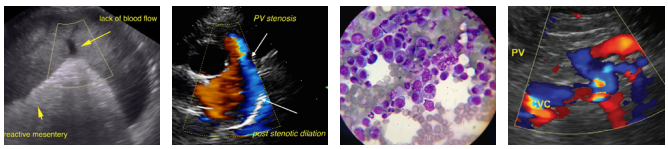
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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1-800-838-4268 info@sonopath.com

PATIENT
Falcor Meyers

SPECIES
Canine

BREED
Sharpei X

SEX
Male

AGE
19 Weeks

WEIGHT
13 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Gudrun Gunther

HOSPITAL NAME
New Frontier AMC

REFERRING VET
Dr. Gudrun Gunther

INVOICE
37252

DATE
4/27/22

PRESENTING CLINICAL SIGNS

Heart murmur heard during routine puppy visit O feels patient is more mellow and slightly more lethargic than sibling but unsure if this could be due to temperament. He is larger than his litter mate and appears BAR in room
Abnormal PE/Chem/CBC/UA Results: Systolic heart murmur high on L

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		1.0	1.3	45	90	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	120	1.6	0.7		1.9	1.5	

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 with elongated leaflets, consistent with primary mitral dysplasia. Appears compensated at this time. Mitral insufficiency noted at 5/0 m/sec. 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.

ULTRASONOGRAPHIC FINDINGS

- Primary mitral valve dysplasia, possibility of underlying history of endocarditis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recheck echocardiogram in two months, earlier if any clinical signs initiate. Broad-spectrum antibiotics protocol could be considered to treat for occult endocarditis. However, outflow velocities are normal.

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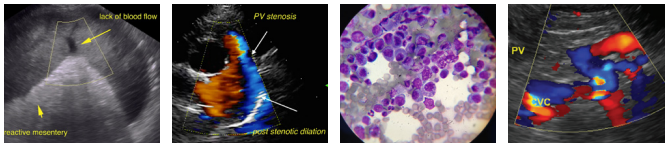

