

PATIENT

Stella Rail

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed Female

AGE

13.5 Years

WEIGHT

73.2 Pounds

PRESENTING CLINICAL SIGNS

History: acute onset collapse, coughing mm slight lavender mm, crt 2 sec slight cardiomegally VHS 10.85 PVC on ECG hypertensive 165/104/111, 165/91/116, 162/109/125 feeds duck and chick pea, lamb and pea diets Current Medications Carprofen 75 mg sid Radiographic Findings VHS 10.85 rads attached

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	5.0	2.53	1.18	1.14	32	62	0.2
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	97	1.20	1.17	--	3.5	2.93	--

Cardiac Presentation

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUS

HOSPITAL NAME

Sutherlin VH

REFERRING VET

Dr. Herrera

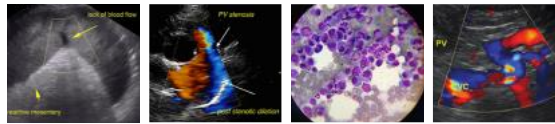
INVOICE NUMBER

14162

DATE

3/4/22

The echocardiogram in this patient demonstrated normal **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 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. Minor **tricuspid** insufficiency was noted. 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.



PATIENT ULTRASONOGRAPHIC FINDINGS

Stella Rail • Stage B-1 valvular disease

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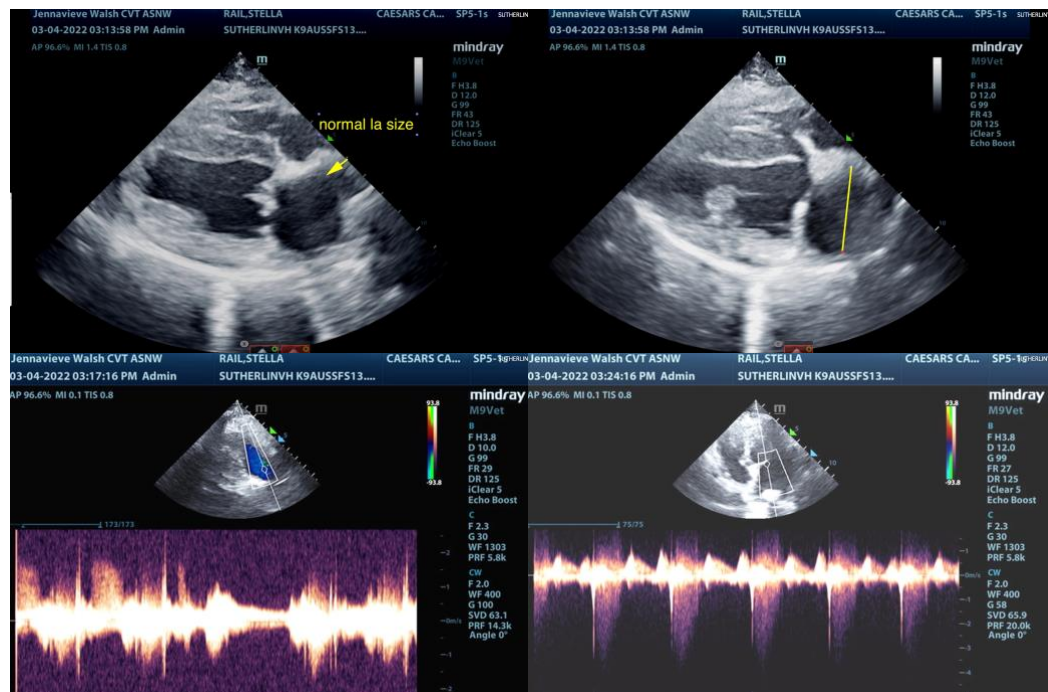
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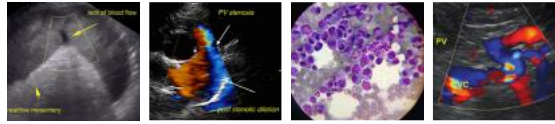
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The heart is stable without clinical disease. No overt contraindication for anesthesia of brief to moderate duration. I suggest Torbutrol premed, Propofol induction, Isoflor 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.

