



PATIENT

George Shamsa

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Male

AGE

5 Months

WEIGHT

2.2 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Inam ul Haq, DVM,
MRCVS

HOSPITAL NAME

City Veterinary Clinic,
Abu Dhabi, Khalifa City

REFERRING VET

Inam ul Haq, DVM,
MRCVS

INVOICE

22025

DATE

4/17/23

PRESENTING CLINICAL SIGNS

History: The patient came for a follow up for ear infection. Grade 2-3 left systolic HM was heard on the left heart base. No clinical signs and the dog is active. Ears were checked last time by another vet and the murmur was not heard

Abnormal PE/Chem/CBC/UA Results: Not done

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	1.43	45	80	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				
PATIENT	--	2.02	.99	--	1.2	1.49	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The mitral valve was thickened in this patient with clubbed leaflets. Mitral insufficiency was noted. Occasional systolic anterior motion was noted at higher velocities yet not significantly obstructive at this time. 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. Aortic velocity was slightly elevated. 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.

ULTRASONOGRAPHIC FINDINGS

- Mitral valve dysplasia



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- Possible underlying endocarditis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Infectious agents screen should be considered based on endemic infectious agents that may be causing endocarditis. Blood culture would be ideal. Especially given that the murmur is acquired, however, some congenital disease can have acquired murmurs. I would lean more towards a congenital lesion in this patient yet Clavamox or similar antibiotic trial is warranted, then reassessment of the echocardiogram after 4-6 weeks. No therapy is recommended at this time.

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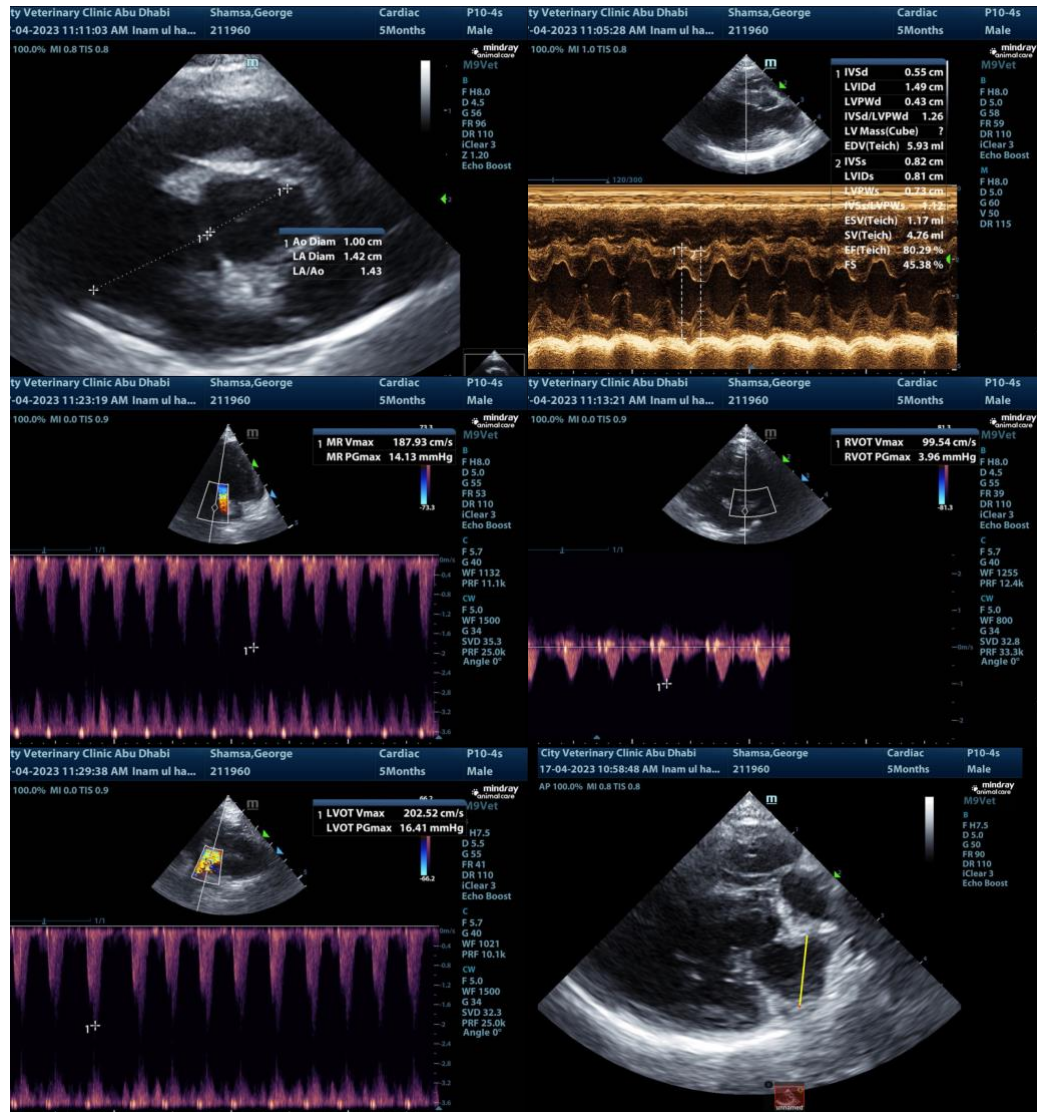
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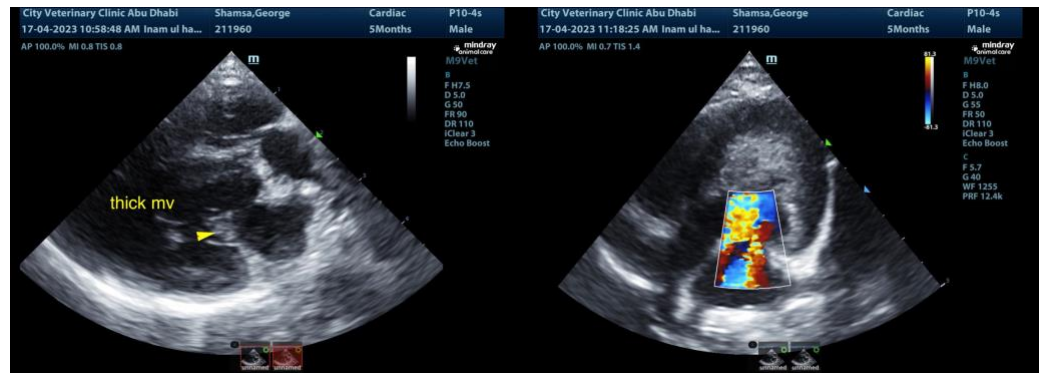
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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