



PATIENT PRESENTING CLINICAL SIGNS

Shea Amatucci History: 4/6 murmur; please assess for anesthesia for dental procedure. not on any meds
Abnormal PE/Chem/CBC/UA Results: elevated ALT and AST

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Spayed Female

AGE

13 years

WEIGHT

23 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden, RVT

HOSPITAL NAME

Animal Mansion

INVOICE

Dr. Parker

DATE

3/10/22

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. Prolapse of the anterior 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	5.92	3.15	1.3	1.6	54	86	0.23
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	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	115	2.15		23 lbs	3.3 max	3.71	

ULTRASONOGRAPHIC FINDINGS

Early stage B2 valvular disease. Mitral and tricuspid insufficiency with mild left atrial enlargement.



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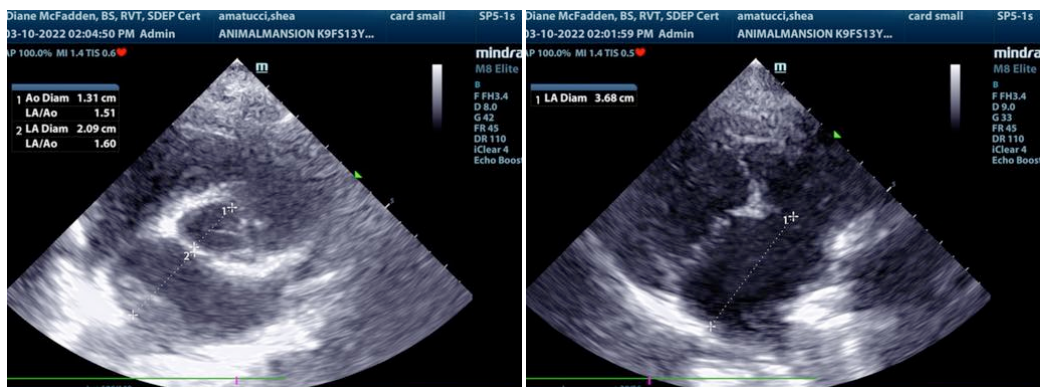
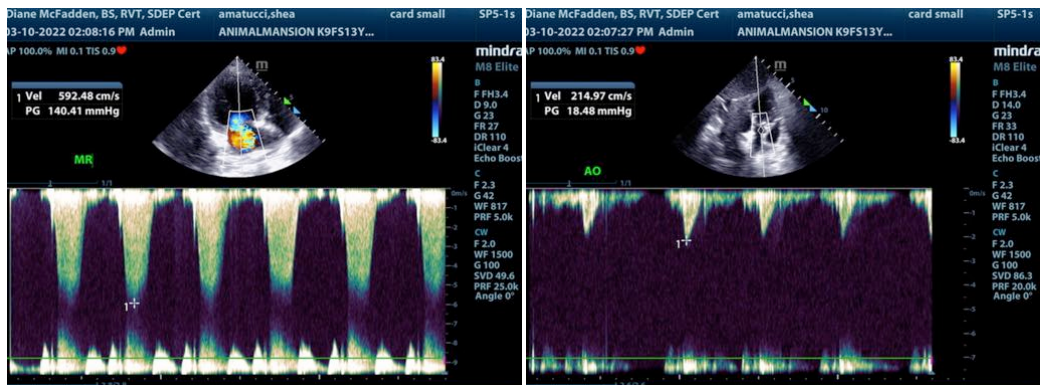
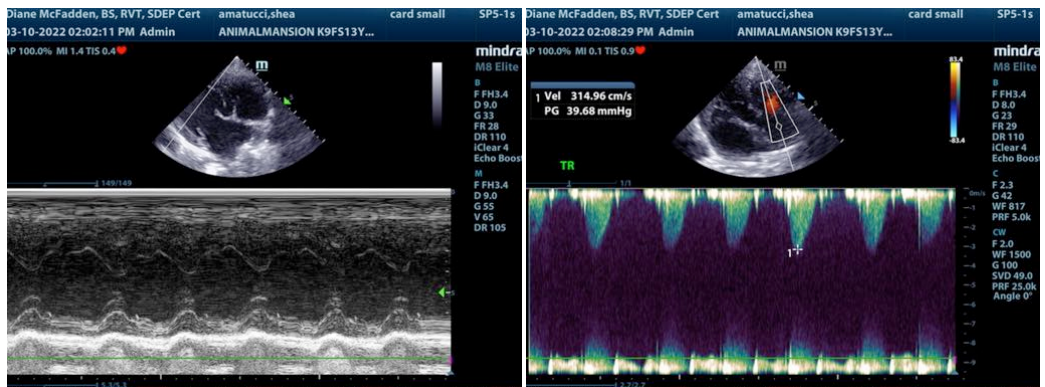
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend blood pressure measurements. If the systolic pressure is > 160 then ace inhibitor therapy is warranted. Pimobendan is warranted at 0.3 mg/kg b.i.d. The patient is at mild anesthetic risk. Minimal procedure time under anesthesia is recommended given the mitral valve prolapse and 1 week of therapy prior to the procedure. Lasix is recommended at 1-2 mg/kg 30 minutes prior to the procedure. Recheck echocardiogram in 1-3 months.





