

## PATIENT

Champ Alves

## SPECIES

Canine

## BREED

Pit Bull

## SEX

Neutered Male

## AGE

8 Years

## WEIGHT

68.6 Pounds

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Diane McFadden

## HOSPITAL NAME

ACC Flanders

## REFERRING VET

Dr. Hallihan

## INVOICE

22423

## DATE

5/9/23

## PRESENTING CLINICAL SIGNS

History: assess for anesthesia prior to CT scan; 3/6 murmur, subaortic stenosis. on Cefapodoxine 200mg sid, entyce, calcitriol 0.25mg, gabapentin, atenolol 37.5, trazadone this am.

Abnormal PE/Chem/CBC/UA Results: USPG 1.022

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	6.0	--	1.19	1.2	25	40	0.41
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	--	3.52	.74	--	4.0	3.71	--

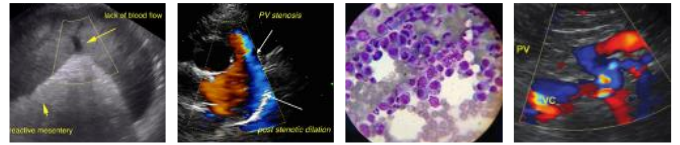
## Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. Minor mitral insufficiency was noted, centralized. 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 outflow velocity was excessive yet compensated at this time. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. Minor pulmonic insufficiency was noted (77 cm p/s). No visible **pericardial** or free pleura fluid was noted. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window.

## ULTRASONOGRAPHIC FINDINGS

- Compensated subaortic stenosis with concurrent mitral insufficiency
- Trivial pulmonic insufficiency
- Secondary aortic insufficiency

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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No adjustment on current protocol is recommended. No overt contraindication to anesthetic procedure in this patient. Torbutrol (premed), propofol (induction), isoflurane (maintenance) is recommended.

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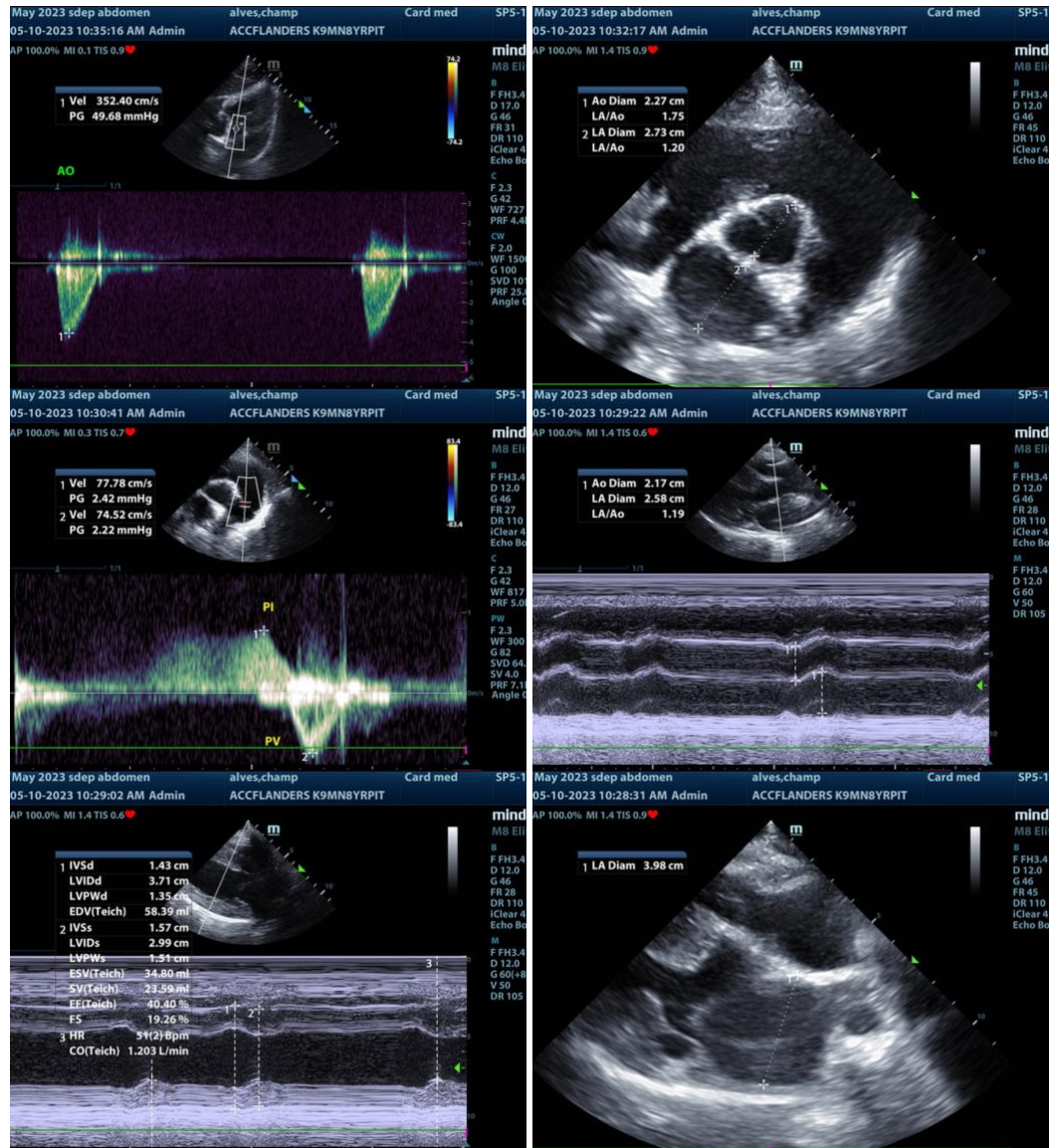
Dr. Hallihan

