


**PATIENT**
**PRESENTING CLINICAL SIGNS**

Roscoe VCHS

History: Shelter dog, Loud Heart murmur heard on exam.

**SPECIES**

Canine

**BREED**

Terrier Cross

**SEX**

Male

**AGE**

5 Months

**WEIGHT**

25 Pounds

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

<b>CANINE CARDIAC PARAMETERS</b>	<b>MR VMAX</b> (m/s)	<b>TR VMAX</b> (m/s)	<b>LA/AO</b> (Boon method)	<b>LA/AO</b> (Heart Base; Swe)	<b>FS</b> (%)	<b>EF</b> (%)	<b>EPSS</b> (cm)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
<b>PATIENT</b>	5.5	--	2.0	1.9	42	72	0.2
<b>CANINE CARDIAC PARAMETERS</b>	<b>HR</b> (BPM)	<b>AV VMAX</b> (m/s)	<b>PV MAX</b> (m/s)	<b>BODY WEIGHT</b> (kg)	<b>LA</b> 2D short axis Base view (cm)	<b>LVIDd</b> Avg; 2D and m-mode short axis (cm)	<b>LVIDs</b> Avg; 2D and m-mode short axis (cm)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6				
<b>PATIENT</b>	--	6.0	3.0	--	4.52	4.75	--

**Cardiac Presentation**

The cardiac presentation in this patient presented mild volume overload of the left atrium and left ventricle. Aortic outflow was severely affected in this patient (6.8 m/s), with secondary aortic insufficiency. Severe turbulence was noted. The aortic valve appeared to be thickened and domed/irregular with a fixed LVOT obstruction from a septal limbus, causing obstruction. The pulmonic valve was thickened and domed. Pulmonic velocity was mildly elevated. The deep pulmonary artery revealed a continuous flow, consistent with PDA with secondary pulmonic insufficiency. Mitral insufficiency was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Multiple congenital defects
- Dysplastic aortic valve with subaortic stenosis pattern
- Dysplastic pulmonic valve with pulmonic insufficiency
- Continuous flow in the deep pulmonary artery consistent with PDA

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Referral for interventional cardiologist is warranted in this patient. I feel that the aortic outflow velocity is severely elevated, consistent with pulmonic stenosis and not compensatory owing to underlying PDA. Prognosis is poor. If the breeding line is able to be evaluated, then it should be. Siblings and parents should be evaluated for concurrent congenital defects.

**INTERPRETED BY**

 Eric Lindquist, DMV  
 DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Sam Doverspike

