MAX		2D short axis Base view	Avg; 2D and m-mode short axis	Avg; 2D and m-mode short axis
PARAMETERS		(m/s)	(m/s)		(cm)	(cm)	(cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	186	1.1	1.1	21.8 lbs	3.35 max		

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Mt Olive VH

REFERRING VET

ULTRASONOGRAPHIC FINDINGS

Mitral and tricuspid insufficiency with subnormal contractility, appears compensated at this time.

INVOICE

96263

DATE

2/23/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend continuation of the current protocol, as the volumes and function appear to be contained, as long as blood pressure measurements are EKG are normal. Recheck echocardiogram in 6-12 months or earlier if clinical signs initiate. It is possible that this patient was afflicted by a myocarditis or possibly



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nutritional cardiomyopathy issues. However, it appears to be stable at this time. DCM parameters are not currently present except for the poor subnormal contractility of the left ventricle. Thyroid assessment is warranted if not already performed.

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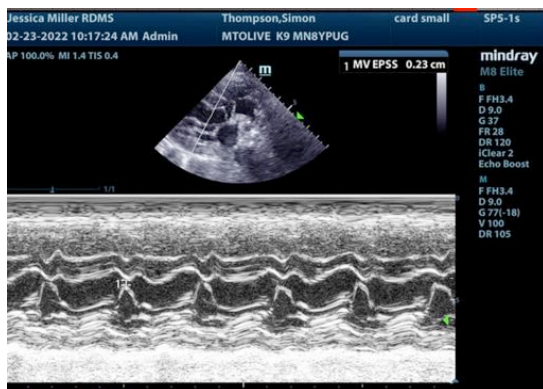
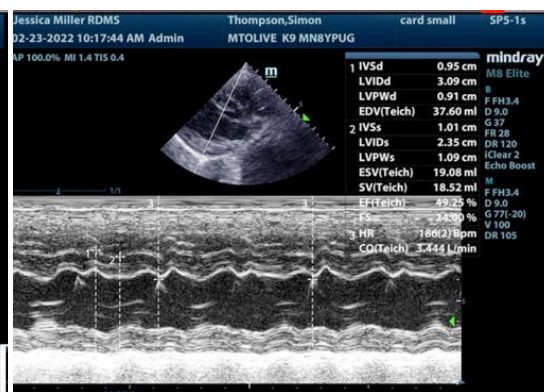
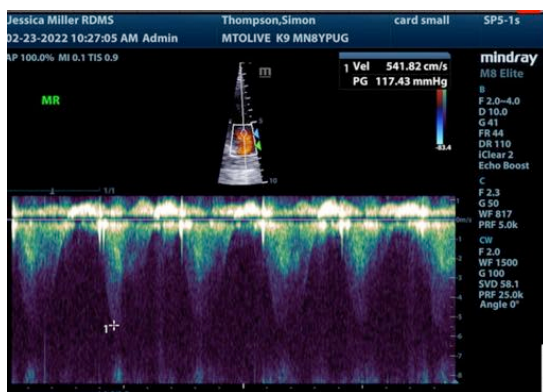
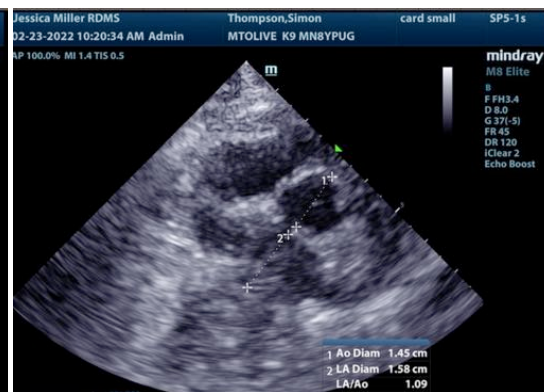
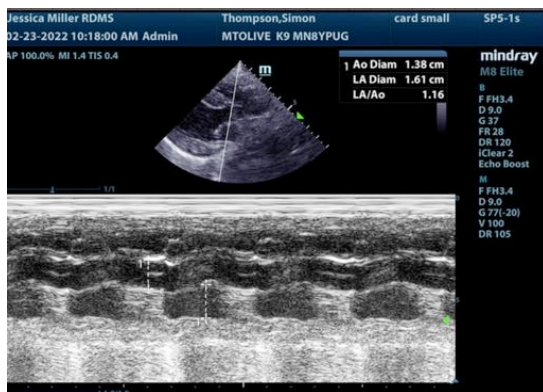
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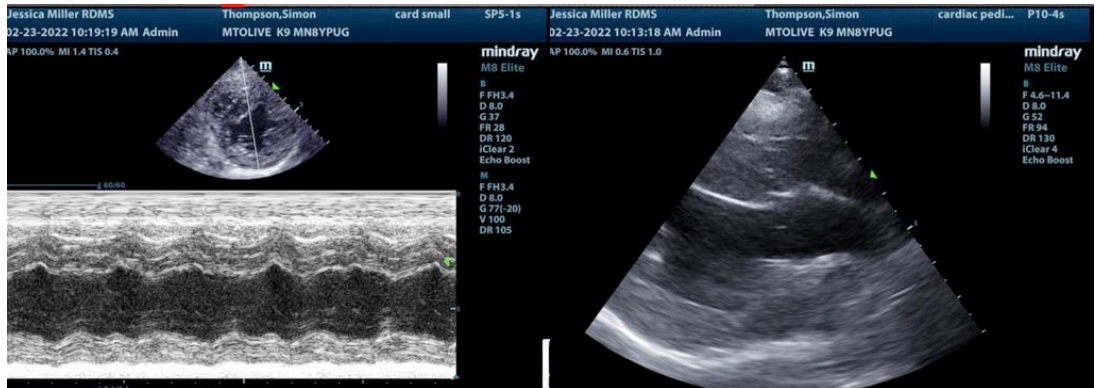
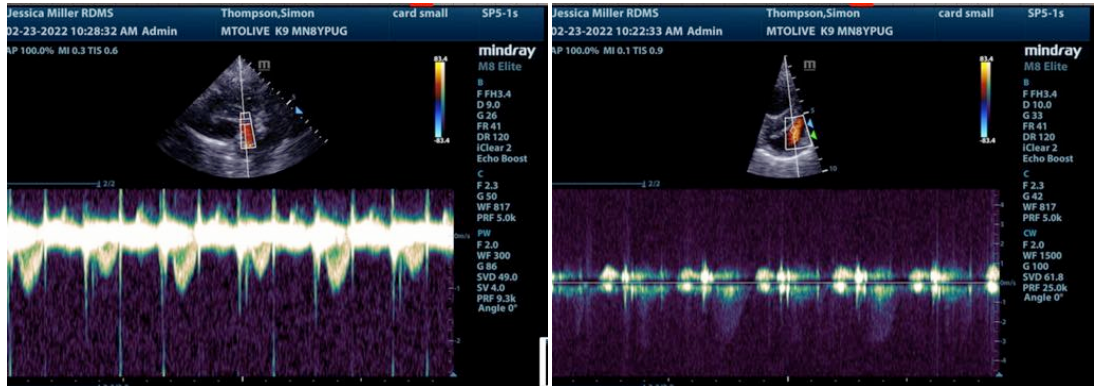
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Jessica Miller, RDMS

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

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