



PATIENT PRESENTING CLINICAL SIGNS

Luna Lauf Presented to us in resp distress 3/30. Hospitalized for CHF, discharged 4/1. Recommended follow up with Echo on 4/4

SPECIES Abnormal PE/Chem/CBC/UA Results: Initial Exam/BW on 3/30 - Tachypnea, heart murmur, harsh lung sounds. EPOC - Glu 127, K 4.8, Na 152, LAC 4.04, BUN 46, HCT 34% 4/4 BW - EPOC = iCa 1.05, CREA 2.14, K+ 3.3 mmol/L, pCO2 22.8 mmHg, pH 7.537, BUN 55 mg/dl (at discharge CREA 2.4 and BUN 54) = static

BREED ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Havanese

SEX

Spayed Female

AGE

12.5 Years

WEIGHT

14 Pounds

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	5.49		1.2	1.47	56	89	0.2
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	94	1.3	0.82		2.5	2.3	

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Emily Kalenius

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Emily Kalenius

INVOICE

36747

DATE

4/6/22

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable insufficiency. Slight prolapse of the anterior mitral valve leaflet noted. 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 insufficiency noted at 3.6 m/sec, not clinically significant. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** 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. No echographically detectable evidence of infiltrative disease was visible. The cranial **mediastinum** and **pericardial** regions were free of masses in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Mitral and aortic insufficiency, compensated mitral valve disease with slight mitral valve prolapse



PATIENT

Luna Lauf

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No adjustment in current medications. Recheck echo in 6 months, earlier if murmur grade increases or clinical signs initiate. The patient should not be having any clinical signs related to cardiac disease at this time, as there is no evidence of volume overload. Blood pressure measurements warranted.

