



## PATIENT PRESENTING CLINICAL SIGNS

Roxie Farmer History of becoming tired very fast on walks, always out of breath. Owner says resting respiratory rate is often 60-80.

## SPECIES

Canine

## BREED

Australian Cattle Dog

## SEX

Spayed Female

## AGE

6 Years

## WEIGHT

80 Pounds

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Sara Hansen

## HOSPITAL NAME

Amazon Park AC

## REFERRING VET

Dr. Jones

## INVOICE

44425

## DATE

7/27/23

Abnormal PE/Chem/CBC/UA Results: ABNORMAL Laboratory Findings Chemistry panel and CBC done 7/14 were entirely normal, HWT also normal. Current Medications None Radiographic Findings Will email radiographs - heart silhouette appears normal, although some lower airways appeared thickened.

## 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	Up to 1.6	28-40	40-100	<0.6
PATIENT			1.0		34	64	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		1.3	1.17		3.67	4.22	

## Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The cranial and caudal **mitral valve** leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. 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). Extracardiac space and lung fields were unremarkable.

## ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram, normal lung fields in visible planes



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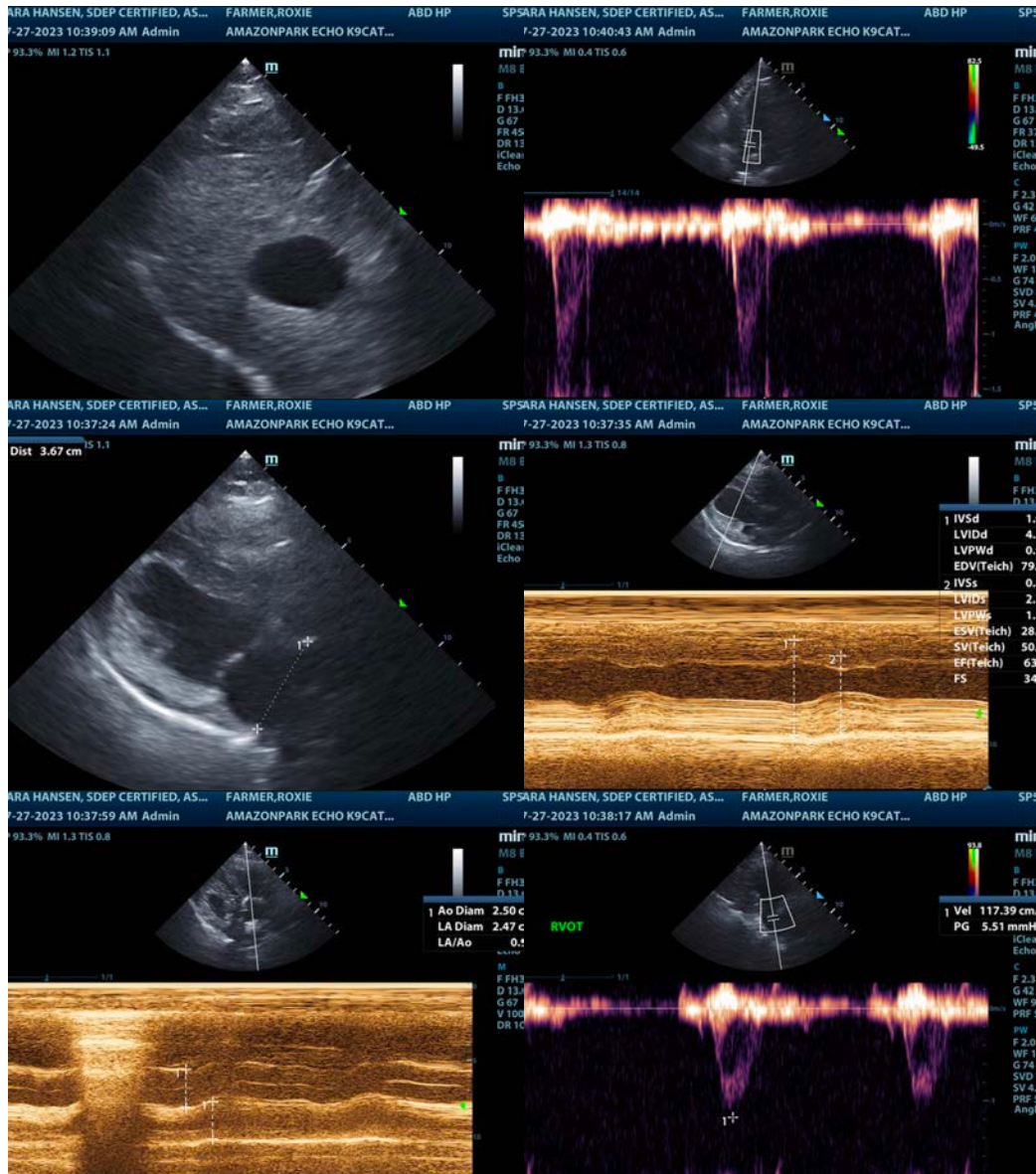
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Arrhythmogenic disease cannot be completely ruled out. Occult abdominal disease should be considered in this patient, as well as orthopedic disease. Holter monitor could be considered to assess for paroxysmal arrhythmia, especially if exercise intolerance is an issue.





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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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