


PATIENT PRESENTING CLINICAL SIGNS

Jade Ramsden

History: Hx of diagnosis of stage B1 valvular disease 10/28/21; it was recommended to recheck echo in 6 months, sooner if concerns. NO concerns @ home; murmur stable on exam.

SPECIES

Abnormal PE/Chem/CBC/UA Results: stable stage 3/6 systolic murmur

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED	CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
Labrador Mix								
SEX	NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
FS	PATIENT	3.6		1.3	1.29	35	65	NM
AGE	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)
12 yr								
WEIGHT	NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
66.4 lb	PATIENT		156	106			4.04	

Cardiac Presentation
INTERPRETED BY

 Eric Lindquist, DMV
 DABVP, Cert. IVUSS

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. 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 or chamber overload. Tricuspid insufficiency was noted. 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.

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

 All Creatures Great &
 Small Veterinary
 Clinic

REFERRING VET

Jessica Bailes

ULTRASONOGRAPHIC FINDINGS
INVOICE

- Stage B1 valvular disease-compensated

10599ag

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
DATE

The mitral insufficiency on color flow assessment was centralized and fairly mild.

05/12/2022



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Jade Ramsden

SPECIES

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BREED

Labrador Mix

SEX

FS

AGE

12 yr

WEIGHT

66.4 lb

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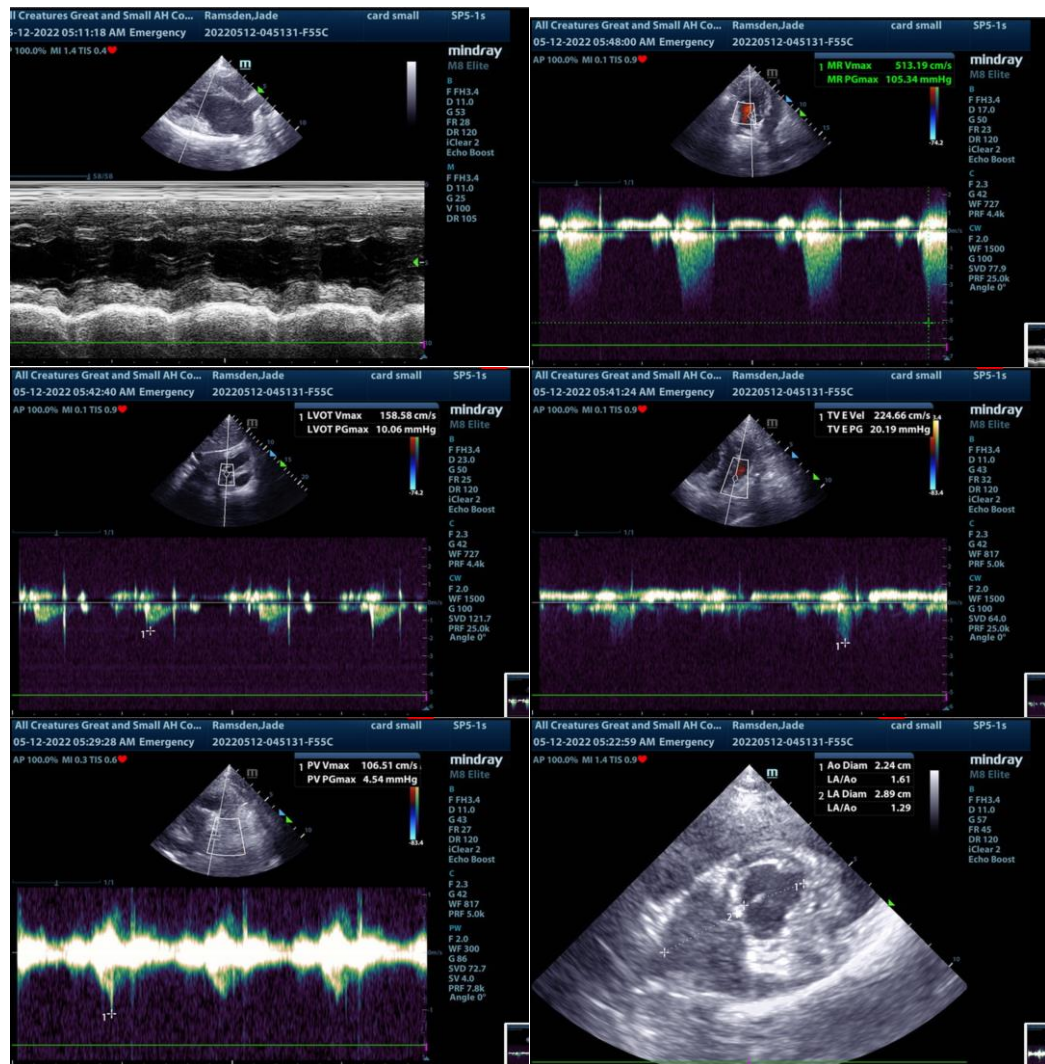
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REFERRING VET

