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Clinical Sonography & Telecytology
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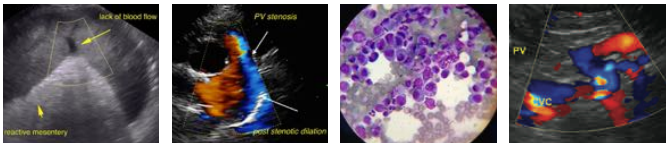

PATIENT

Archie Nixon

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

8 years

WEIGHT

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden, RVT

HOSPITAL NAME

Fredon AH

INVOICE

96757

DATE

3/10/22

PRESENTING CLINICAL SIGNS

History: from a rescue; Periodontal disease; on PE murmur detected. Assess for anesthesia for dental procedure.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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. Prolapse of the 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.

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	5.77	3.0	NM	1.7	56	88	0.1
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				
PATIENT	81	1.2	1.33		3.19	2.8	

ULTRASONOGRAPHIC FINDINGS

Early stage B2 valvular disease with mild mitral valve prolapse.

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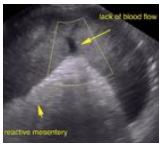
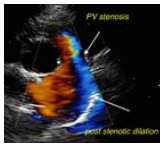
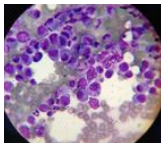
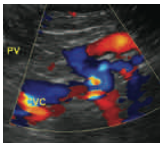

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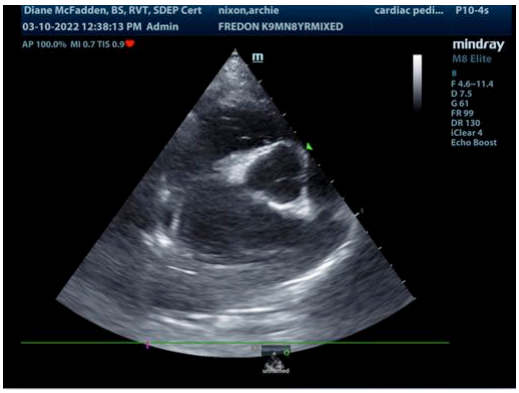
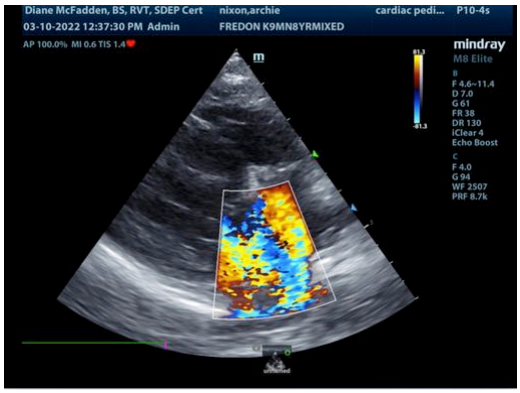
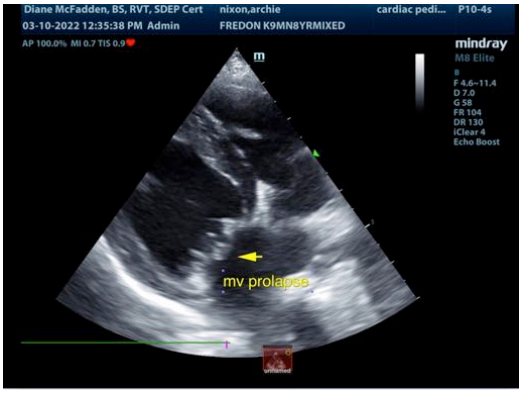
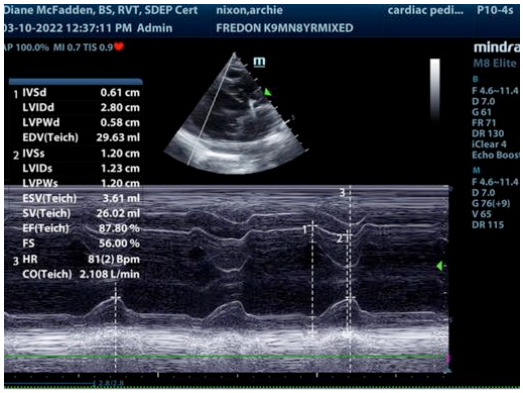
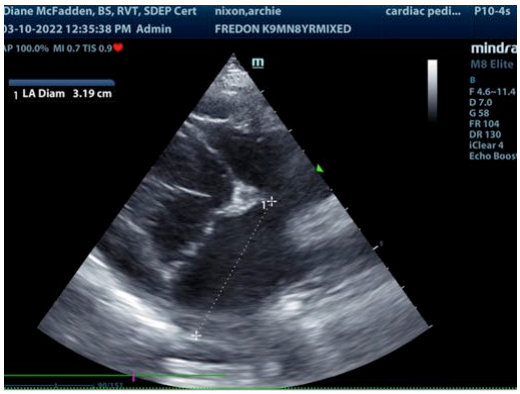
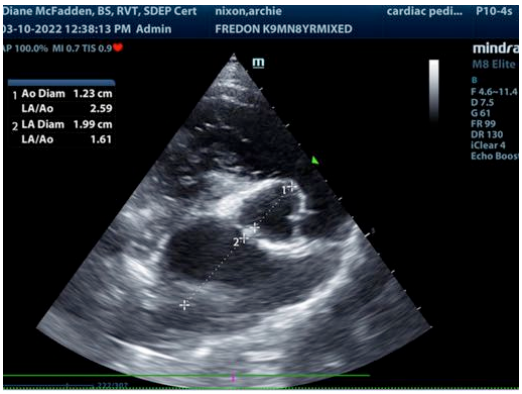
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient is at mild anesthetic risk. I recommend blood pressure measurements and initiating Pimobendan at 0.3 mg/kg b.i.d. Lasix is recommended at 1-2 mg/kg b.i.d. the morning of the procedure. Minimal anesthetic time is recommended. The patient should be on cardiac therapy a week prior to anesthetic procedure assuming systolic pressures are less than 160 and clinical exam is normal at the time of the procedure. Torbutrol premed, Propofol induction, and Isoflurane maintenance is recommended. A recheck echocardiogram is recommended in 1-3 months. Avoid excessive tachycardia on induction and reanimation during the procedure.







