

PATIENT PRESENTING CLINICAL SIGNS

Dog 54778a Grade 3/6 systolic heart murmur noted on exam on 6.28.22 shortly after intake. Physical exam otherwise unremarkable. BCS 5/9. femoral pulses strong and pink moist MM with CRT less than 2 seconds. Radiographs were taken and were unremarkable.
Abnormal PE/Chem/CBC/UA Results: HR: 162, RR: 24, BP 120 mmHg

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Staffordshire Terrier

SEX

Intact Male

AGE

1.5 Years

WEIGHT

56 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			1.2	1.4	35		0.5
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	110	2.3	1.2		3.36	4.1	

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

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. Aortic velocity was excessive, up to 3.0 m/sec. The velocity category would suggest very minor form of subaortic stenosis, not clinically significant at this time. Turbulence noted at the aortic valve on color flow assessment. 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

- Normal echocardiogram with mild increased left ventricular outflow velocity – possible very minor form of subaortic stenosis, not clinically significant and unlikely to be clinically significant in this patient’s lifetime.

INVOICE

39356

DATE

7/9/22

IMAGING PERFORMED BY

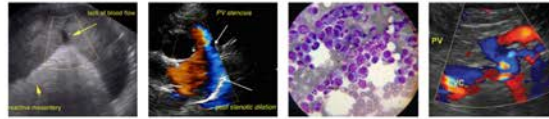
Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

HOSPITAL NAME

Charleston Animal
Society

REFERRING VET

Dr. Morris



PATIENT

Dog 54778a

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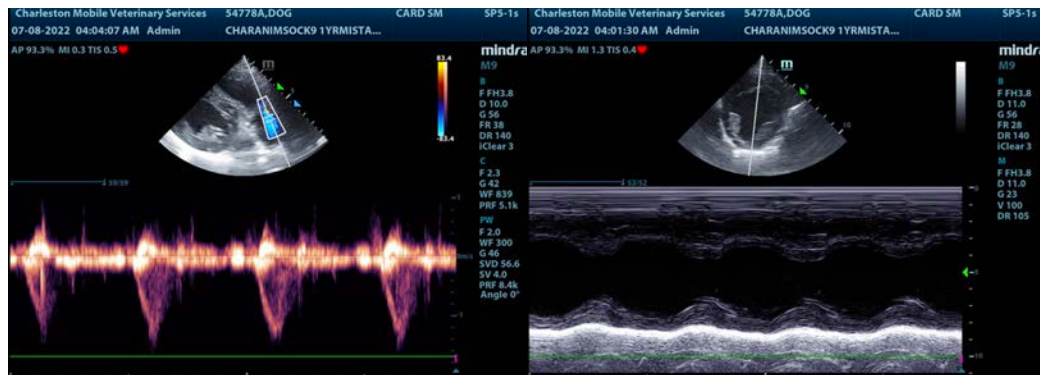
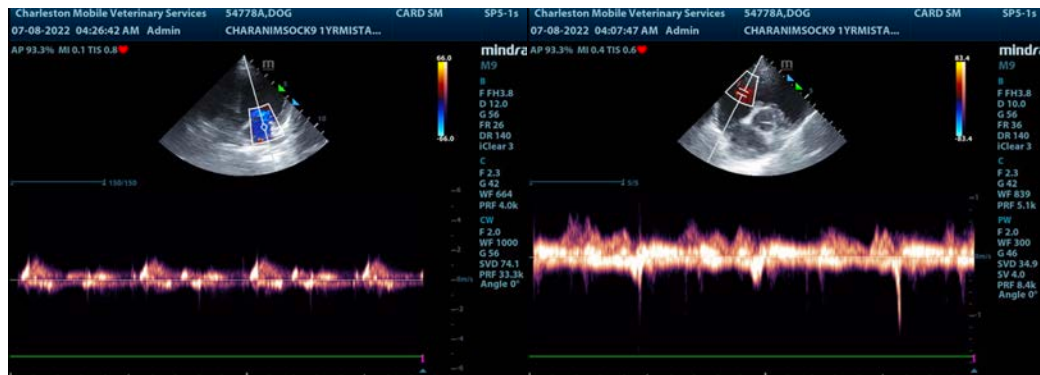
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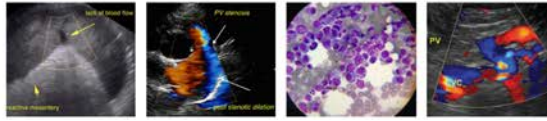
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recheck echo recommended in one year if murmur is persistent. No other secondary changes noted in the heart.