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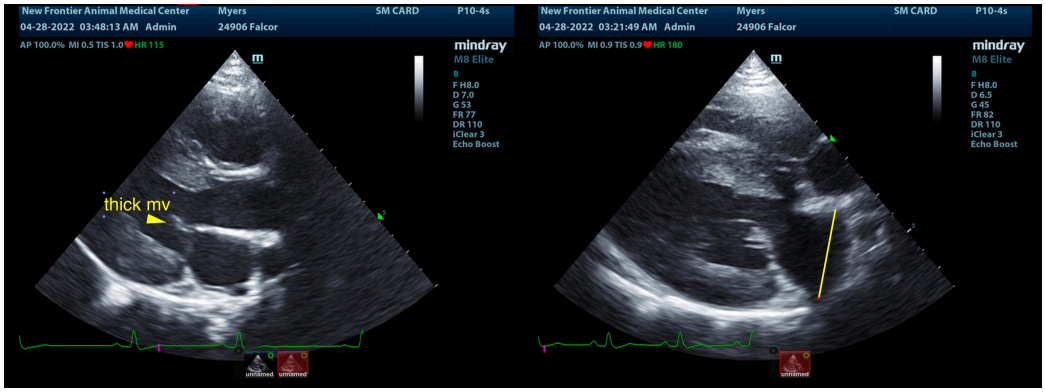
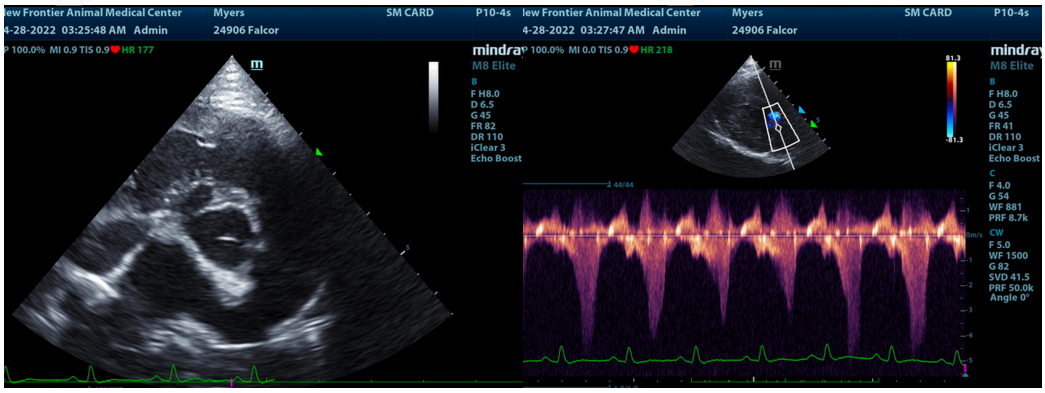
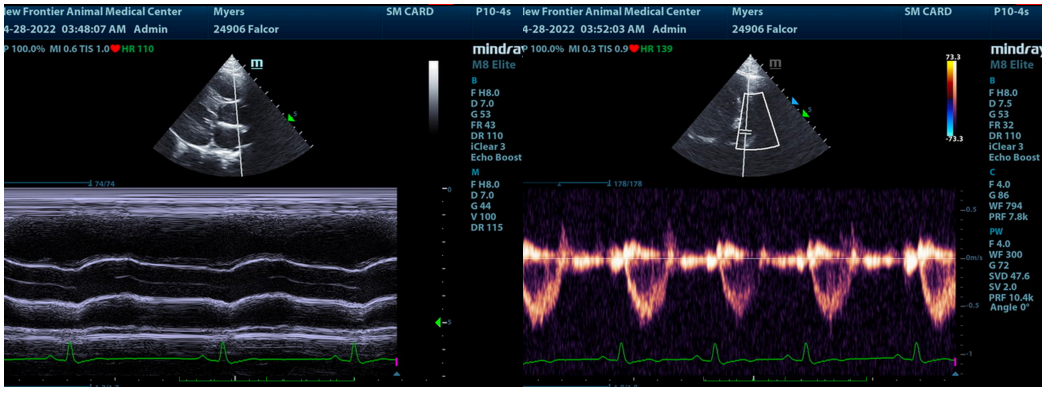
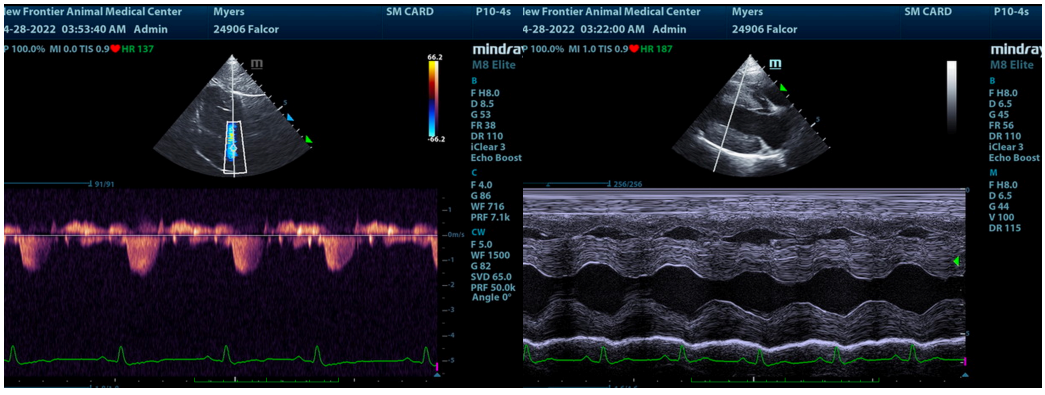
No evidence of PDA or ventricular septal defect.









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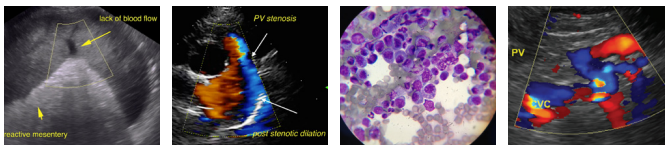

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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