



PATIENT

Hank Winkelmann

SPECIES

Canine

BREED

Red Heeler Mix

SEX

Neutered male

AGE

11 years

WEIGHT

39 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Anderson

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Anderson

PRESENTING CLINICAL SIGNS

Murmur discovered on exam 1 month ago. No cardiac symptoms. Dental treatment needed. Abnormal PE/Chem/CBC/UA Results: PE: Stage II Dental disease, Sclerosis of lenses normal for age, nails long, overall great health. NO RECENT LABS.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated enlarged **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 ventricle** presented normal internal diameter. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** was adequate to slightly subnormal. The aortic velocity is mildly excessive at 2.32 m/sec. Mildly increased left ventricular outflow velocity was noted. This is likely compensatory for the valvular disease. 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.

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	5.15		1.37	2.12	24	43	0.15
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC PARAMETERS	(BPM)	VMAX (m/s)	MAX (m/s)	(kg)	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		2.32			4.64	3.8	

ULTRASONOGRAPHIC FINDINGS

Mitral insufficiency.

Mild left atrial enlargement. The left atrial size is excessive primarily in the LA max and LA:AO heart base.

Early Stage B2 valvular disease.

INVOICE

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2/9/22



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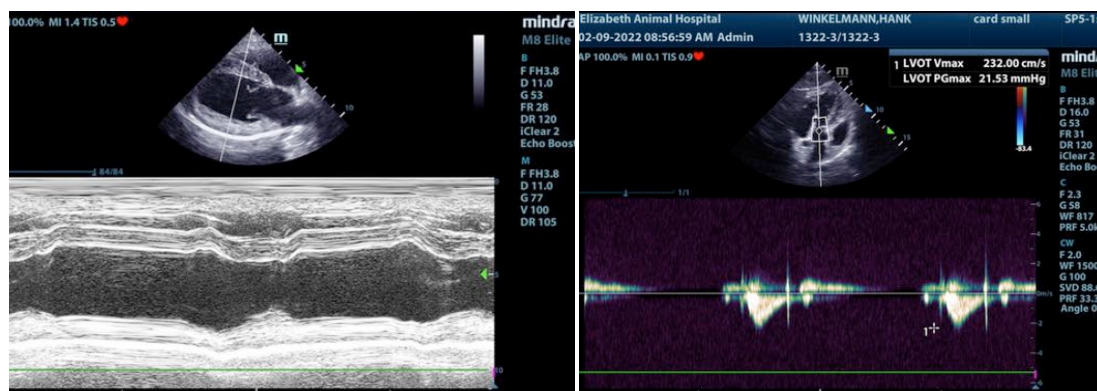
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recheck echocardiogram is recommended in 6 months. If vertebral heart score is excessive then I recommend initiating Pimobendan at 0.3 mg/kg b.i.d. After initiating Pimobendan over a week, as long as clinical signs are normal, then there will be no overt contraindication to anesthetic procedure of short duration. Torbutrol premed, Propofol induction, and Isoflurane maintenance is recommended.

B2/C1: The heart is in a somewhat precarious state with volume overload and a heart that is working to compensate for the valvular insufficiency. Target respiratory rate is < 20 resp/minute after therapy. After initiating therapy, I recommend recheck on the clinical exam, BUN, Creatinine, USG, Chest radiographs & Blood pressure in 5-7 days.



