



PATIENT

Mastiff Petshop

SPECIES

Canine

BREED

Mastiff

SEX

Male

AGE

8 Weeks

WEIGHT

22 Pounds

PRESENTING CLINICAL SIGNS

History: the breeder would like to know if he is fit for sale due to heart murmur doing well no v/d/c/s
Abnormal PE/Chem/CBC/UA Results: grade 2 heart murmur

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	<1.3	28-40	40-100	<0.6
PATIENT			NM	1.5	59	90	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	--	1.50	.90	--	2.5	2.83	--

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Samuel Gabriel

HOSPITAL NAME

Central Jersey AH

REFERRING VET

Gabriel

INVOICE

21973

DATE

4/13/23

Cardiac Presentation

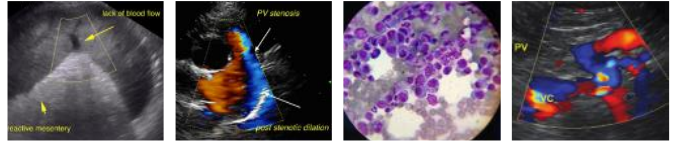
The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. The **left ventricle** presented 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. Tricuspid insufficiency was noted in this patient with moderate filling of the right atrium. The anterior leaflet appeared excessively long with shortened posterior leaflet. Minor right ventricular hypertrophy was noted. Strong concern for primary tricuspid dysplasia. Further cardiology evaluation is warranted. No other overt evidence of congenital lesion. Pulmonic and aortic outflows appear normal. 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.

ULTRASONOGRAPHIC FINDINGS

- Moderate tricuspid insufficiency- concern for tricuspid dysplasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further evaluation with higher resolution is indicated.



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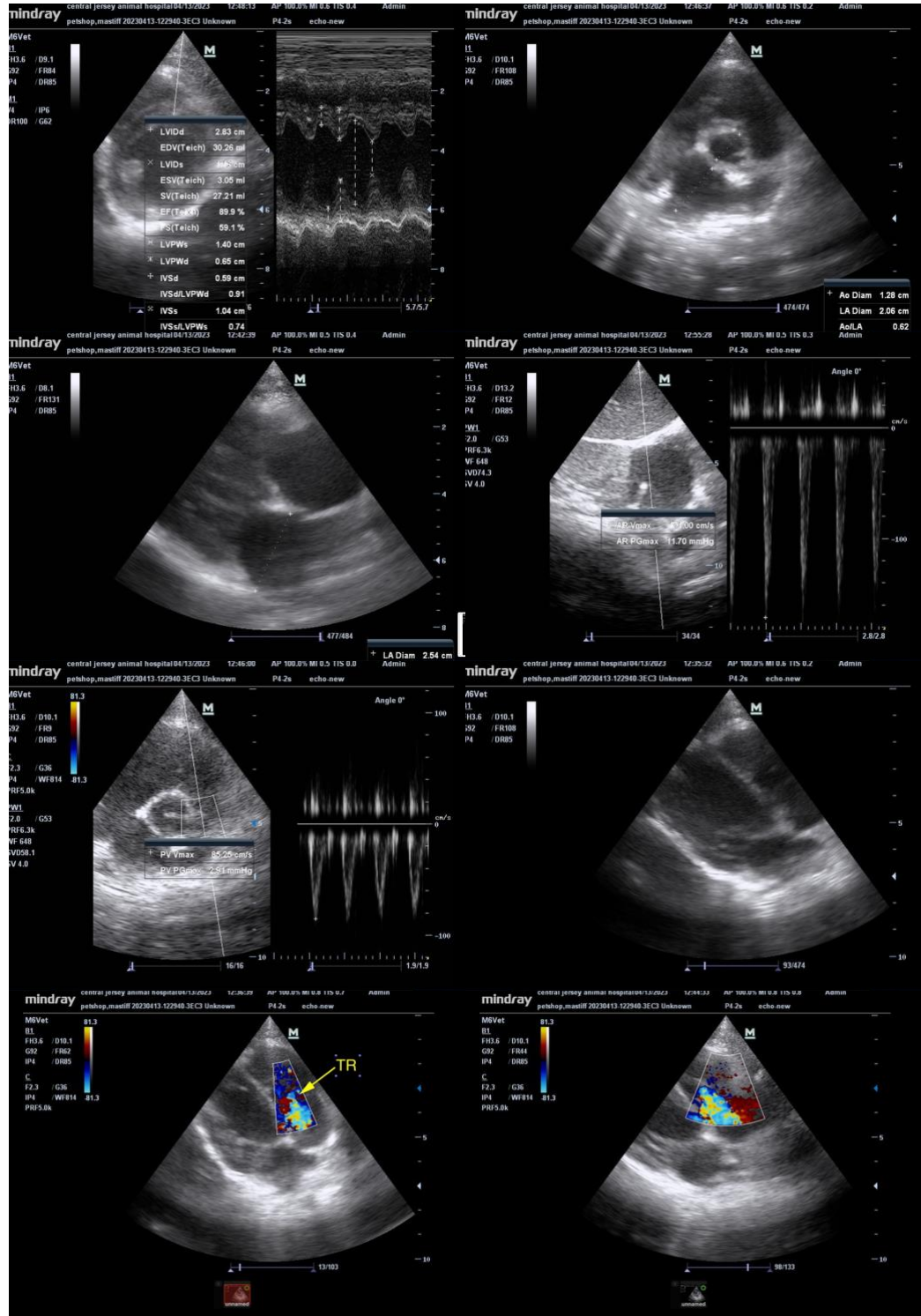
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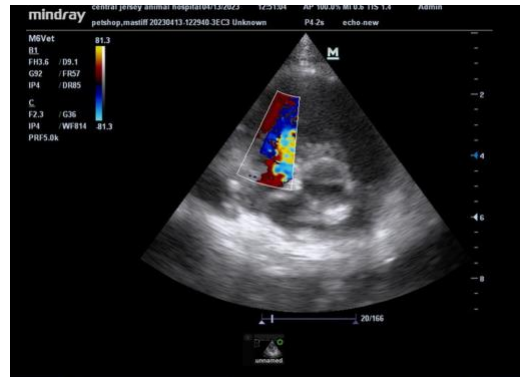
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com