There is no volume overload in this patient. The heart is essentially normal other than valvular disease and insufficiency yet well compensated. If the patient had the collapsing episode after coughing, then "cough drops syndrome" may be playing a role and holter monitor or a vent monitor would be necessary to make this diagnosis. Otherwise, primary respiratory protocol recommended and antihypertensives given that the systolic pressure is persistently > 160. Ace-inhibitor would be indicated. No cardiac medications recommended at this time.





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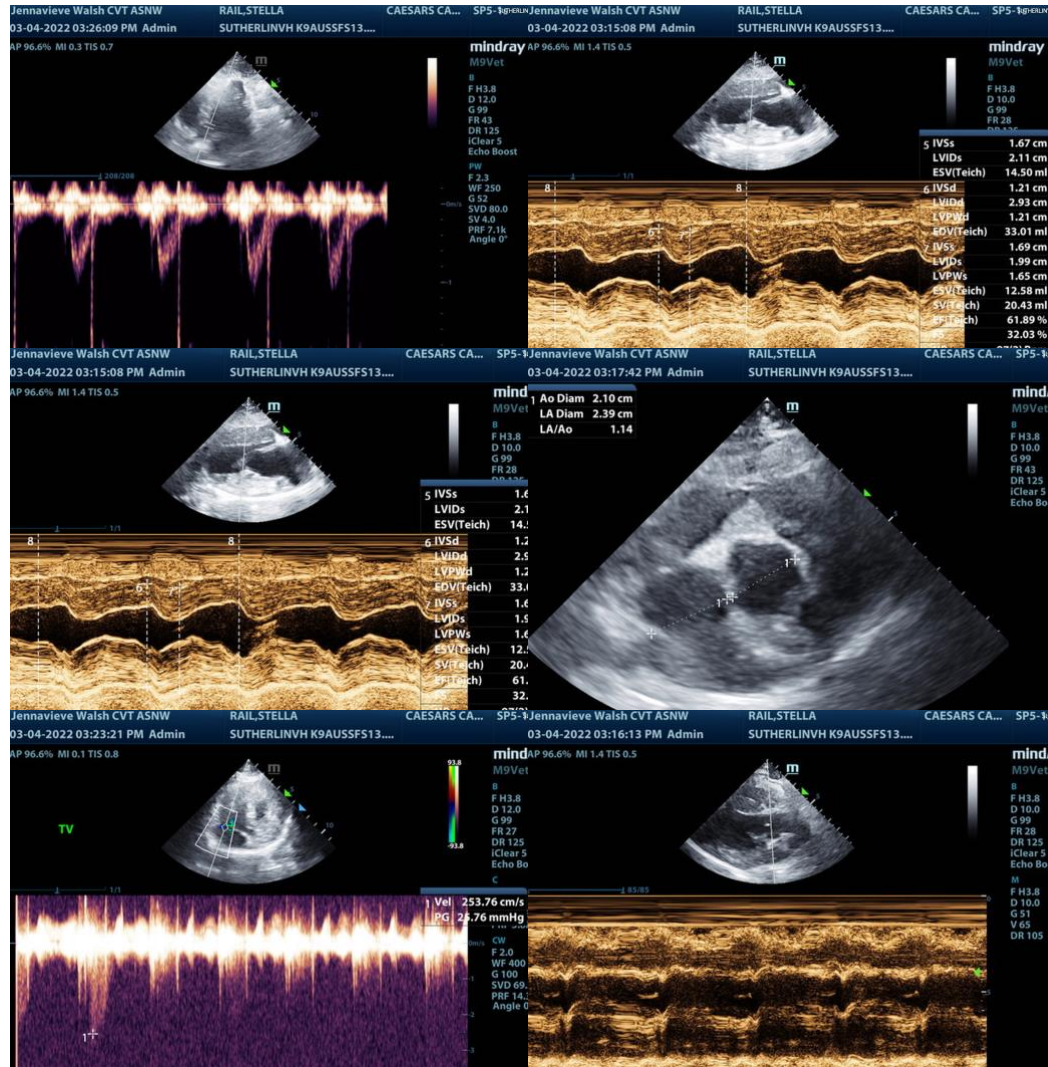
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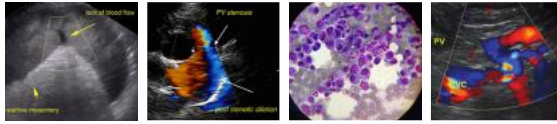
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com



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