



**PATIENT**

Skyler Howard

**PRESENTING CLINICAL SIGNS**

History: New grade III/VI murmur Current meds: Dasuquin supplement, HG  
Abnormal PE/Chem/CBC/UA Results: HCR 36.67

**SPECIES**

Canine

**BREED**

Pointer Greyhound Mix

**SEX**

Spayed Female

**AGE**

10 years

**WEIGHT**

54 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jessica Miller, RDMS

**HOSPITAL NAME**

Whippany VH

**REFERRING VET**

Dr. Lee

**INVOICE**

96883

**DATE**

3/15/22

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. 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. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/a0 ratio). No visible **pericardial** or free pleura fluid was noted. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window.

| CANINE<br>CARDIAC<br>PARAMETERS | MR<br>VMAX<br>(m/s) | TR<br>VMAX<br>(m/s) | LA/AO<br>(Boon method) | LA/AO<br>(Heart Base;<br>Swe) | FS<br>(%)                                | EF<br>(%)  | EPSS<br>(cm)                                       |
|---------------------------------|---------------------|---------------------|------------------------|-------------------------------|--|--|--|
| NORMAL<br>PARAMETER             | 4.5-5.5             | <2.7                | 1.3                    | <1.6                          | 28-40                                    | 40-100   | <0.6   |
| PATIENT                         | 5.0                 |                     | 1.02                   | 1.1                           | 47                                       | 54   | 0.33   |
| CANINE<br>CARDIAC<br>PARAMETERS | HR<br>(BPM)         | AV<br>VMAX<br>(m/s) | PV<br>MAX<br>(m/s)     | BODY<br>WEIGHT                | LA<br>2D short axis<br>Base view<br>(cm) | LVIDd<br>Avg; 2D and m-<br>mode short axis<br>(cm) | LVIDs<br>Avg; 2D and m-<br>mode short axis<br>(cm) |
| NORMAL<br>PARAMETER             | 50-100              | 0.7-1.7             | 0.7-1.6                |                               |  |  |  |
| PATIENT                         | 150                 | 1.9                 | 1.1                    | 54 lbs                        | 3.76                                     | 3.62   |  |

**ULTRASONOGRAPHIC FINDINGS**

Stage B1. No volume overload.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No cardiac medications are recommended.