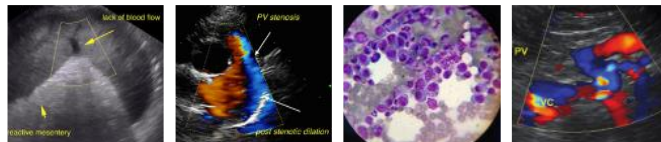
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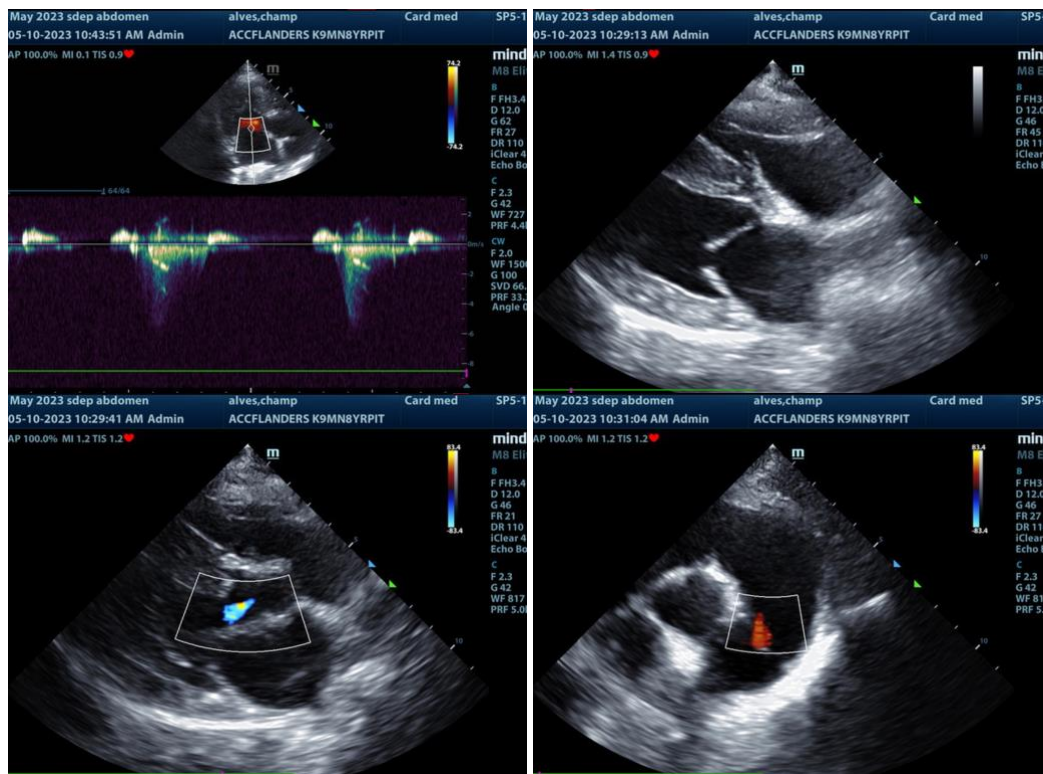
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com