**HOSPITAL NAME**

Franklin Animal Clinic

**REFERRING VET**

Sam Doverspike

**INVOICE**

22205

**DATE**

4/28/23



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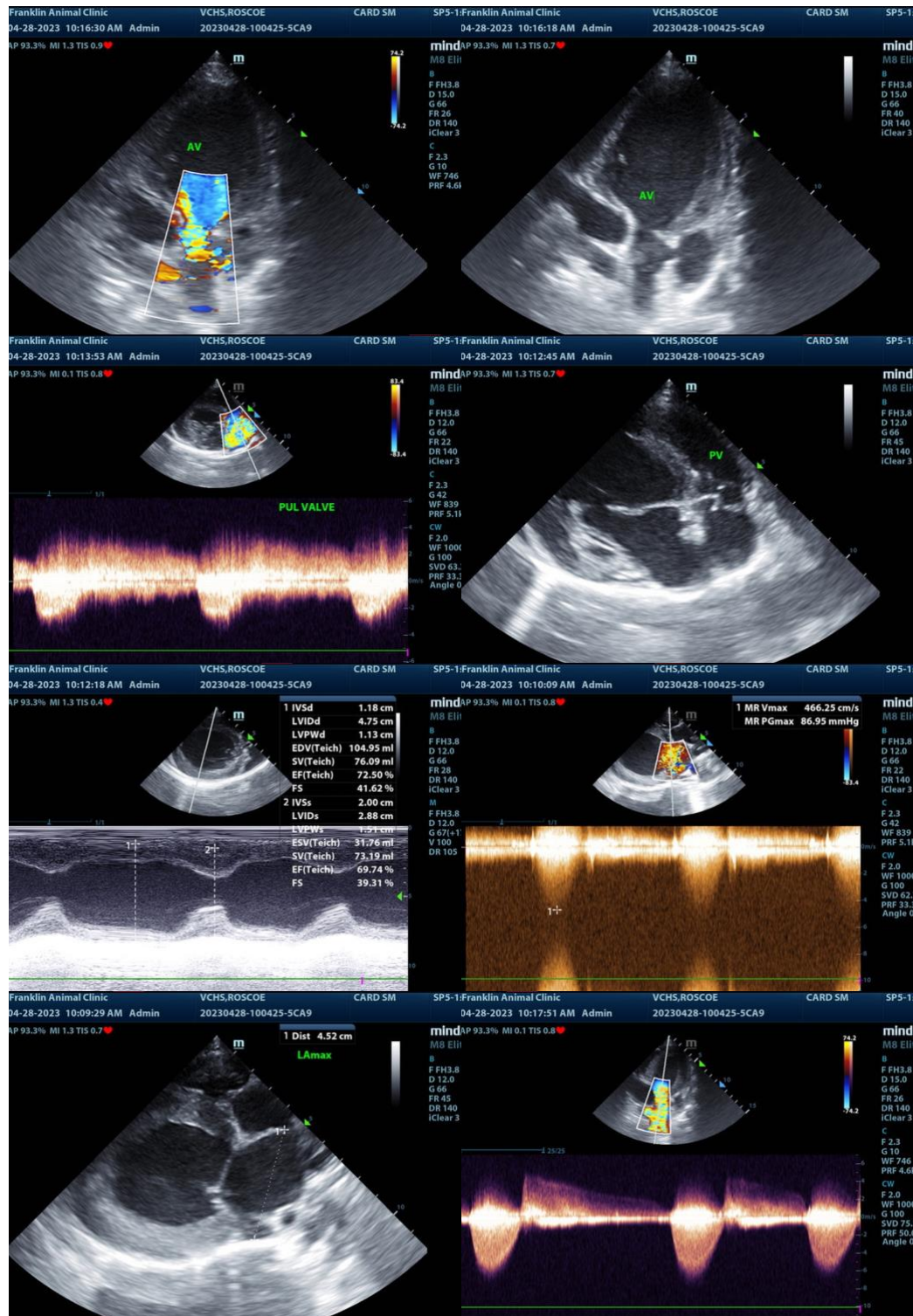
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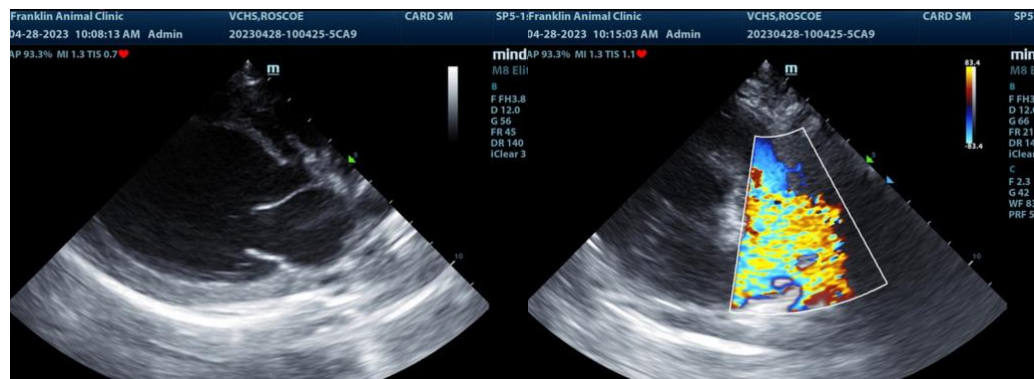
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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