



PATIENT

Murphy Keith Murray

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered male

AGE

12 years

WEIGHT

16.8 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. McFarlen

HOSPITAL NAME

Van Isle VH

REFERRING VET

Dr. McFarlen/Dr.
Silverthorn

INVOICE

45018

DATE

6/24/23

PRESENTING CLINICAL SIGNS

History: New murmur auscultated. Owner does report more panting, personality changes, hanging back on walks. Diagnosed in 2021 hypothyroid confirmed with TSH/T4 testing BUT Since Jan 2023 has been running high 59/57 (N=31-51). Lat full CBC and Chem 2021. RECENT WT loss too. March to June 0.80 kg loss. Not on raw or special ingredient food.

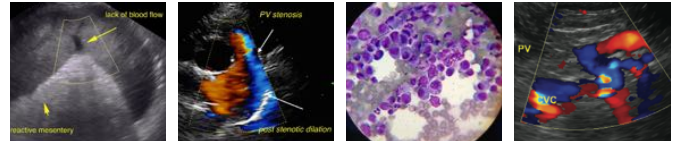
ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. **Mitral** valve insufficiency was noted and measured 5.0 m/sec. Contractility of the **left ventricle** was subnormal. This may be owing to systemic disease. 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** insufficiency was noted and was structurally unremarkable. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. Mild **pulmonic** insufficiency was noted. 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. Bradycardia was noted in this patient.

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base;)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	NM	NM	NM	1.23	28	54	0.7
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		NM	0.77	16.8	2.01	4.8	

ULTRASONOGRAPHIC FINDINGS

Early DCM type parameters with mitral, tricuspid and pulmonic insufficiency.



INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No left atrial enlargement was noted. I recommend assessing systemic disease parameters such as Addison's and hypothyroidism. Taurine levels are warranted as well as assessment of dietary history for nutritional cardiomyopathy. Infectious agent exposure for myocarditis should also be considered as well as EKG to rule out heart block. No specific treatment is recommended at this time. However, a recheck echocardiogram is recommended in 6-8 weeks or earlier if clinical signs initiate. An abdominal sonogram is warranted to assess for comorbidities that may be causing a hypocontractility of the heart.

PATIENT

Murphy Keith Murray

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered male

AGE

12 years

WEIGHT

16.8 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. McFarlen

HOSPITAL NAME

Van Isle VH

REFERRING VET

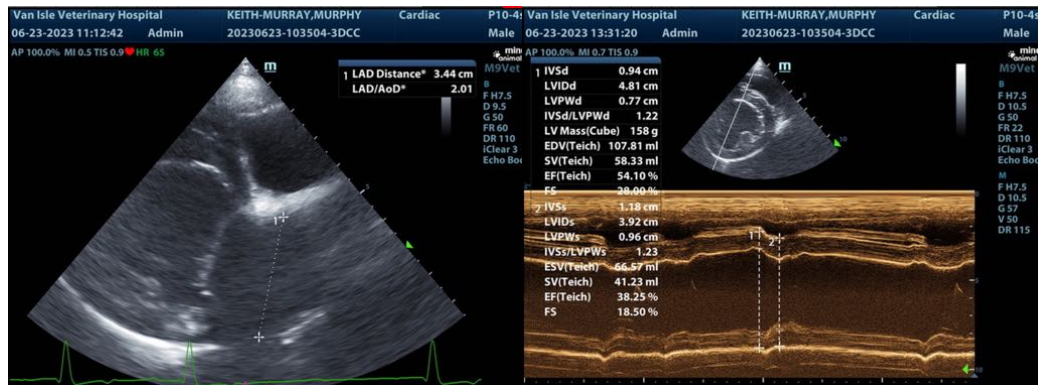
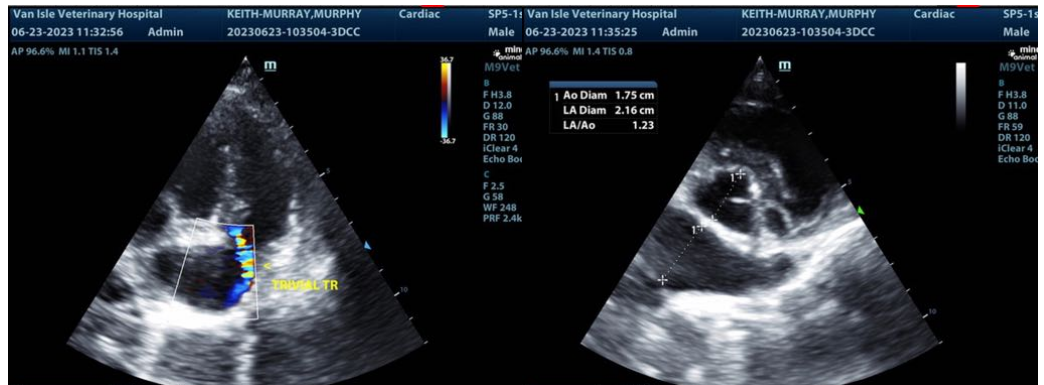
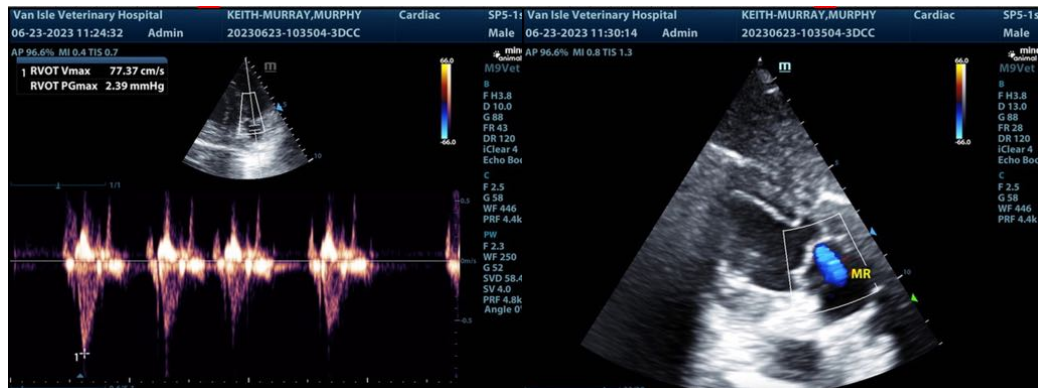
Dr. McFarlen/Dr.
Silverthorn

INVOICE

45018

DATE

6/24/23





PATIENT

Murphy Keith Murray

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered male

AGE

12 years

WEIGHT

16.8 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. McFarlen

HOSPITAL NAME

Van Isle VH

REFERRING VET

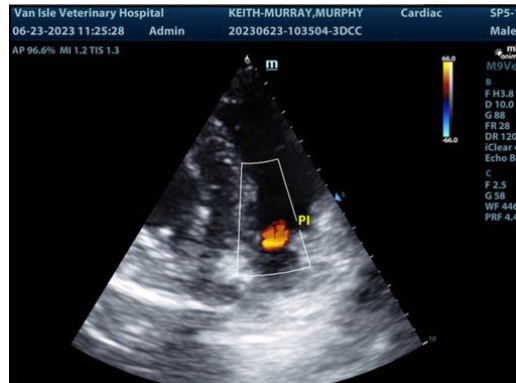
Dr. McFarlen/Dr.
Silverthorn

INVOICE

45018

DATE

6/24/23



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
info@SonoPath.com