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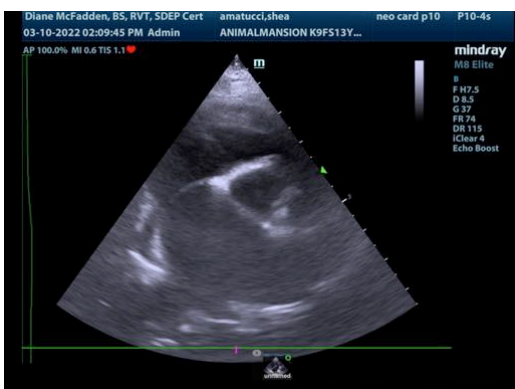
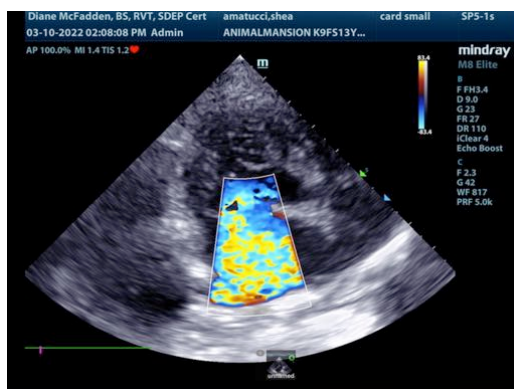
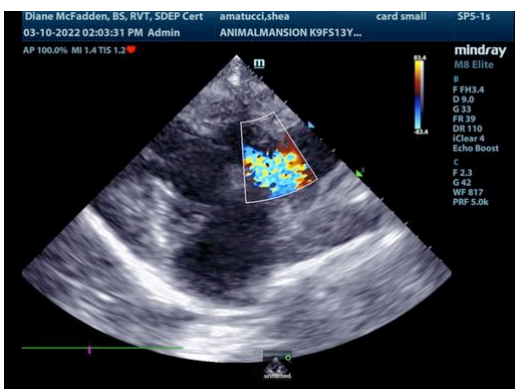
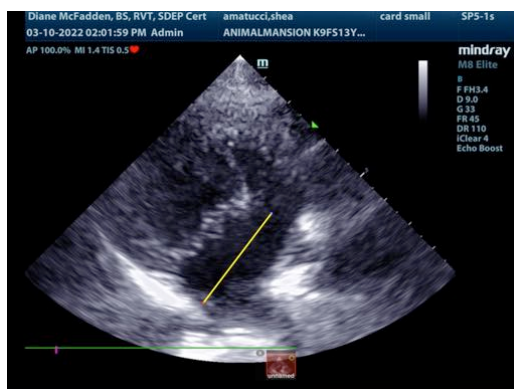
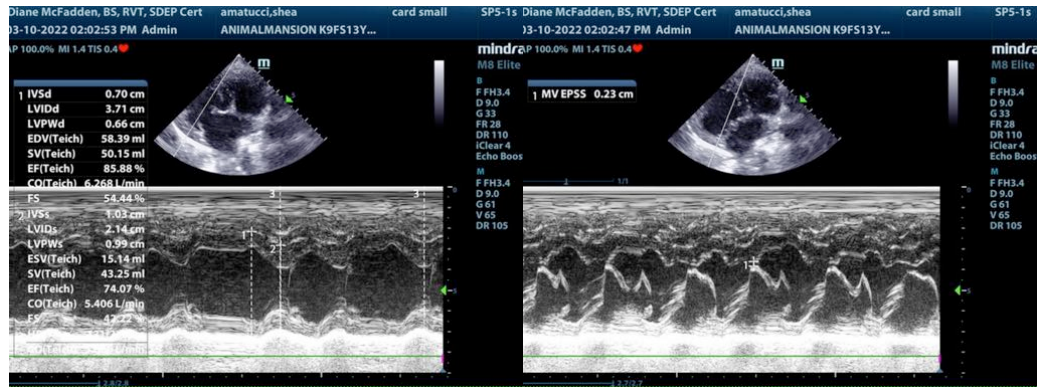
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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