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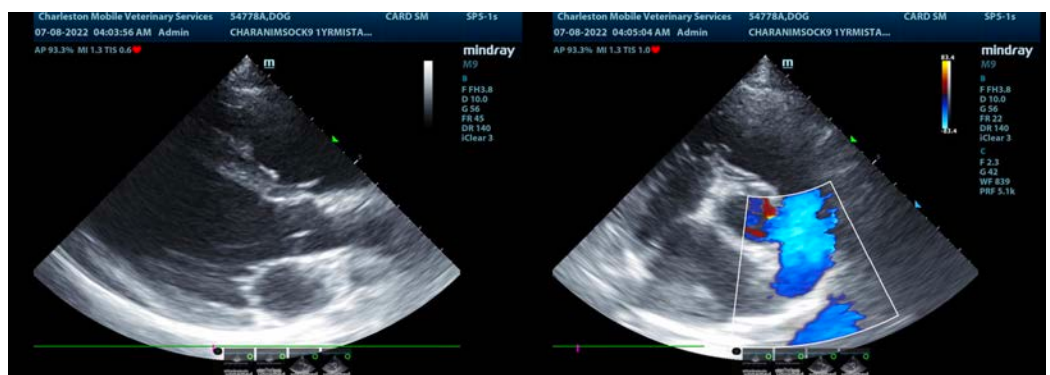
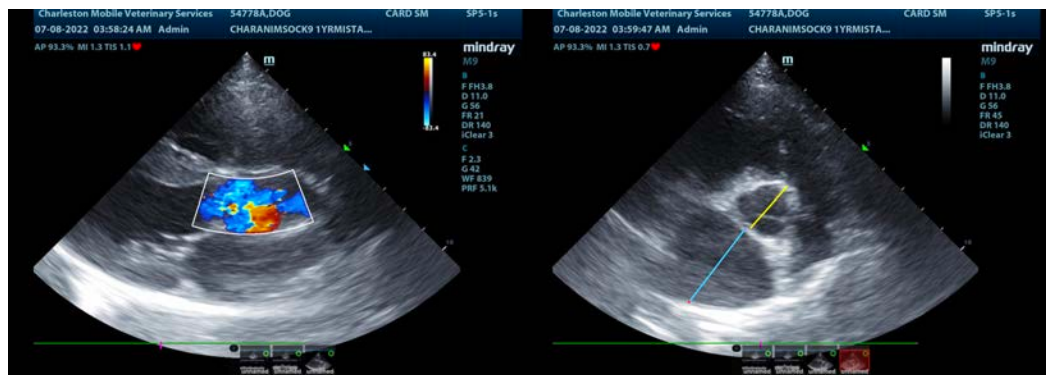
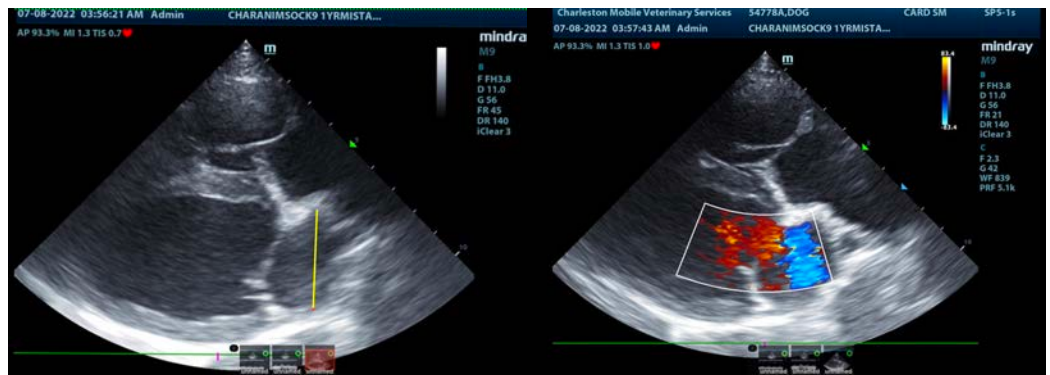
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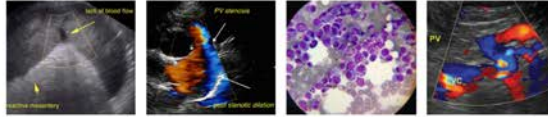
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PATIENT

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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.

SPECIES

Canine

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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