



PATIENT PRESENTING CLINICAL SIGNS

Gabriel Hance Becoming more heat intolerant, panting. Perihilar congestion on rads. Heart murmur 4/6.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine

BREED

Pit Bull X

SEX

Neutered Male

AGE

6 Years

WEIGHT

78 Pounds

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	5.25		1.2	1.3	38	69	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	85	5.16	1.19		4.15	4.55	

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 slight remodeling, yet compensated at this time. **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** presented thickened irregular aortic valve with severely aortic outflow velocity with secondary aortic insufficiency, most consistent with subaortic stenosis. 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.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Eric Lindquist, DMV

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HOSPITAL NAME

Rockaway AH

REFERRING VET ULTRASONOGRAPHIC FINDINGS

Dr. Ascot

- Subaortic stenosis
- Secondary mitral insufficiency and aortic insufficiency

INVOICE INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

39760

Given the patient history, continuation of Atenolol therapy indicated. Blood pressure measurements warranted. This appears compensated at this time regarding volume and current medication. Given that the patient is heat susceptible, I recommend keeping him in cool areas not exceeding 75-80 degrees,

DATE

7/22/22



PATIENT

especially if exercise is involved.

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REFERRING VET

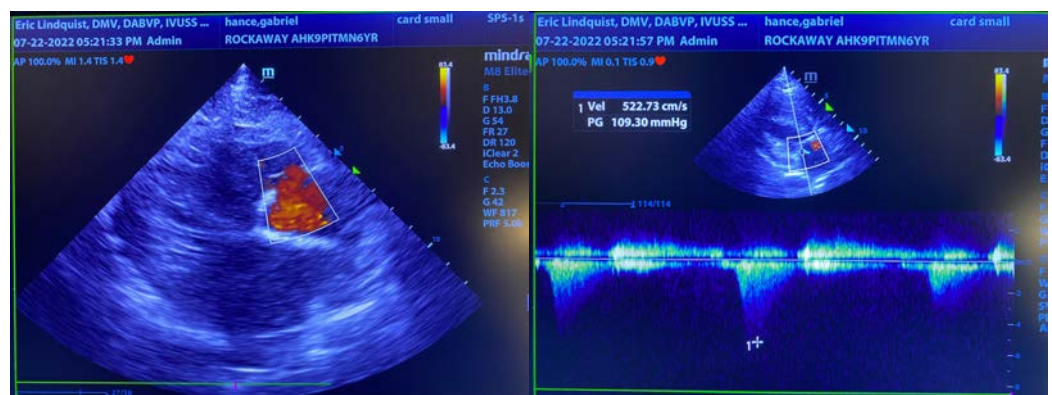
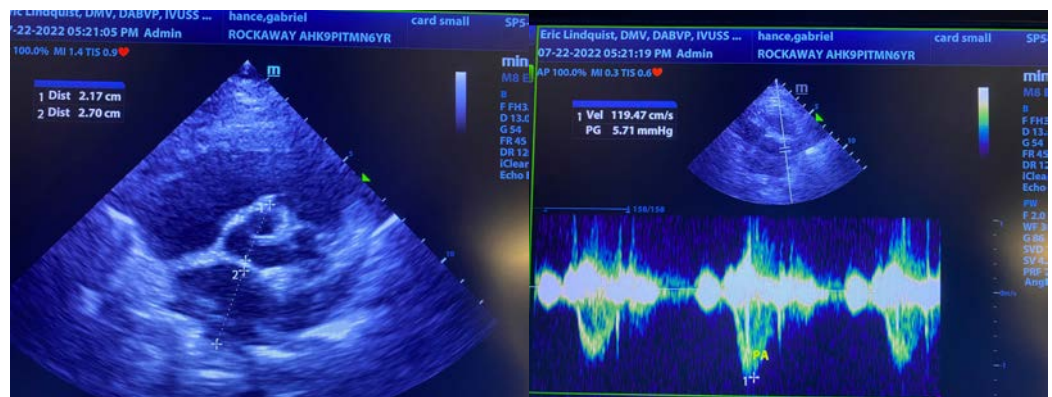
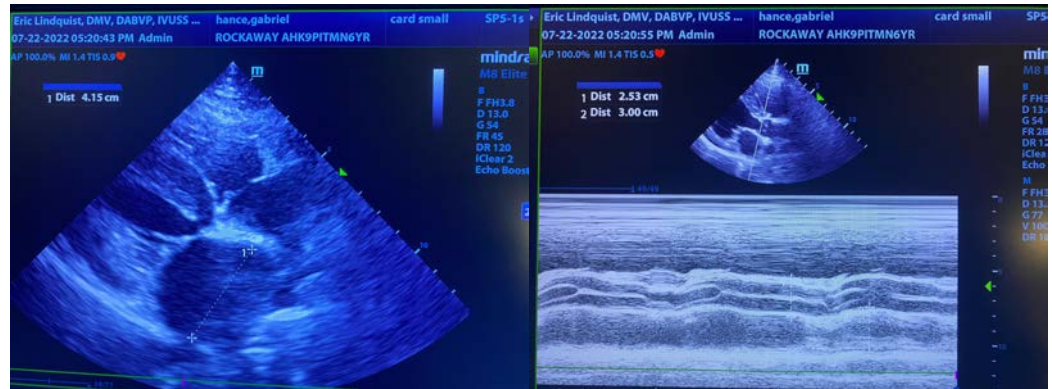
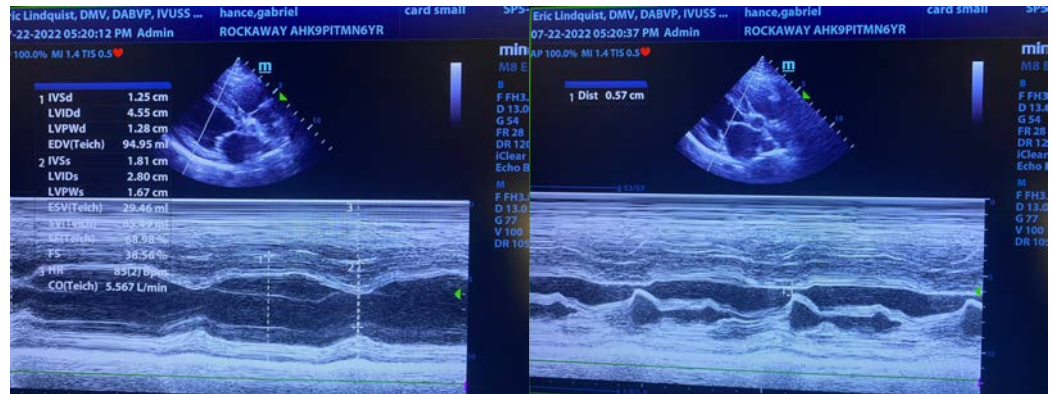
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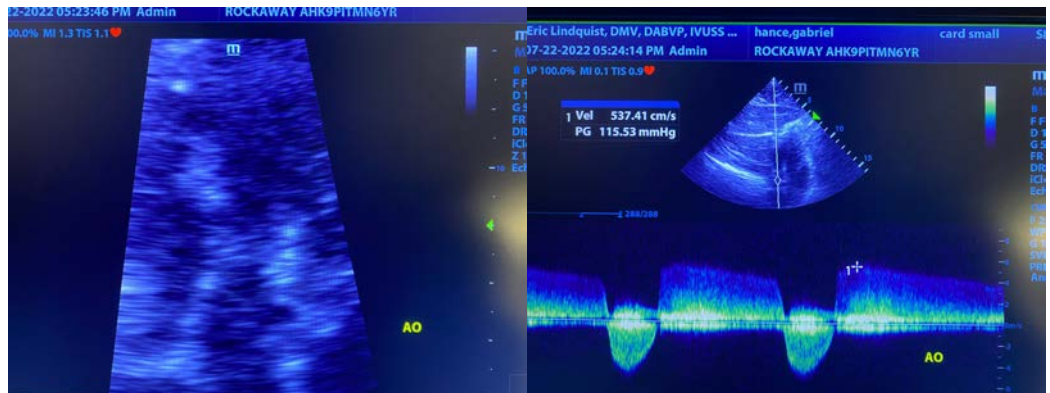
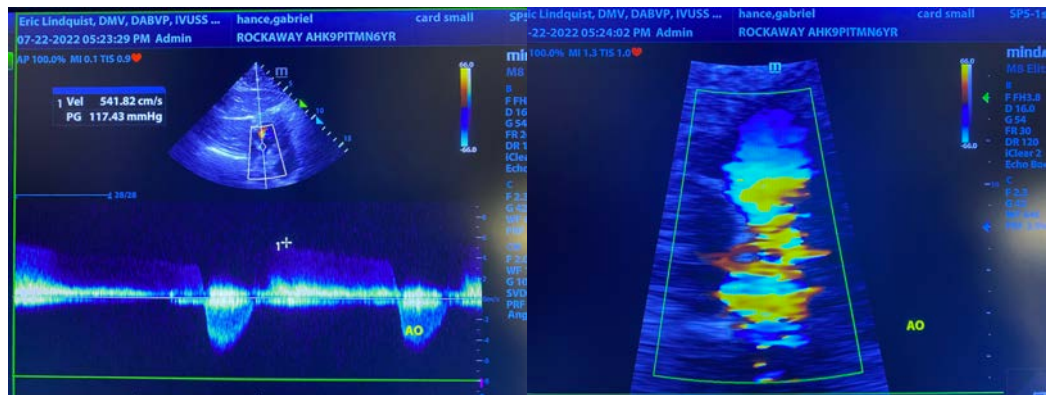
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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