Jessica Bailes

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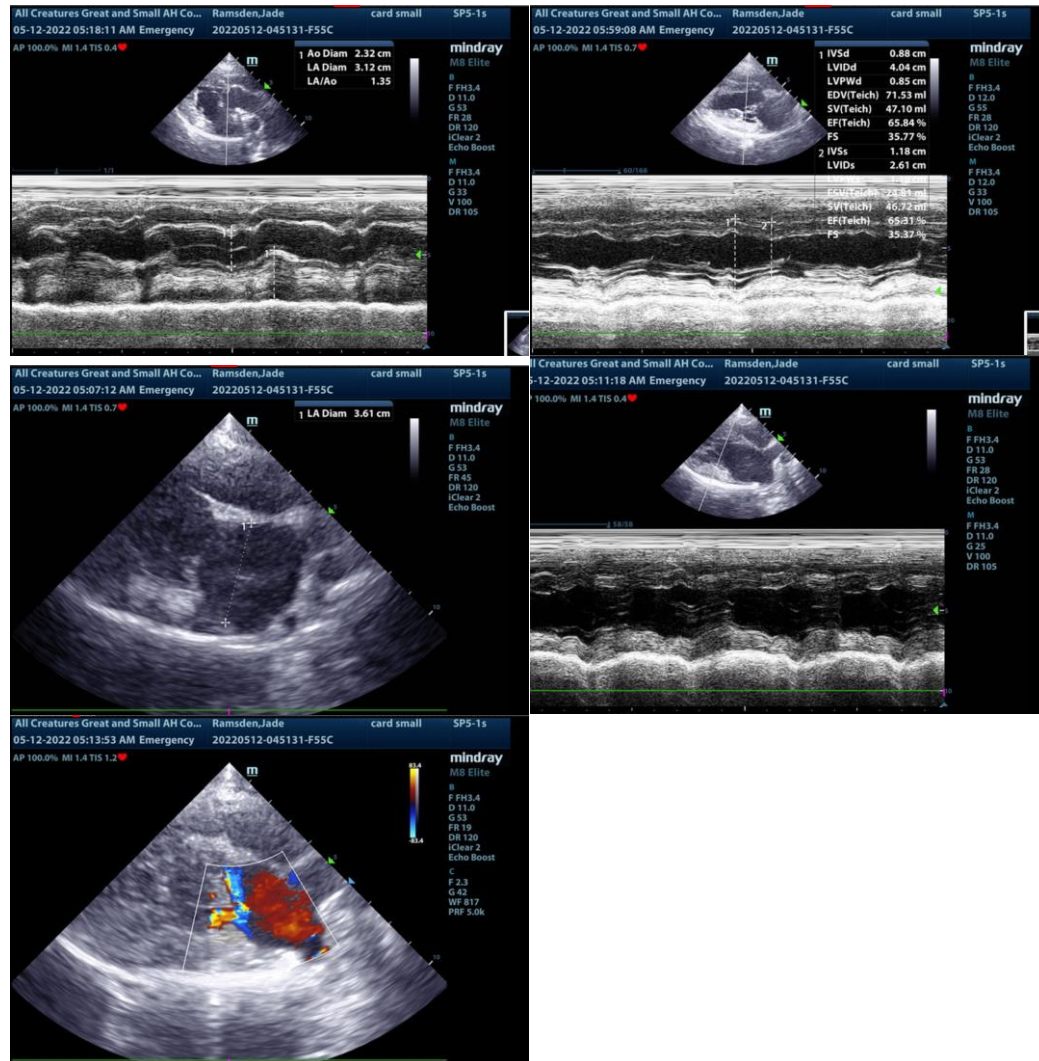
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com