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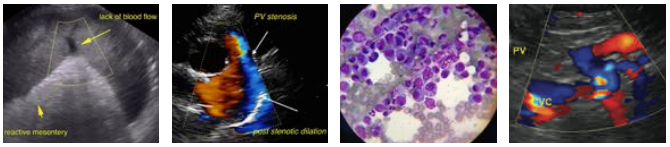

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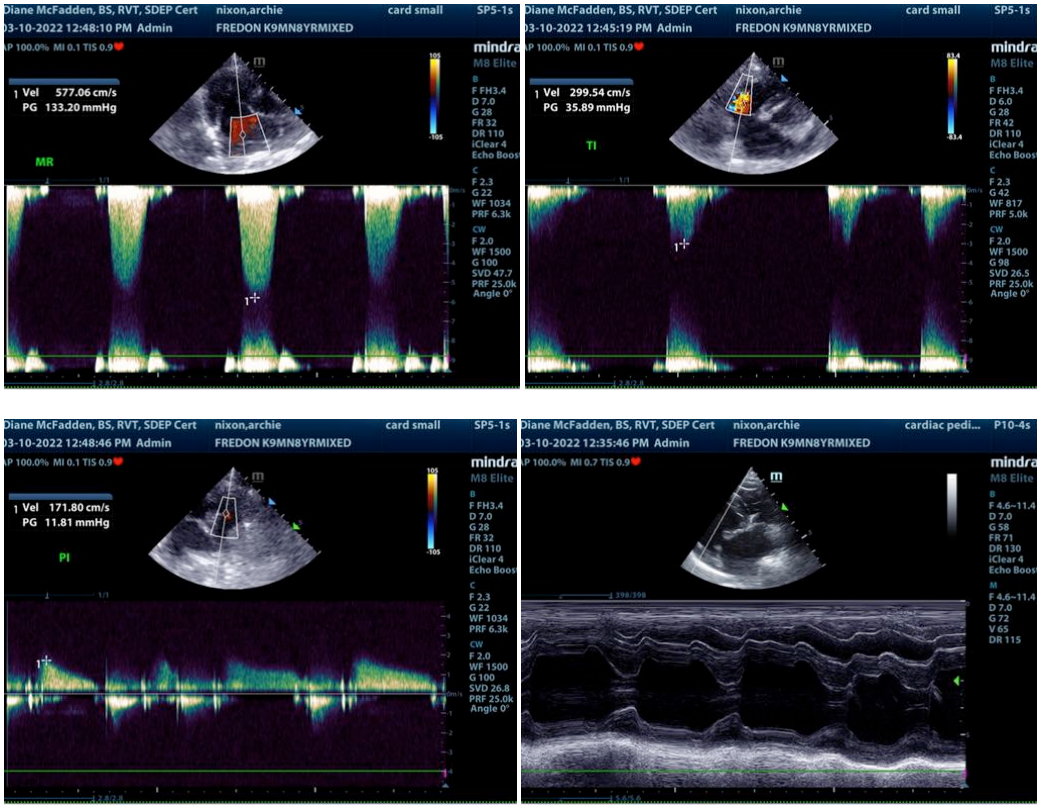

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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