



PATIENT

Goose Eleventh
Hour Rescue

PRESENTING CLINICAL SIGNS

Newly Dx'd HWD, no c/s.
Abnormal PE/Chem/CBC/UA Results: Pending

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Pit Bull X

SEX

Neutered Male

AGE

2 Years

WEIGHT

47 Pounds

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	<1.6	28-40	40-100	<0.6
PATIENT			1.38	1.4	38	70	0.1
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	BELOW	BELOW	BELOW	BELOW
PATIENT	140	1.3	4.5		2.84	2.91	

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. 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 pulmonic valve was thickened in this patient and dysplastic with excessive outflow velocity of 4.5 m/sec. Pulmonic insufficiency at 3.0 m/sec. The right atrium and right ventricle were mildly enlarged. Concentric hypertrophy of the right ventricle noted. Right atrial to left atrial ratio was 1:1/ 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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

ULTRASONOGRAPHIC FINDINGS

- Pulmonic stenosis with secondary pulmonic insufficiency and right ventricular and right atrial enlargement.

INVOICE

38835

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for balloon valvuloplasty or similar procedure recommended in this patient. No evidence of heartworm disease in this patient. This is consistent with congenital pulmonic stenosis.

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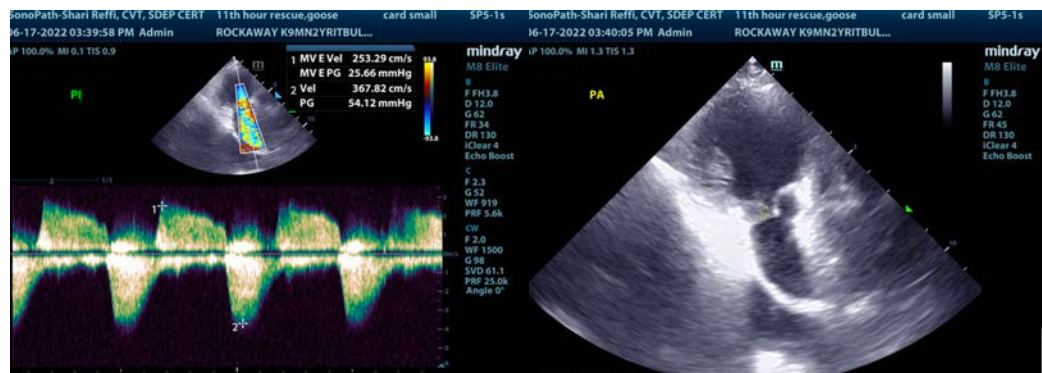
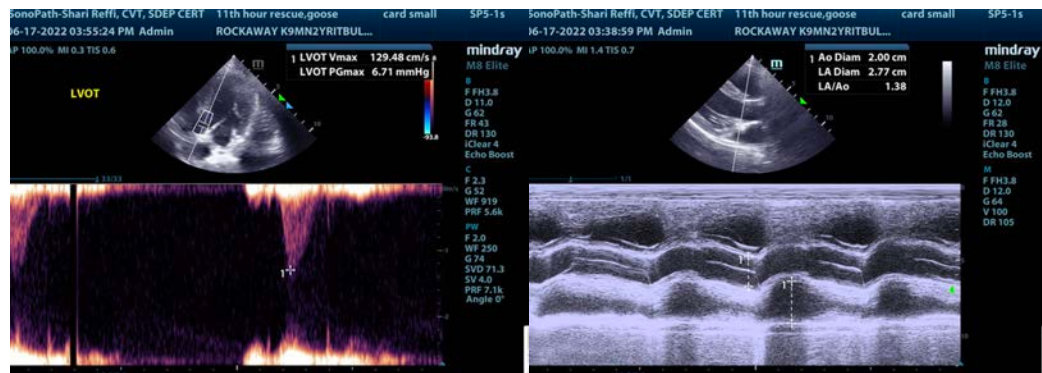
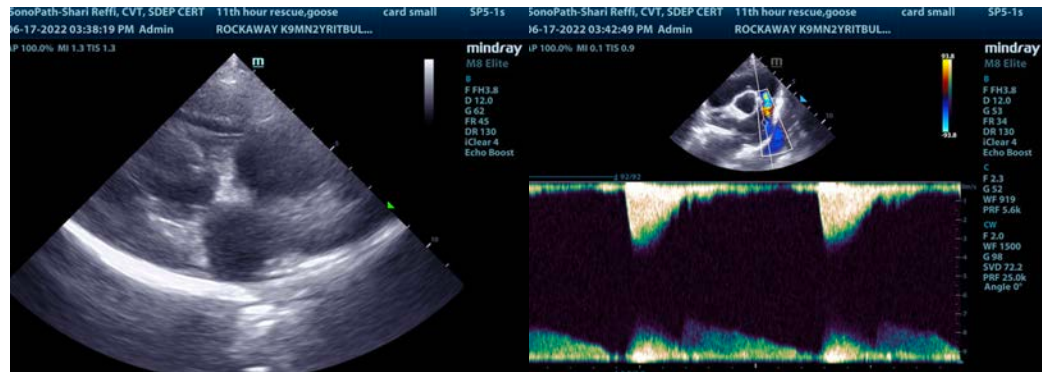
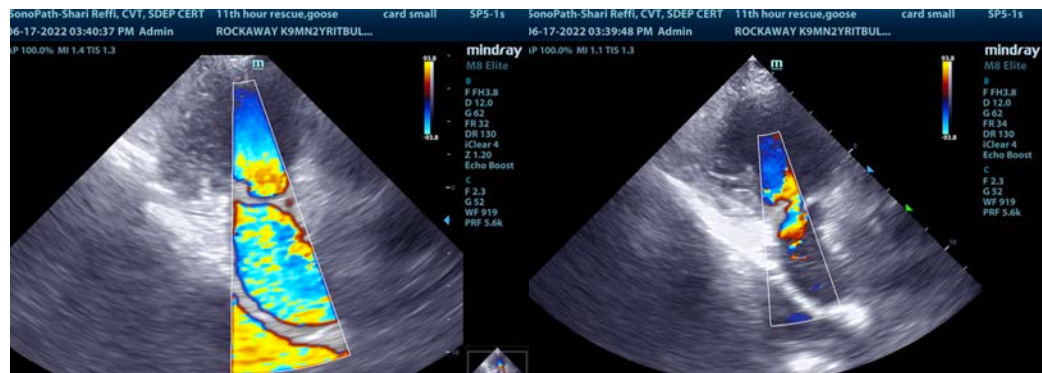
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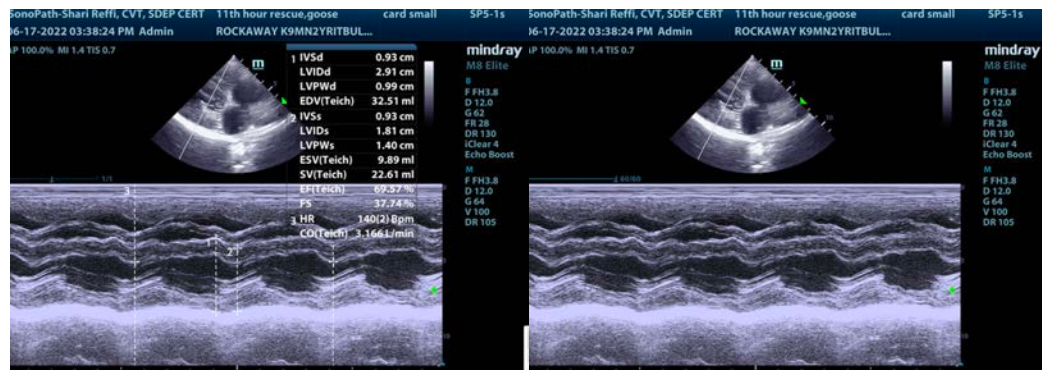
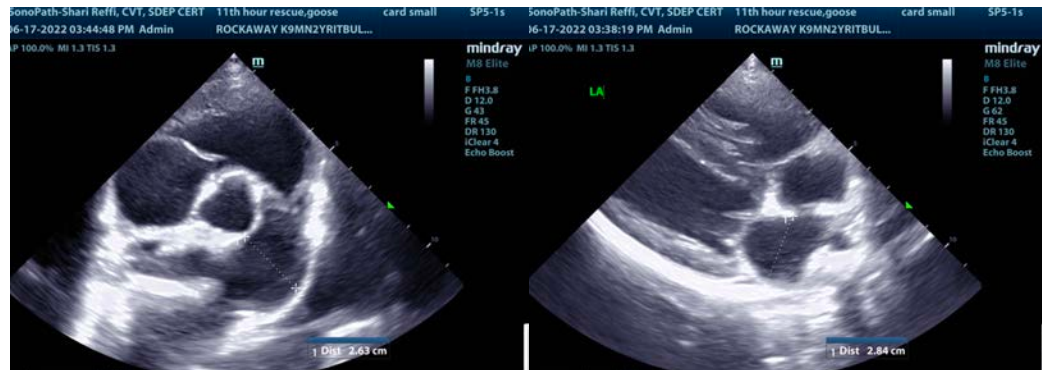
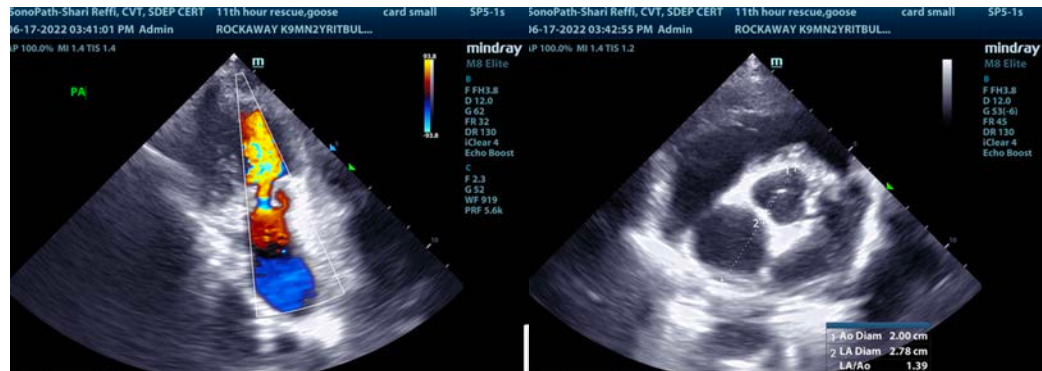
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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