

**PATIENT**

Tarene Chudy

**SPECIES**

Canine

**BREED**

Toy Poodle

**SEX**

Spayed Female

**AGE**

6 Months

**WEIGHT**

2.05 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Jolee Stegemoller

**HOSPITAL NAME**

North Idaho AH

**REFERRING VET**

Dr. Jolee Stegemoller

**INVOICE**

35899

**DATE**

3/3/22

**PRESENTING CLINICAL SIGNS**

Loud murmur as a puppy prior to being sold from the breeder. Primary reason for ultrasound referral: Looking for congenital heart disease.

Abnormal PE/Chem/CBC/UA Results: Abnormal laboratory findings: Chem - Glc 237 Other diagnostics available (ie. Blood pressure, radiographs, etc): Thoracic radiographs WNL Abnormal physical exam findings: Grade 1/6 murmur, difficult to ascertain PMI due to very tiny size and large stethoscope.

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

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				1.2			NM
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		1.10	0.7		1.4		

**Cardiac Presentation**

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. Trivial mitral turbulence noted, but only at 1.0 m/sec, which is negligible. The mitral valve apparatus did appear somewhat thickened. However, apposition is adequate, and there is no significant regurgitation present. However, if the murmur was auscultated under anesthesia, volume shift may have allowed for a temporary murmur to be detected. 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/ao 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.



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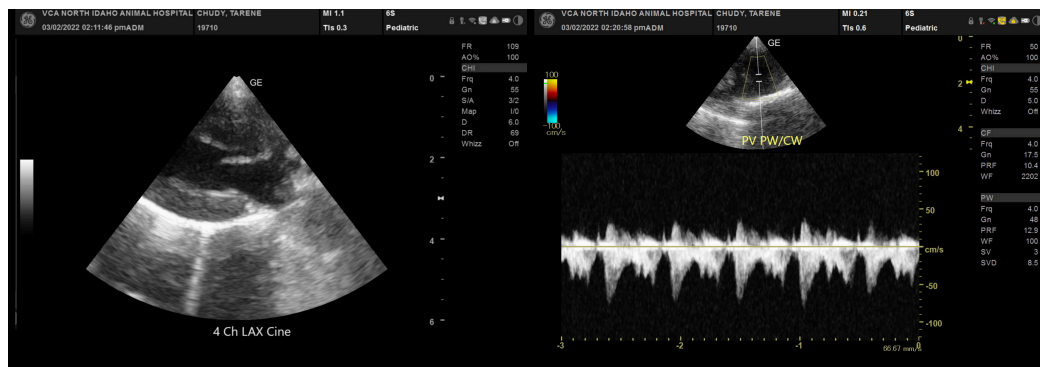
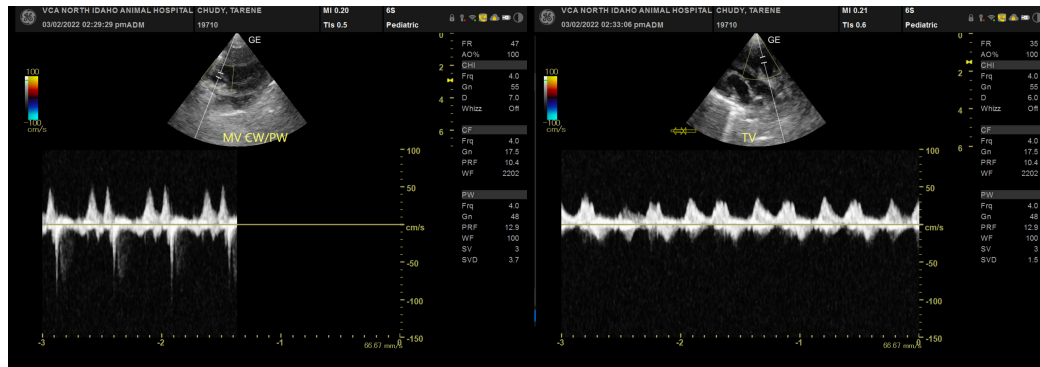
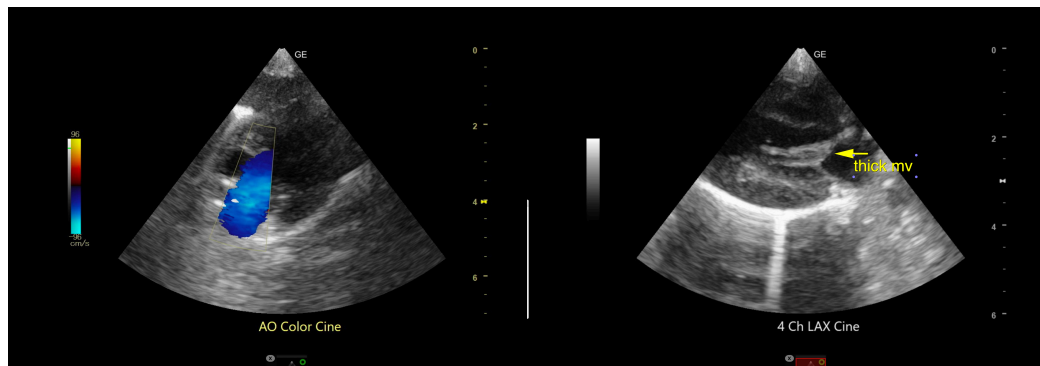
3/3/22

**ULTRASONOGRAPHIC FINDINGS**

- Largely normal echocardiogram with slightly thickened mitral valve apparatus and trivial insufficiency at the time of the echocardiogram
- Structurally normal heart otherwise

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No functional issues or volume overload. If the murmur is still present at one year of age, recommended recheck echocardiogram. Likely trivial flow murmur.





**PATIENT**

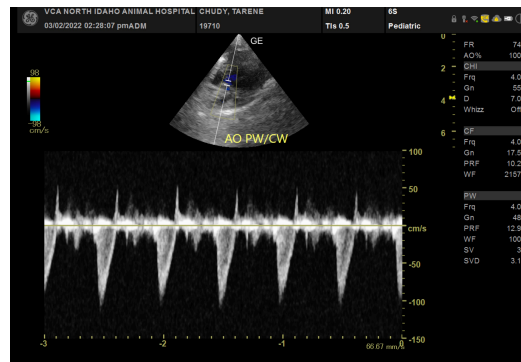
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)