

## PATIENT PRESENTING CLINICAL SIGNS

**Sassafras Gordon** History: 3/6 left sided systolic murmur, non-clinical. Please assess for anesthesia for dental procedure. Not on any meds.

## SPECIES

Abnormal PE/Chem/CBC/UA Results: WNL

Canine

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

## BREED

Terrier Mix

## SEX

Spayed Female

## AGE

11 years

## WEIGHT

20 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Diane McFadden, RVT

## HOSPITAL NAME

Blairstown AH

## INVOICE

14106

## DATE

2/25/22

| 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                   | 5.23          | 2.5           | 1.3                 | 1.43                    | 42                              | 74                                       | 0.26                                     |
| 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                   | 1.33          | 1.07          | --                  | --                      | 3.12                            | 3.51                                     | --                                       |

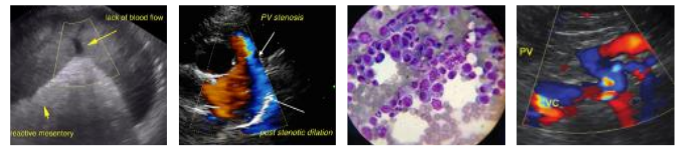
## Cardiac Presentation

The echocardiogram for this patient presented excessive **left atrial size** expressed both in the LA/AO and LA max measurements Chamber volumes and echogenicity were normal. Slight prolapse of the anterior mitral valve leaflet 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** insufficiency 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. Hepatic veins were not dilated.

## ULTRASONOGRAPHIC FINDINGS

- Very early b-2 valvular disease
- Minor left atrial enlargement in primarily the LA Max position



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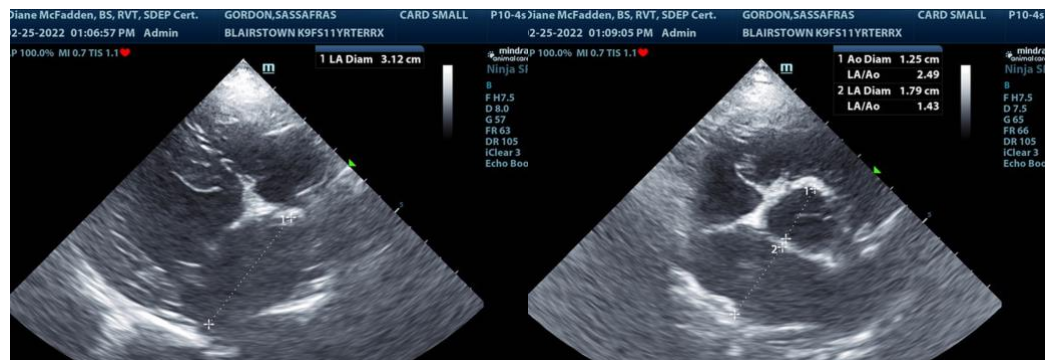
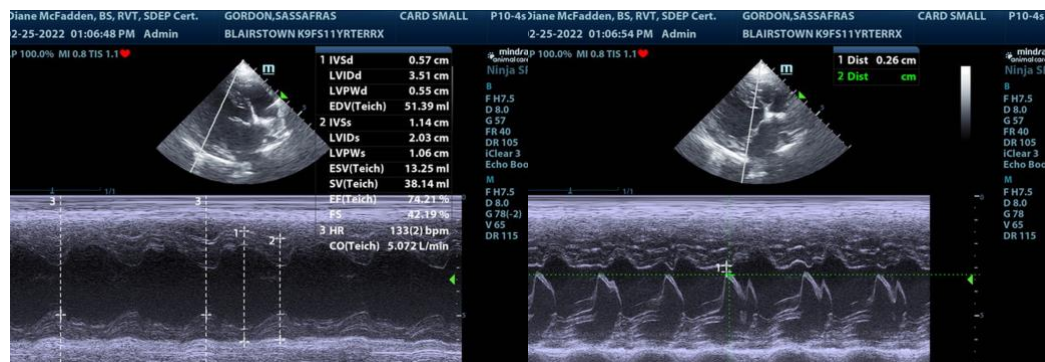
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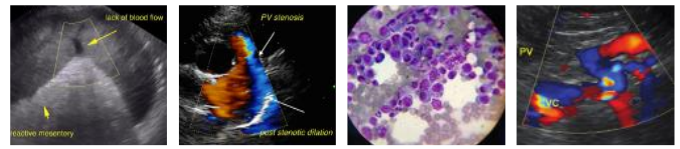
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Anesthetic risk is minimal in this patient. However, I do recommend initiating Pimobendan at 0.3 mg/kg BID. If clinical exam, blood pressures and EKG are normal in one week, then anesthesia would have minimal to little risk. Tobuterol (premed), propofol (induction) and isoflurane (maintenance) recommended. Recheck echo in 3-6 months or earlier if any clinical signs initiate.





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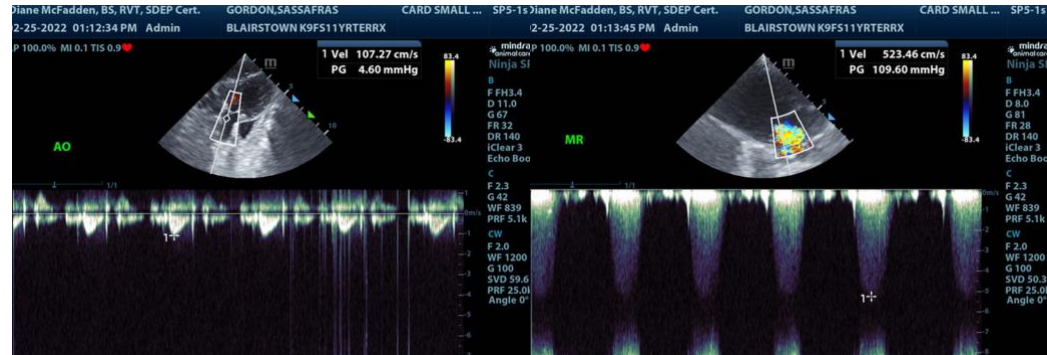
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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