



PATIENT

Abbie Both

SPECIES

Canine

BREED

Cavalier King Charles

SEX

Spayed Female

AGE

15 Years

WEIGHT

12.6 Pounds

PRESENTING CLINICAL SIGNS

Patient presents for possible syncopal episodes vs. other. Current med: Levothyroxine. Blood pressure: 183/97.

Abnormal PE/Chem/CBC/UA Results: Elevated Alk. Phos. and GGT. UP:UC 0.6, USG 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	<1.6	28-40	40-100	<0.6
PATIENT			0.9	0.9	52	86	NM
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	100	1.6	1.29			2.09	

Cardiac Presentation

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Parsippany AH

REFERRING VET

Dr. Linda Dulude

INVOICE

38363

DATE

6/3/22

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. Trivial turbulence noted in the mitral valve, yet not clinically significant. The **left ventricle** presented concentric hypertrophy. This may be owing to underlying systemic hypertension. 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/ao 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

- Essentially normal echocardiogram with slight left ventricular hypertrophy
- Trivial mitral insufficiency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of clinical cardiac disease. Given the hypertension in this patient, hypertensive crisis is likely playing a role. However, abdominal sonogram recommended to assess for pheochromocytoma or other causes of systemic hypertension. ACE inhibitor therapy warranted to reach systolic pressure <160. No primary cardiac therapy recommended.



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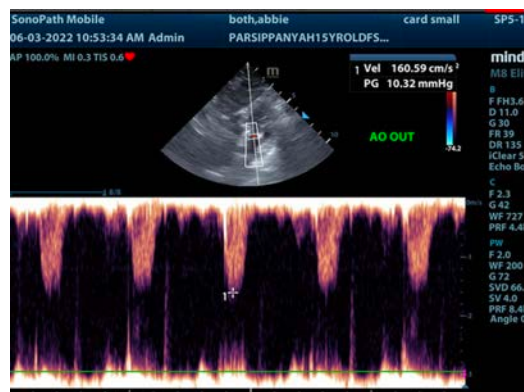
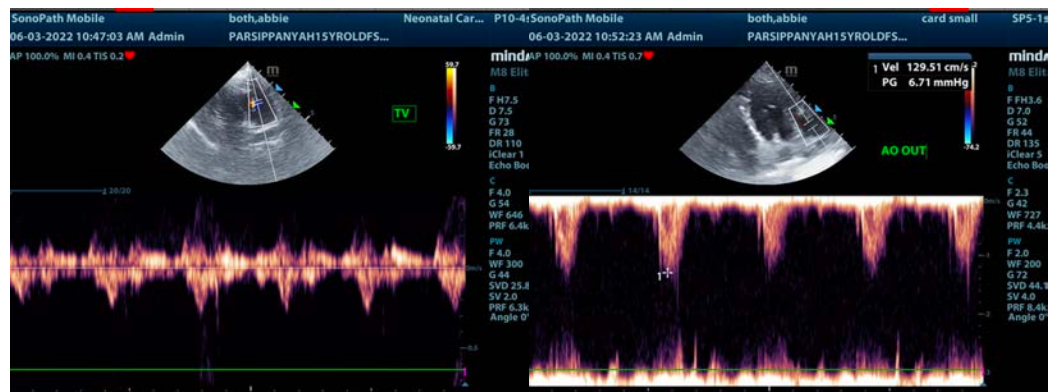
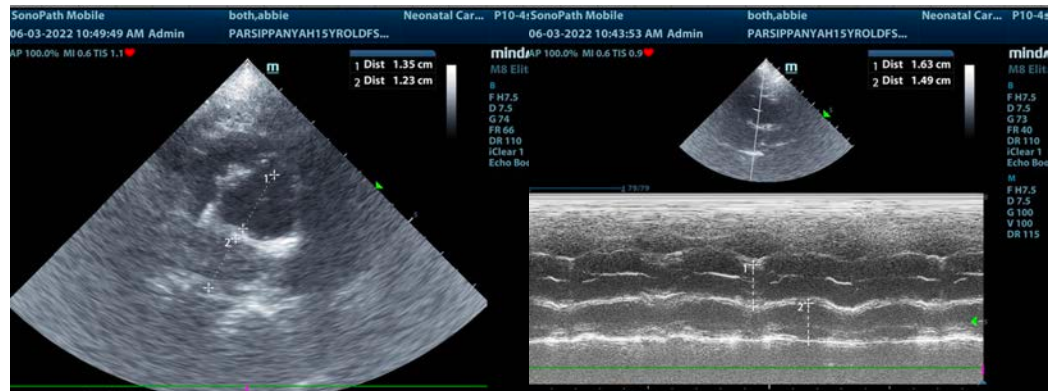
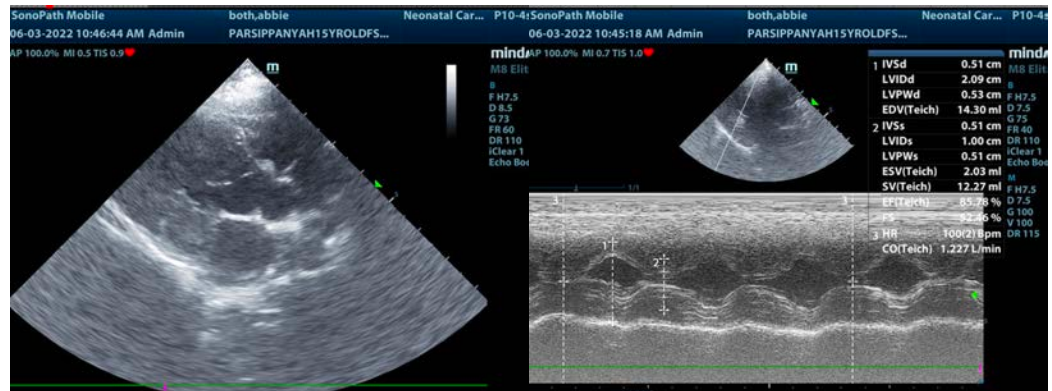
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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