INTERPRETED BY

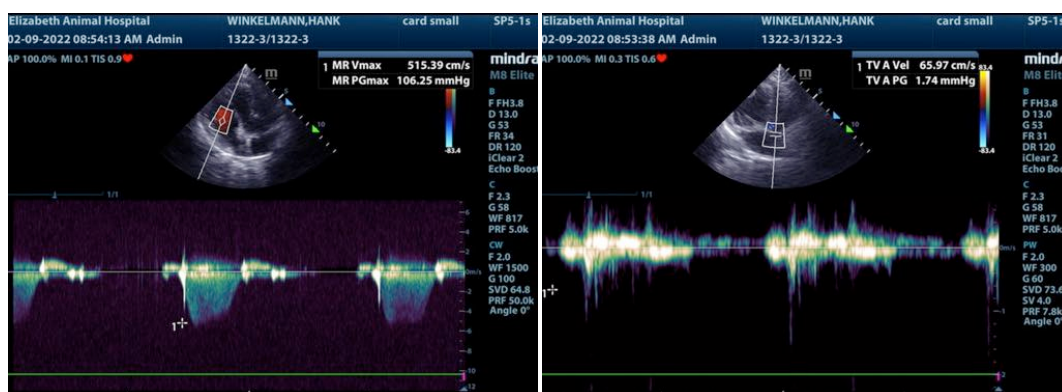
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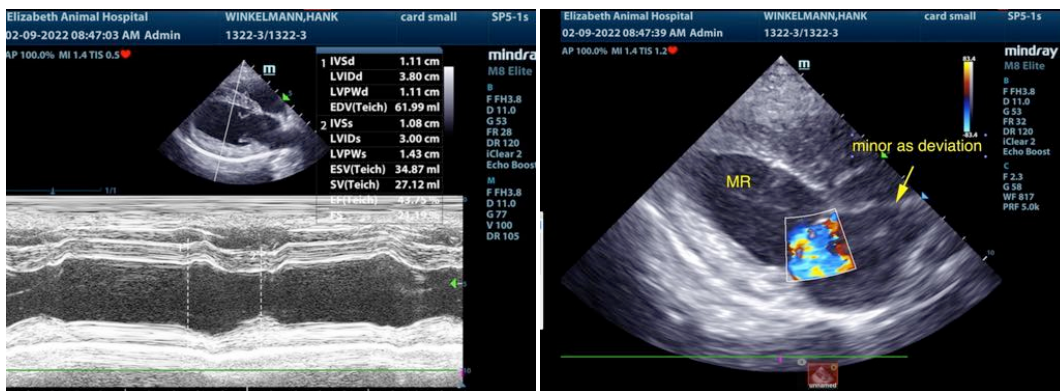
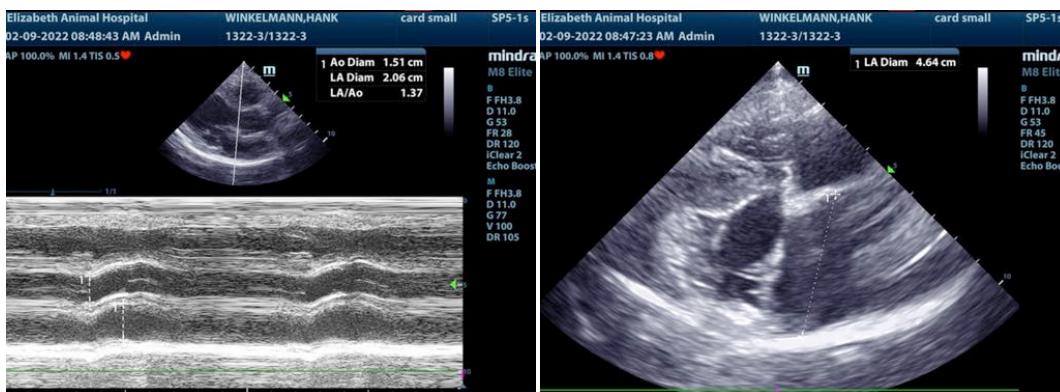
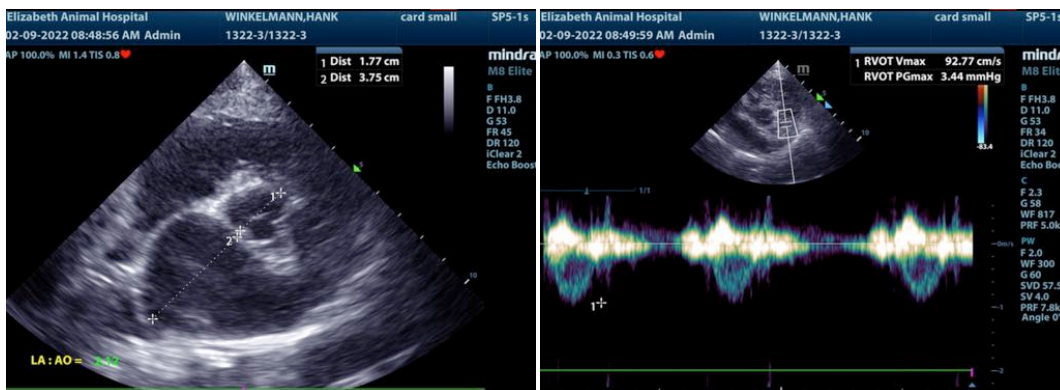
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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