



PATIENT PRESENTING CLINICAL SIGNS

Louie Keenan

Sometimes has coughing episodes less than a few times per month. O does not considered tracheal inflammation to be a problem currently. Known O.A being managed with Meloxicam. It was recommended that patient have an echocardiogram performed given cardiac murmur identified and mild increase in ProBNP level.

SPECIES

Canine

BREED

Poodle X

Abnormal PE/Chem/CBC/UA Results: Cardiovascular Notes: - Normal rate and rhythm auscultated. - Grade 2-3/6 heart murmur, predominately over L A-V valve - Femoral pulses were synchronous and of good quality. CBC - WNL Biochem - BUN 32 (9 - 31 mg/dL) - Creatinine Kinase 222 (10 - 200 U/L) - Cardiopet proBNP (Canine) 1,013 (0 - 900 pmol/L)

SEX ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Neutered Male

AGE

1/18/11

WEIGHT

8.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

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	--		1.2	1.2	45	90	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	106	--	0.80		2.0	2.2	

IMAGING PERFORMED BY

Dr. Jenni Tudini

HOSPITAL NAME

East Aurora VH

REFERRING VET

Dr. Noah Seward

INVOICE

43626

DATE

6/29/23

Cardiac Presentation

Moderate filling of the **left atrium** noted on color flow assessment of the mitral valve without volume overload. Trivial **minor** centralized mitral insufficiency noted. 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 adequate linear morphology and kinesis. 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/a ratio). 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

- Stage B1 valvular disease



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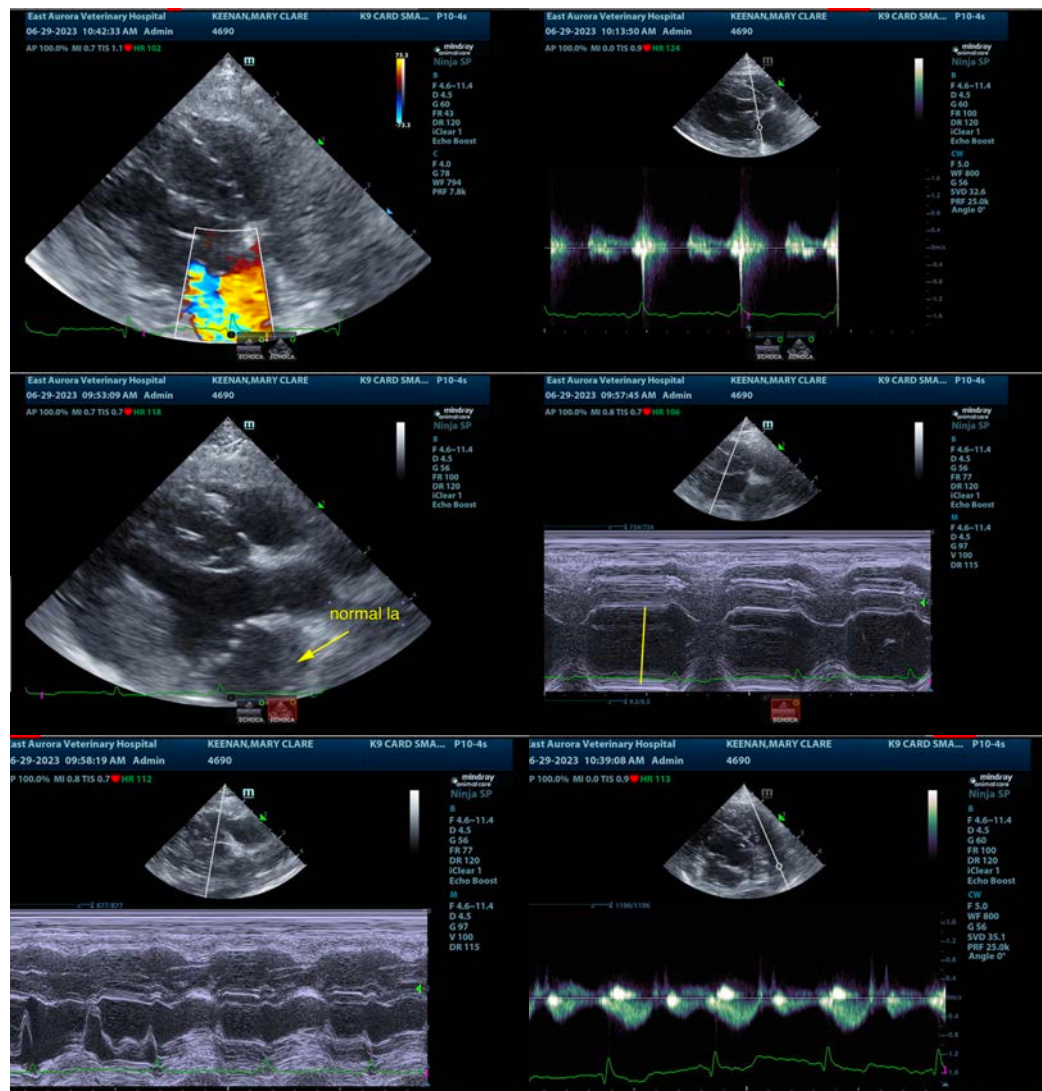
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cough is non-cardiogenic. The heart is stable without clinical disease. No overt contraindication for anesthesia of brief to moderate duration. I suggest Torbutrol premed, Propofol induction, Isoflor 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.



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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