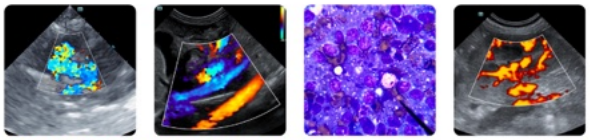

PATIENT

Meeka Diaz

SPECIES

Canine

BREED

American Pitbull Terrier

SEX

Spayed female

AGE

3 years

WEIGHT

30 kgs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Kuzimski

HOSPITAL NAME

Animal Emergency Hospital Deland

REFERRING VET

Dr. Kuzimski

INVOICE

74905

DATE

4/28/26

PRESENTING CLINICAL SIGNS

History: Patient presented initially for orthopedic consult regarding bilateral CCL rupture. additional follow up advised given heart murmur noted on 4/24
Abnormal PE/Chem/CBC/UA Results: Heart: Grade 3/6 basilar left sided systolic heart murmur. Pulses strong and synchronous Heart murmur: DDx - pulmonic stenosis vs. other Blood pressure. size 5 cuff, LF (sitting), 187/149 MAP 163mmHg ECG submitted with consultation CBC. N/A Chemistry N/A EPOC N/A Radiographs. N/A

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. Trivial **mitral** valve insufficiency was noted, yet not clinically significant. There was no evidence of volume overload. 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. Trivial **tricuspid** insufficiency was noted in this patient. 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.

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO	LA/AO (Heart Base)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	-	-	NM	1.5	45	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	BELOW	BELOW	BELOW	BELOW
PATIENT	-	-	1.1	30 kgs	3.5	4.3	

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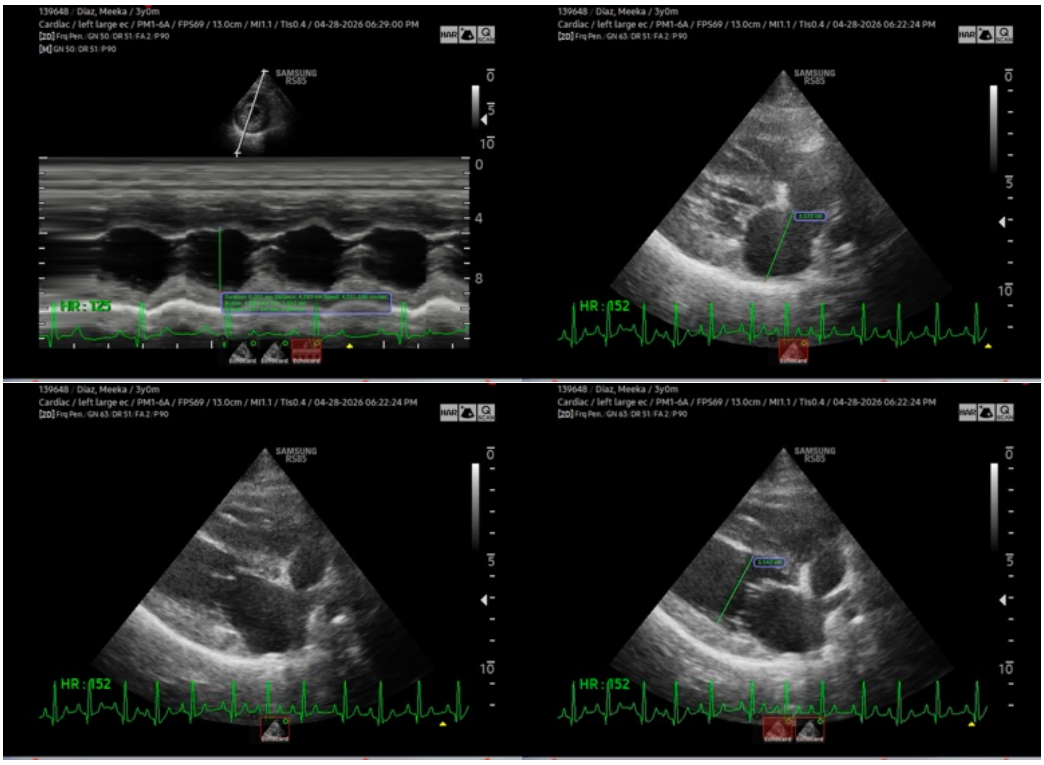
ULTRASONOGRAPHIC FINDINGS

Mitral and trivial tricuspid insufficiency.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I cannot discount the potential of elevated LVOT velocities. Further imaging of the left ventricular outflow tract is warranted. However, there is trivial mitral insufficiency. There was o evidence of clinically significant murmurs. Further imaging of the LVOT position SDEP 4 is recommended to ensure elevated aortic velocities are not present. PRF adjustment and pulmonic outflow Doppler would be appropriate as well. I am estimating the velocities to be approximately 1.4 m/sec; however; however, this should be reevaluated. There was no secondary changes noted in the heart that would result in anesthetic risk.



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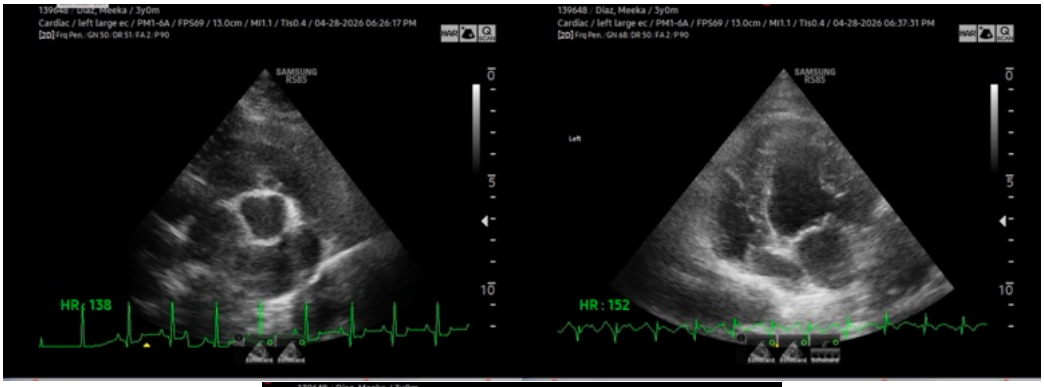

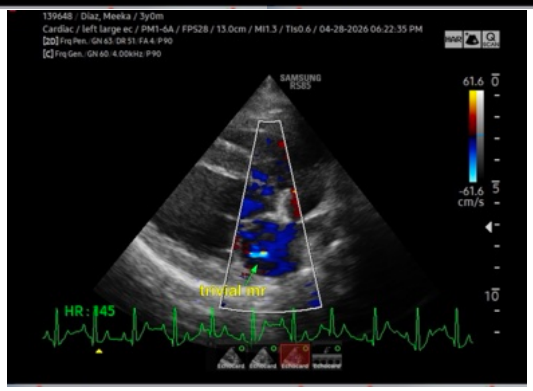

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com