



## PATIENT PRESENTING CLINICAL SIGNS

**Baby Hung** History: Pre-anesthetic echo for dental w/extraction. Heart murmur present. Current meds: Vetmedin 2.5mg bid, CBD, Platinum Performance

**SPECIES** Abnormal PE/Chem/CBC/UA Results: 3/25/22 Superchem/cbc/sdma WNL U/A-USG 1.022, Prot 1+, PH 8  
**Canine**

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

### BREED

Dachshund

### SEX

Neutered Male

### AGE

14 Years

### WEIGHT

21 Pounds

### INTERPRETED BY

Eric Lindquist, DMV  
 DABVP, Cert. IVUSS

### IMAGING PERFORMED BY

Shari Reffi, CVT

### HOSPITAL NAME

Whippany VH

### REFERRING VET

Dr. Cordero

### INVOICE

14661

### DATE

4/8/22

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
<b>PATIENT</b>	5.44	--	NM	1.6	46	79	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)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6				
<b>PATIENT</b>	87	1.83	.74	--	3.8	3.11	--

### Cardiac Presentation

The echocardiogram for this patient presented upper limits of normal to slightly enlarged **left atrial size** expressed both in the LA/AO and LA max measurements Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable insufficiency. 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 was noted at 6.0 m/s. 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



**PATIENT**

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- Early-stage B-2 valvular disease
- Compensated aortic and mitral insufficiency

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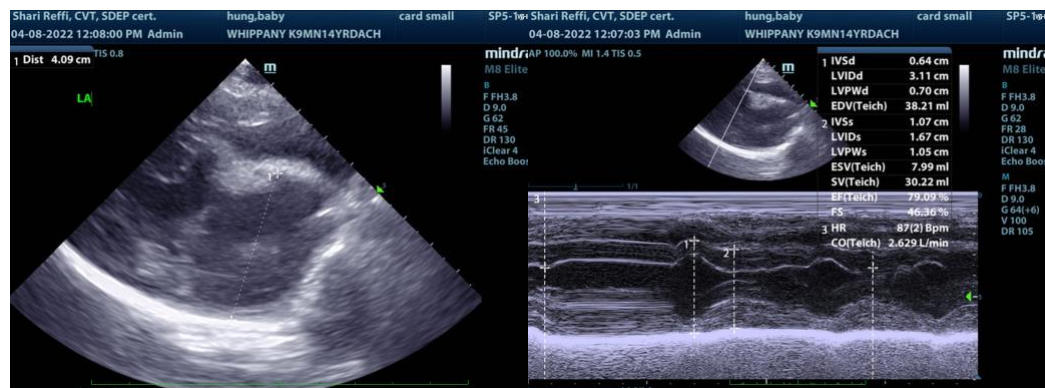
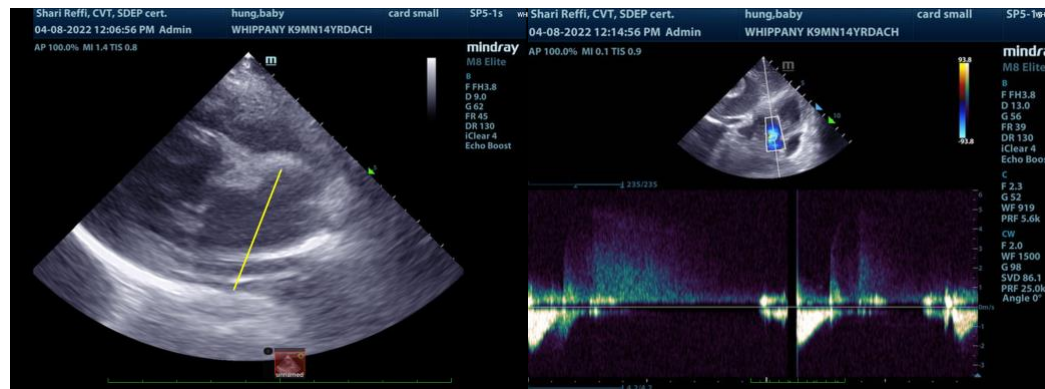
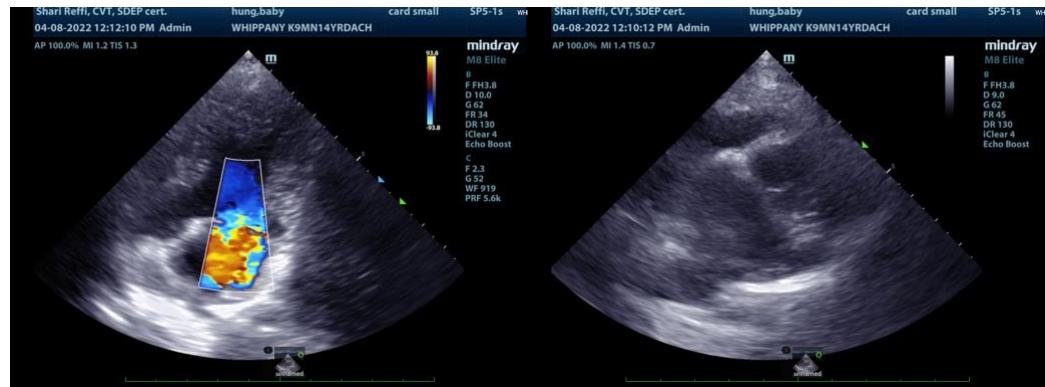
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend blood pressure measurements. If no hypertension is present (i.e., systolic pressure >160), then there is only minor anesthetic risk. A minimal amount of anesthetic time is recommended. Tobuterol (premed), propofol (induction) and isoflurane (maintenance). Recheck echo in 6 months or earlier if murmur grade increases or clinical signs initiate.





