


PATIENT PRESENTING CLINICAL SIGNS

Lulu Ginter History: grade 2 murmur, louder than previously heard, "wooshing", mass in right lung field seen in 2021 (report attached)

SPECIES

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)
Terrier Mix								
SEX	NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
FS	PATIENT			1.15		49	82	1.0
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)
13 yr								
WEIGHT	NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
15.8 lb	PATIENT	133	200	80			2.85	

INTERPRETED BY

 Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

 Halton Peel Animal
 Hospital

REFERRING VET

Dr. Walters

Cardiac Presentation

The echocardiogram in this patient demonstrated normal left atrial size based on 3 separate methods of LA evaluation. Mitral valve insufficiency was noted at 650 m/s. 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. Tricuspid valvular assessment demonstrated minor tricuspid insufficiency at 2.5 m/s. The right ventricle was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. Pulmonary outflow tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). Aortic insufficiency noted, not clinically significant.

ULTRASONOGRAPHIC FINDINGS

- Stage B1 valvular disease
- Mitral, aortic and minor tricuspid insufficiency

INVOICE

10690ag

DATE

05/30/2022

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



PATIENT

Lulu Ginter

The lung mass noted on the prior US was not visible in the acoustic windows. Chest radiographs +/- CT would be warranted at this time to monitor the lung mass. Given the history a lung necrosis that has been resolving would make sense in this patient. No cardiac medication recommended at this time.

SPECIES

Canine

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.

BREED

Terrier Mix

SEX

FS

AGE

13 yr

WEIGHT

15.8 lb

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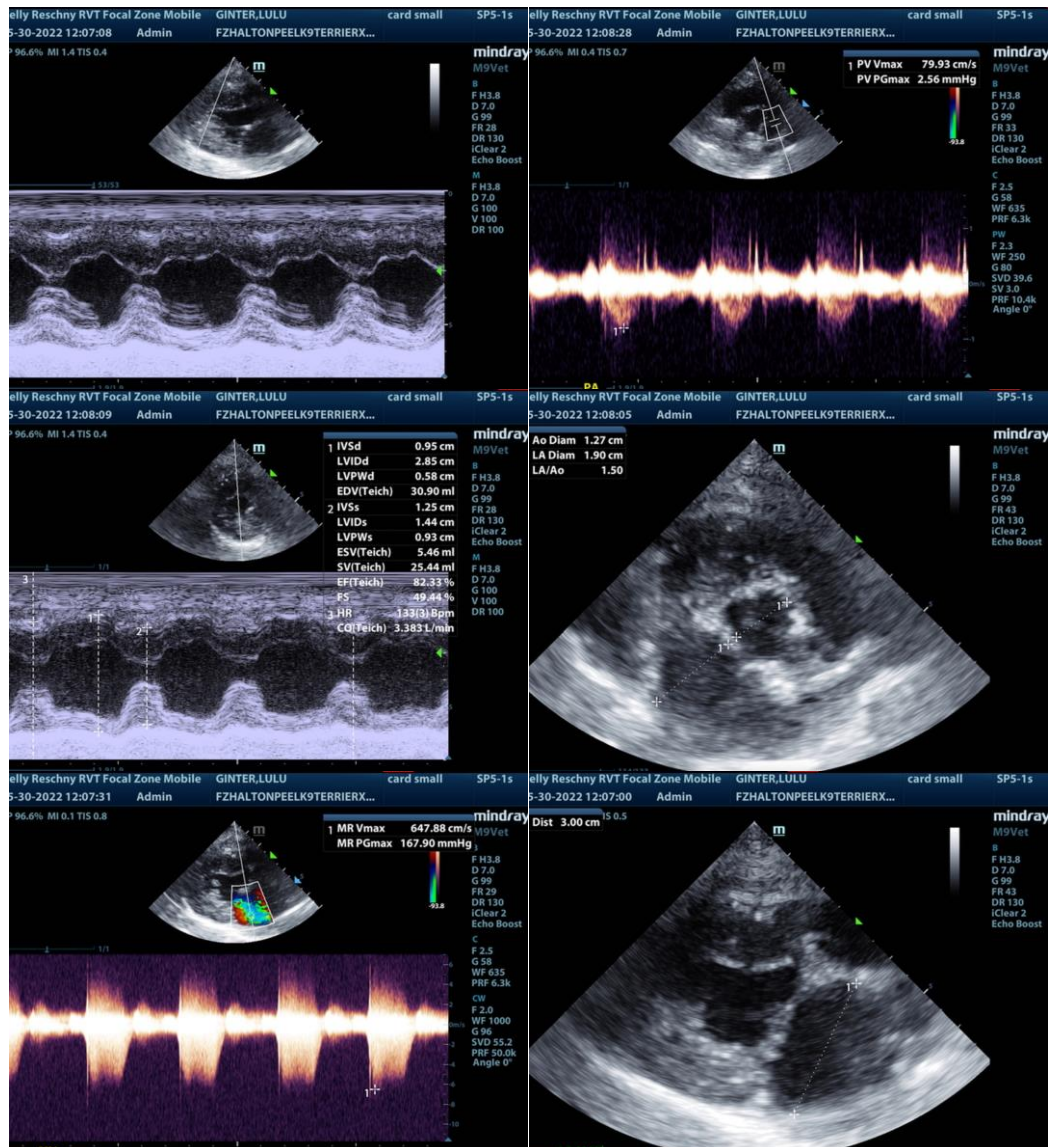
Dr. Walters

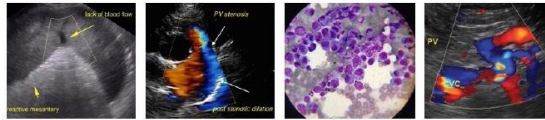
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PATIENT

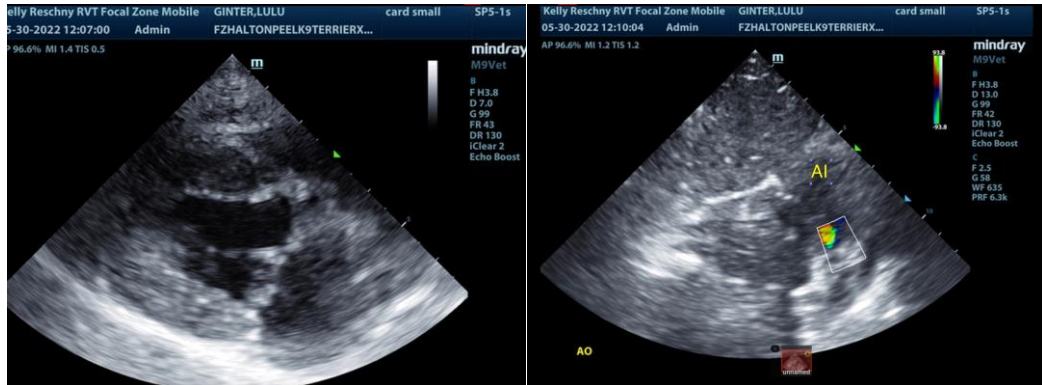
Lulu Ginter

SPECIES

Canine

BREED

Terrier Mix



SEX

FS

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.

AGE

13 yr

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.

WEIGHT

15.8 lb

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