



PATIENT

Dopson Northstar
Rescue

SPECIES

Canine

BREED

Bichon Frise

SEX

Male

AGE

7 Years

WEIGHT

10 Pounds

PRESENTING CLINICAL SIGNS

persistent cough and grade 3/6 left apical systolic HM clear for anesthesia

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			NM	1.7	50	90	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	Apprx 60	1.0	0.5		3.24	3.02	

Cardiac Presentation

The echocardiogram for this patient presented excessive **left atrial size** expressed both in the LA/AO and LA max measurements 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** insufficiency also noted. 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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

ULTRASONOGRAPHIC FINDINGS

- Early Stage B2 valvular disease

INVOICE

39619

DATE

7/18/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

EKG warranted to rule out bradyarrhythmia. Minimal anesthetic risk in this patient. Ideally, Pimobendan would be initiated at 0.3 mg/kg BID. EGK and blood pressure warranted prior to surgery. Torbutrol premed, Propofol induction, Isoflurane maintenance recommended.



PATIENT

Dopson Northstar
Rescue

SPECIES

Canine

BREED

Bichon Frise



SEX

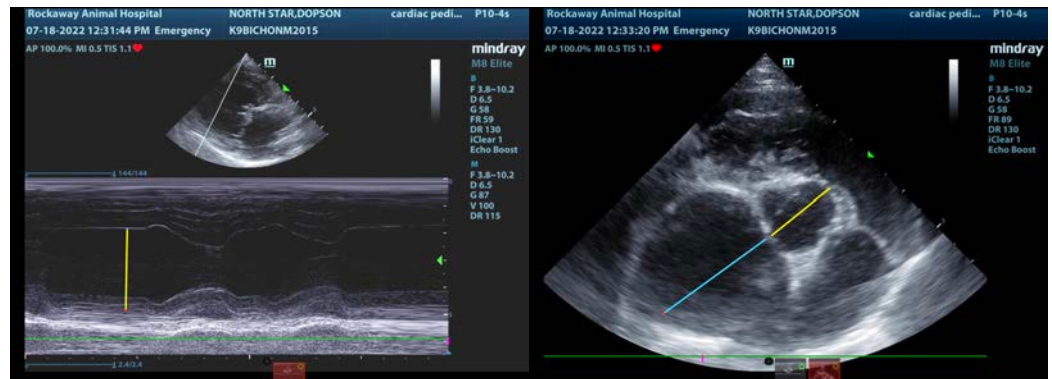
Male

AGE

7 Years

WEIGHT

10 Pounds



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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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

IMAGING PERFORMED BY

Jenn

info@SonoPath.com

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

39619

DATE

7/18/22