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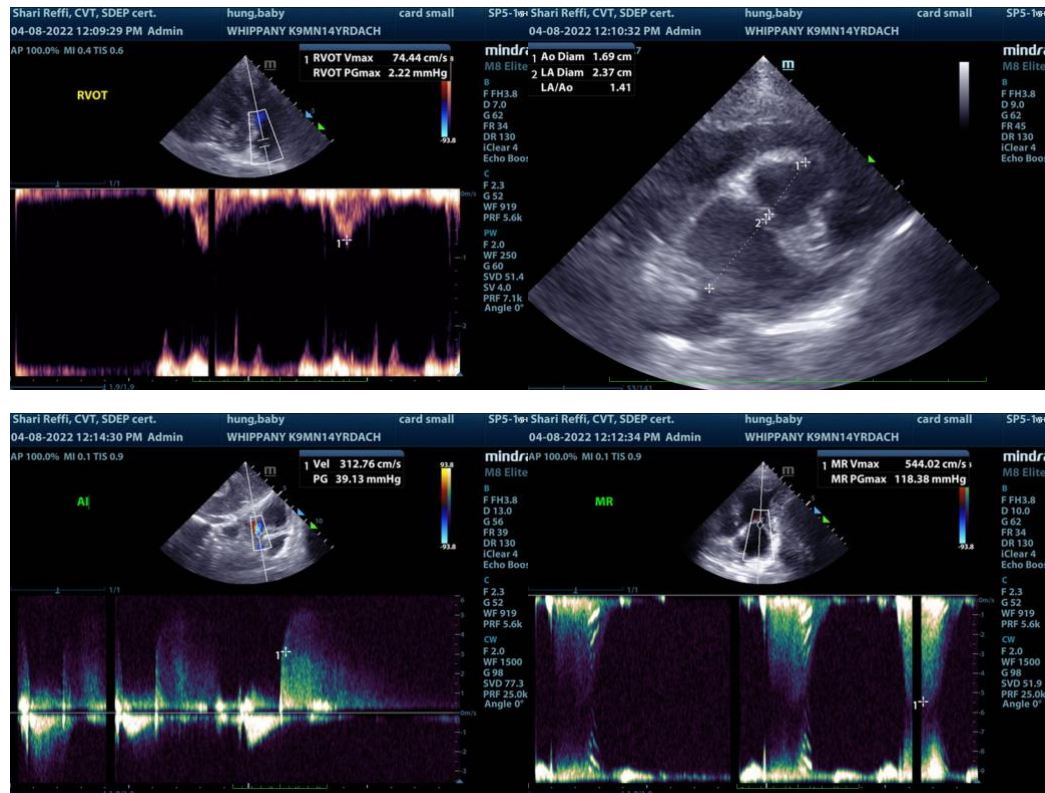
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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