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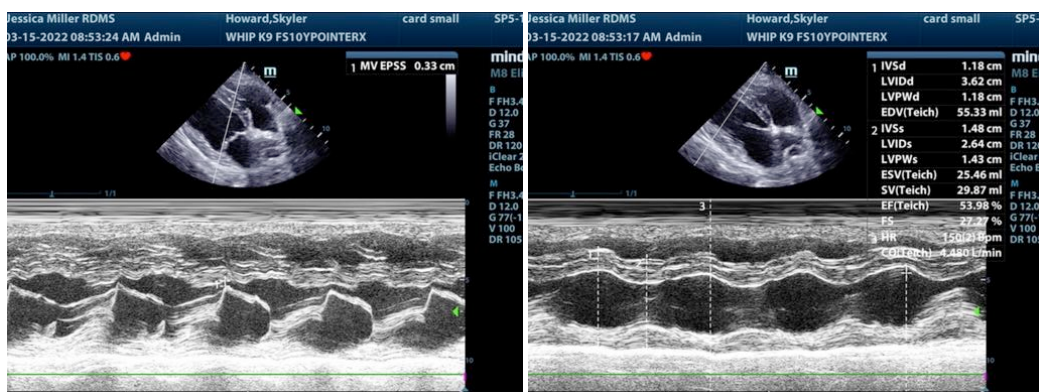
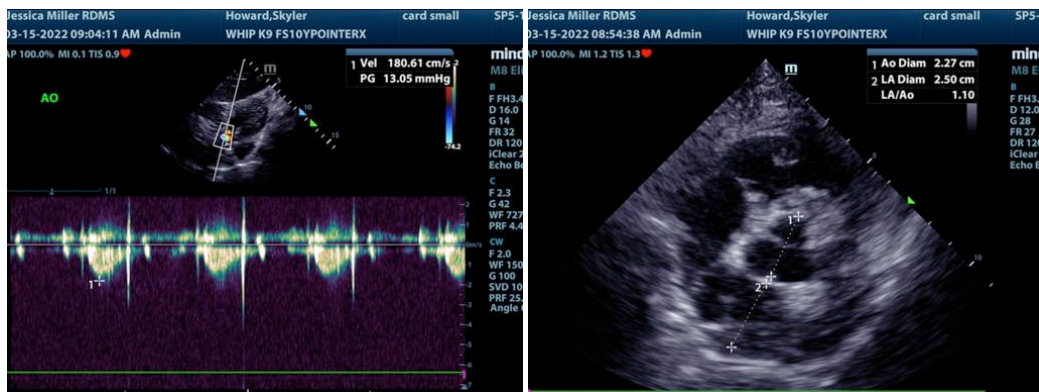
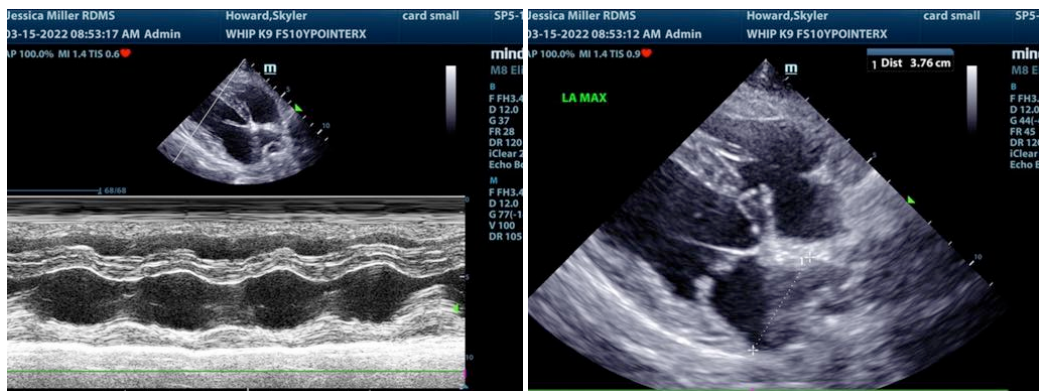
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B1: The heart is stable without clinical disease. No overt contraindication for anesthesia of brief to moderate duration. I suggest Torbutrol premed, Propofol induction, Isoflurane maintenance or similar protocol if anesthesia is desired. Blood pressure recommended if not already performed and target white coat negative systolic pressure of < 160 mmHg. If higher than this ACE-inhibitor is suggested to reach this level. Recheck echocardiogram is recommended in 6 months, earlier if murmur grade increases or clinical signs initiate.





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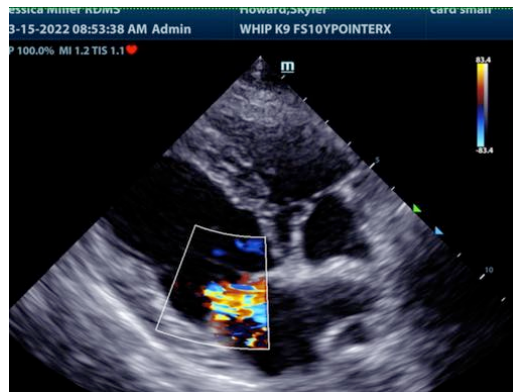
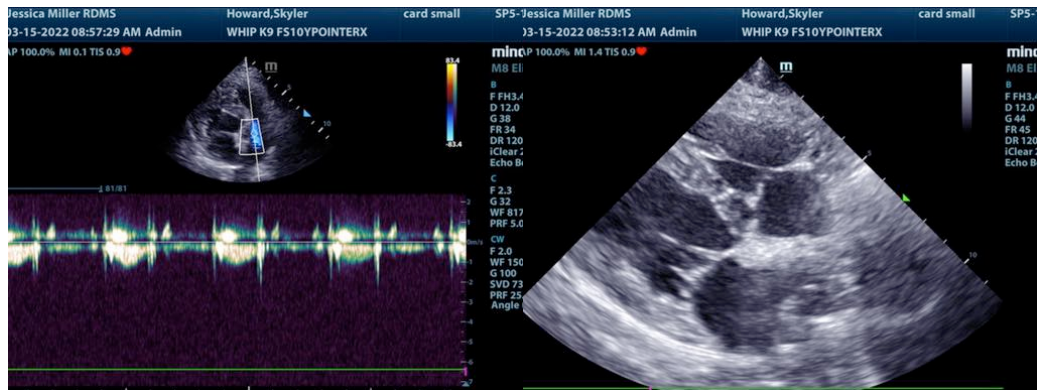
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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