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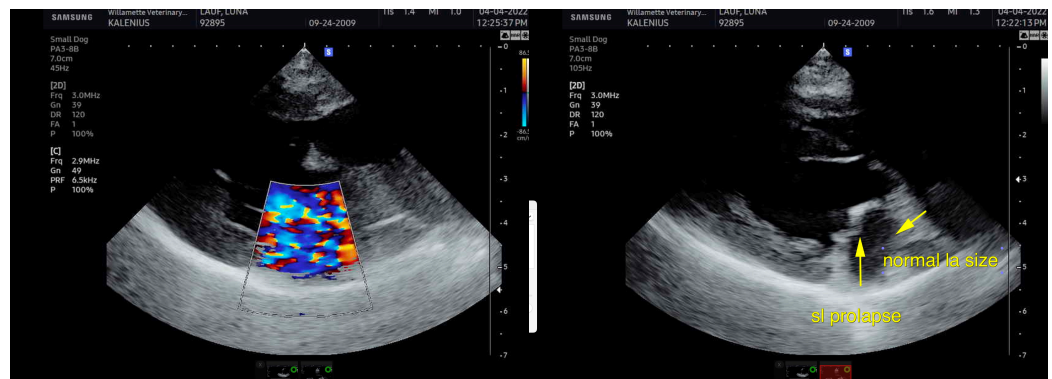
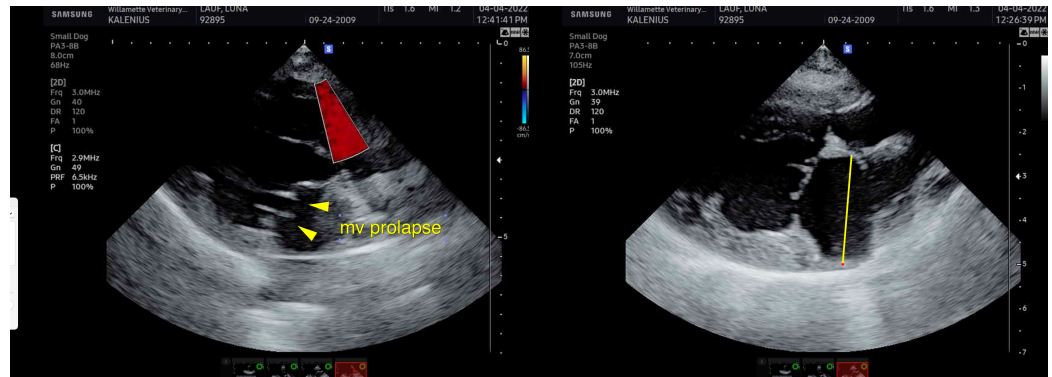
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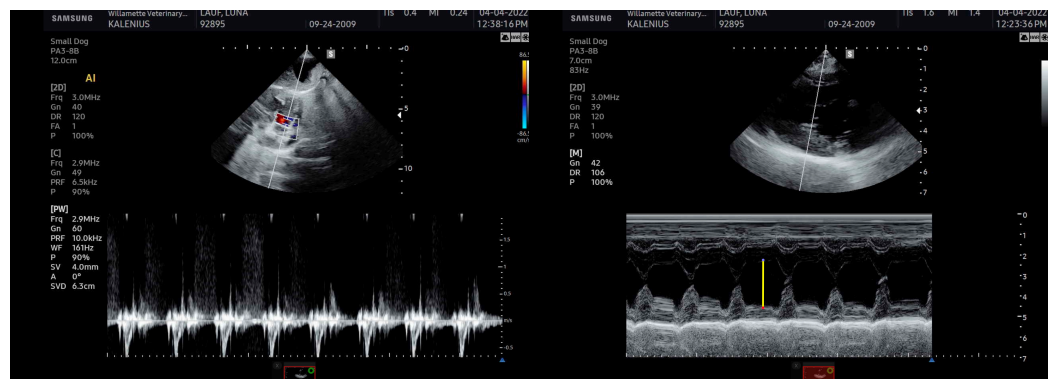
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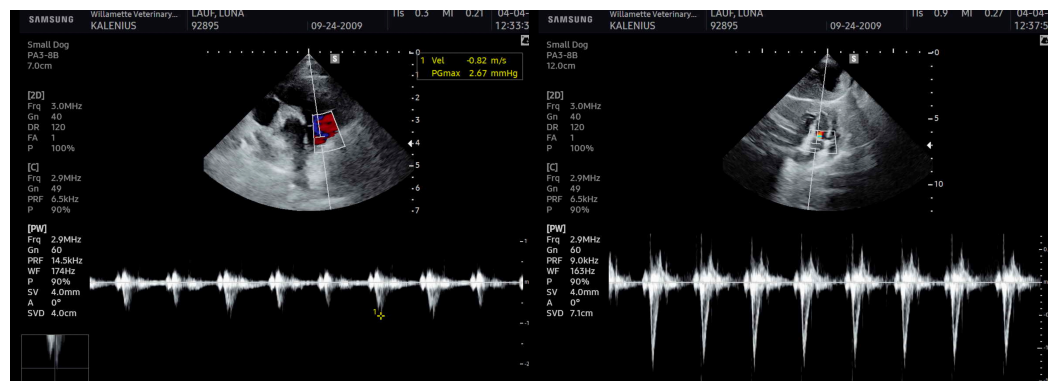
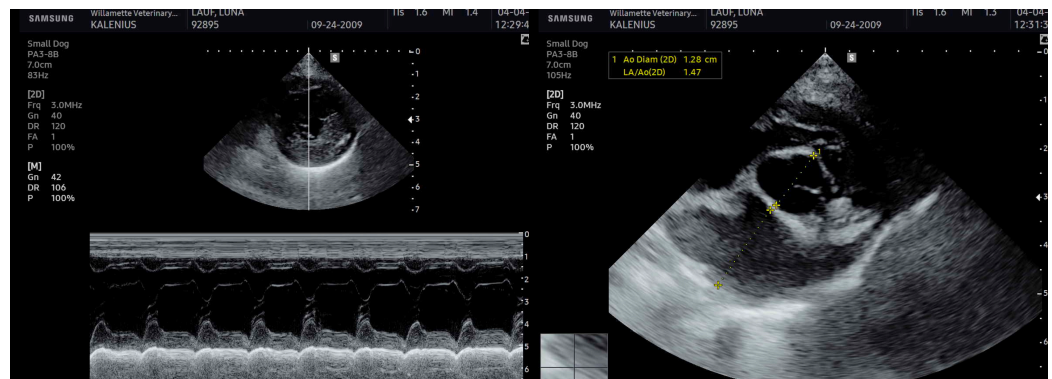
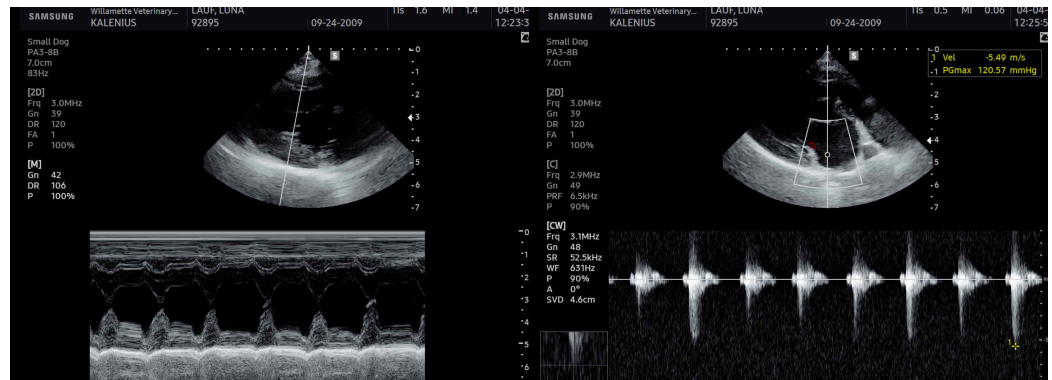
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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