


PATIENT PRESENTING CLINICAL SIGNS

Ruth Ann Barrett Recheck echo from 2/8/21; recent episode of suspected syncope. On benazapril 2.5 mg sid
 Abnormal PE/Chem/CBC/UA Results: 3/25/22 noted WBCs, USPG 1.026

SPECIES

Canine

BREED

Rat Terrier

SEX

Spayed Female

AGE

17 years

WEIGHT
INTERPRETED BY

 Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden, RVT

HOSPITAL NAME

Advanced VC

REFERRING VET

Dr. Weingartner

INVOICE

30125

DATE

5/3/22

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal volumes. Mitral and tricuspid insufficiency was noted with moderate filling of the left atrium on color flow assessment. Internal diameters of all four chambers were normal. The contractility was adequate and compensatory. Slight prolapse of the anterior mitral valve leaflet was noted without any increase in the left atrial volume. The right atrium was prominent similar to the prior sonogram, yet there was no evidence of right-sided failure. The hepatic veins were not dilated. The pericardial and pleural spaces were normal.

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	<1.3	28-40	40-100	<0.6
PATIENT	6.16		1.3	1.4	35	66	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				
PATIENT	155	1.9	1.0		2.88 max	2.77	

ULTRASONOGRAPHIC FINDINGS

Compensated stage B1 valvular disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no progression from the prior echocardiogram.

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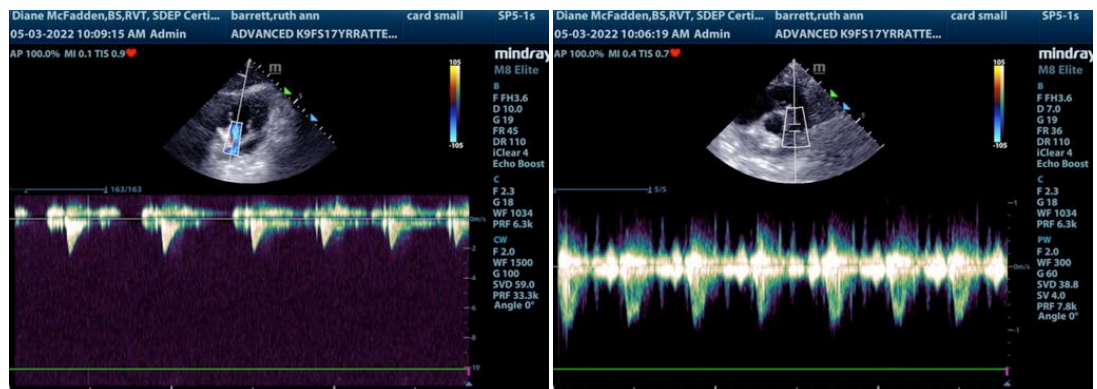
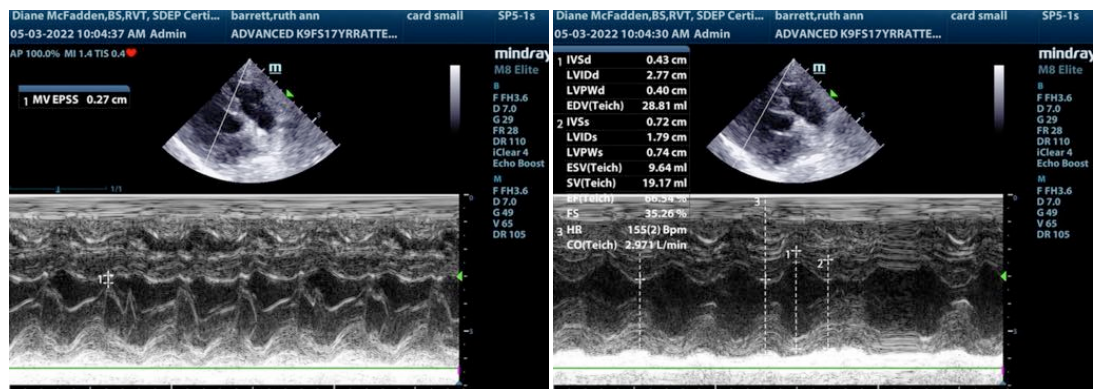
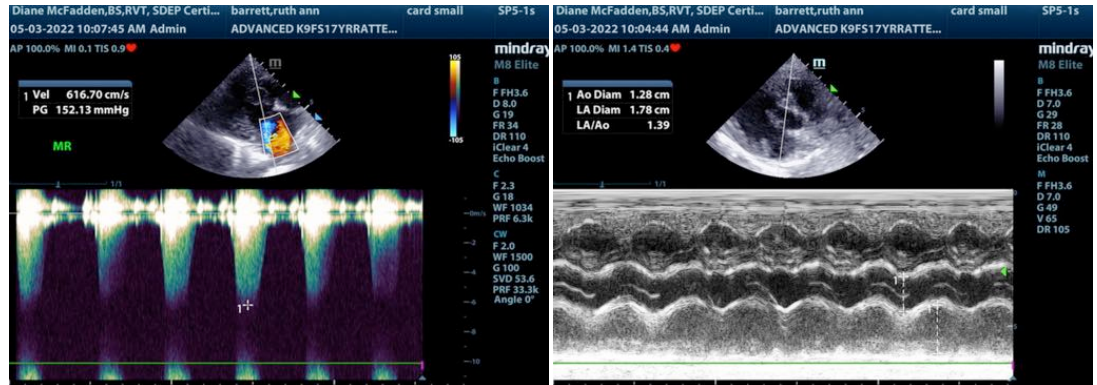
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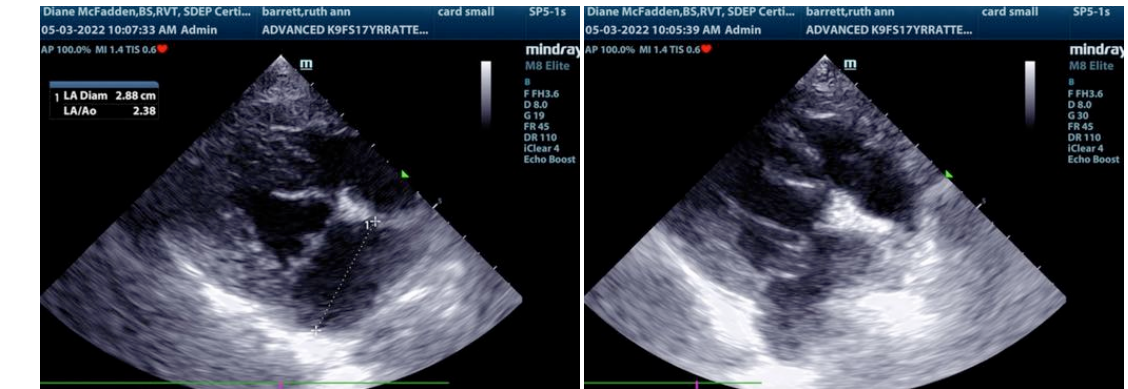
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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