



PATIENT PRESENTING CLINICAL SIGNS

Tessa Aikens

SPECIES

Canine

BREED

Cavalier King Charles Spaniel

SEX

Spayed Female

AGE

9 Years 10 Months

WEIGHT

26 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Alex McFeely

HOSPITAL NAME

Straley Vet Associates

REFERRING VET

Dr. Alex McFeely

INVOICE

43688

DATE

7/1/23

Tessa presented in early May for an exam, and owners were interested in scheduling a dental procedure. During the exam a 4/6 novel cardiac murmur was auscultated and a cardiac work-up was recommended prior to anesthesia and dental procedure. Other than recent hearing loss and mild periodontal disease, Tessa has not exhibited any abnormal clinical signs. On Friday, June 30, 2023, Tessa's cardiac work-up was completed. Her survey chest radiographs showed a VHS of 11-11.5, slightly enlarged pulmonic vessels on VD view (normal on lateral view), straight caudal cardiac waist, and a mild bronchointerstitial pattern that could be consistent with age. Her BP was mostly normal, from 135/100 (116) to 158/100 (127) mmHg systolic/diastolic (MAP). She was given 2.4 mg butorphanol IV to lightly sedate for the cardiac ultrasound.

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			1.1	1.3	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	70	1.6	0.9		3.2	2.6	

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable insufficiency. 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 or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** 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. No echographically detectable evidence of infiltrative disease was visible. The cranial **mediastinum** and **pericardial** regions were free of masses in the visible window.



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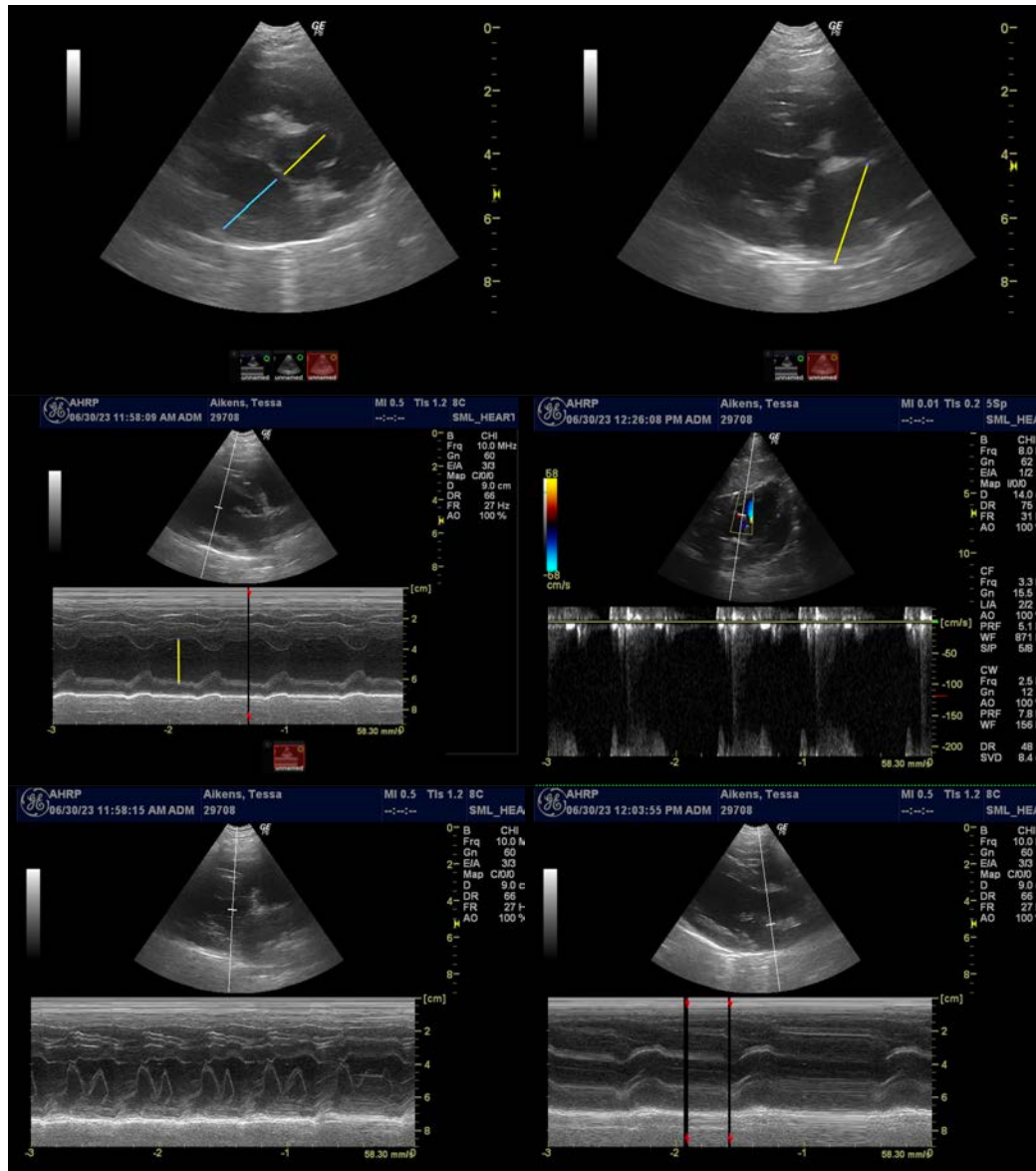
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ULTRASONOGRAPHIC FINDINGS

