



PATIENT PRESENTING CLINICAL SIGNS

Cooper Christee History: 2/6 murmur heard on routine exam; asymptomatic

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine The cardiac presentation revealed normal left atrial size. Contractility appeared to be adequate. The left ventricular internal diameter, septal and free wall thicknesses were unremarkable. Mitral insufficiency was noted on spectral Doppler. An occasional arrhythmia was noted. The hepatic veins were not dilated. No pericardial or pleural effusion was noted.

BREED

Yorkshire Terrier

SEX

Neutered male

AGE

12 years

WEIGHT

13.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC PARAMETERS	VMAX (m/s)	VMAX (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT			1.2	1.4	Approx 45		0.1
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC PARAMETERS	(BPM)	VMAX (m/s)	MAX (m/s)		2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT				13.8 lbs			

IMAGING PERFORMED BY

Jill Rumachik

HOSPITAL NAME

Mazomanie AH

REFERRING VET

Dr. Dally

INVOICE

98020

DATE

4/4/22

ULTRASONOGRAPHIC FINDINGS

Stage B1 valvular disease.

No evidence of volume overload.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

B1: The heart is stable without clinical disease. No overt contraindication for anesthesia of brief to moderate duration. I suggest Torbutrol premed, Propofol induction, Isoflurane maintenance or similar protocol if anesthesia is desired. Blood pressure recommended if not already performed and target white coat negative systolic pressure of < 160 mmHg. If higher than this ACE-inhibitor is suggested to reach this level. Recheck echocardiogram is recommended in 6 months, earlier if murmur grade increases or clinical signs initiate.



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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