


**PATIENT PRESENTING CLINICAL SIGNS**

Boe Lucas  
**SPECIES**  
 Canine  
**BREED**  
 Australian Shepherd  
**SEX**  
 Neutered Male  
**AGE**  
 11 Years 10 Months  
**WEIGHT**  
 20 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**  
 39450  
**DATE**  
 7/12/22

Boe presented for a cardiac diagnostic recheck, having been originally diagnosed with advanced stage B2 MMVD in Oct. 2020. This is his third SonoPath cardiac ultrasound telemedicine submission. Since he was originally started on triple therapy, he has done very well. He has been anesthetized successfully a couple of times, most recently within the past month for a neuter and perianal adenoma excision. He did not require sedation for his ultrasound today. His BP was initially normal at 138/96 (112) mmHg, but started to climb, most likely reacting to the noise in treatment area where his BP was taken. He is on 2.5mg pimobendan PO BID, 5mg enalapril PO BID and 20mg furosemide PO BID. Note that his murmur was not audible on exam today (in the past has been as loud as 3/6 intensity).  
 Abnormal PE/Chem/CBC/UA Results: Mildly increased BUN 40, high normal Creat 1.4 and mildly increased Ca 12 on 6/21/22.

**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)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
<b>PATIENT</b>			1.15	1.3	35	95	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)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
<b>PATIENT</b>	70	--	1.0		2.8	3.4	

**Cardiac Presentation**

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. Minor mitral insufficiency noted and vegetative changes, compensated at this time. Slight prolapse of the anterior mitral valve leaflet 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/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.

**PRIMARY FINDINGS**

- Stable valvular disease



**PATIENT**

Boe Lucas

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of volume overload. Recheck echo in 6 months.

**SPECIES**

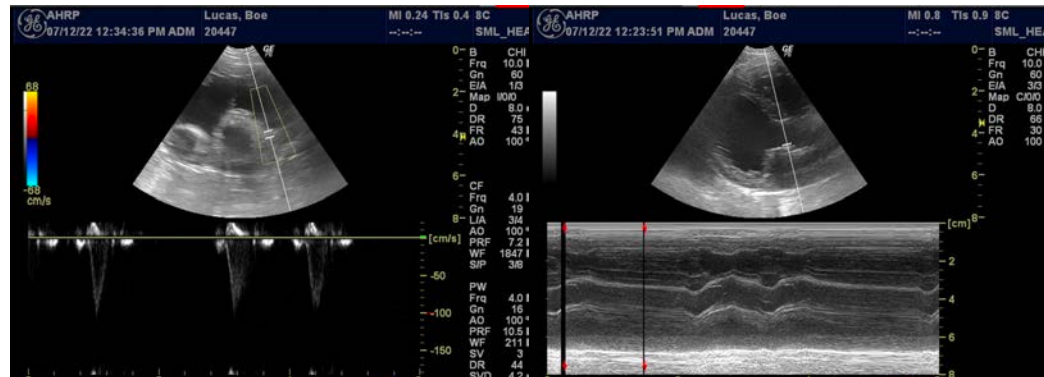
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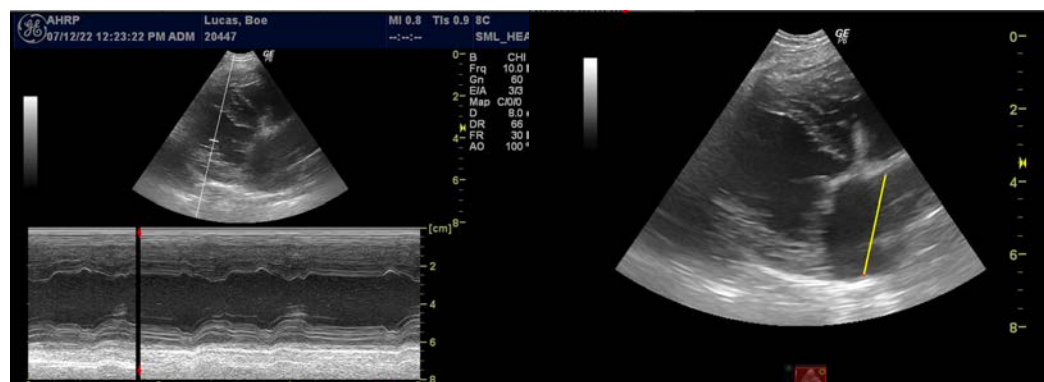
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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