- Stage B1 valvular disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt contraindication to anesthetic procedure. EKG warranted if not already performed. If normal, no contraindication to anesthetic procedure.





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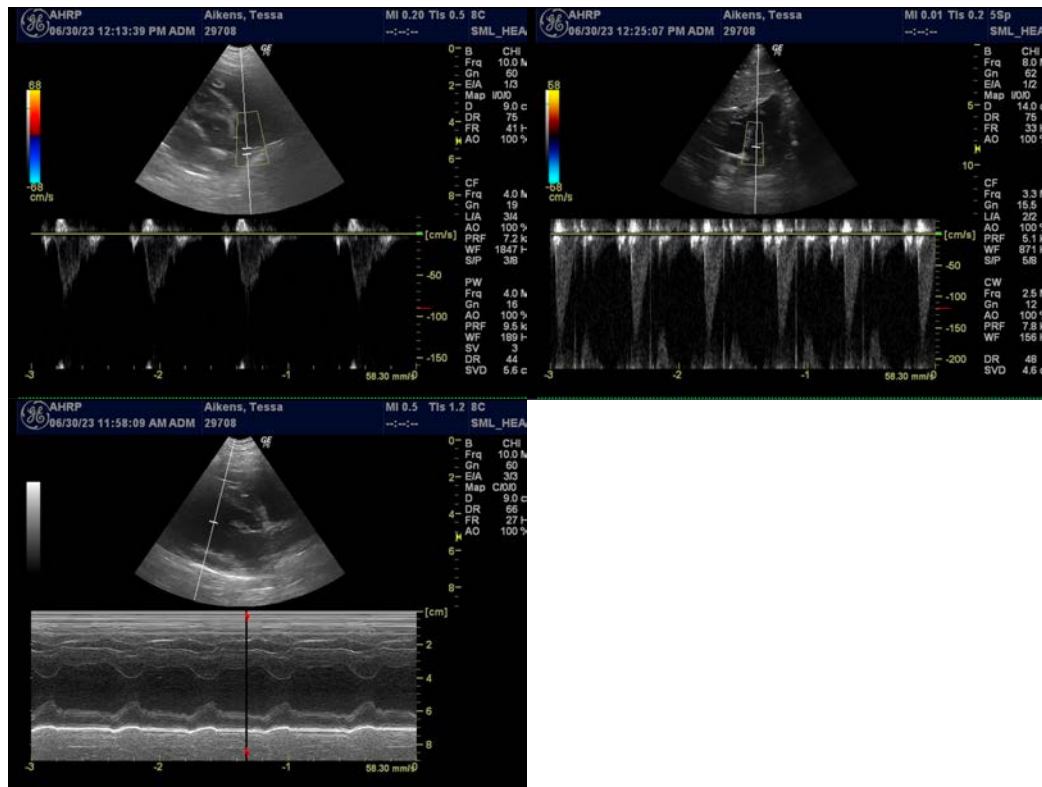
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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