


PATIENT PRESENTING CLINICAL SIGNS

Ahsoka Aviles

SPECIES

Canine

BREED

French Bulldog

SEX

Spayed female

AGE

1 year 9 months

WEIGHT

19.6 lbs

INTERPRETED BY

 Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. McFeely

HOSPITAL NAME

Straley VA

REFERRING VET

Dr. McFeely

History: 6 weeks ago, a 3/6 cardiac murmur was ausculted during an appointment and Ahsoka had no cardiac clinical signs. 2 weeks ago, she presented for lethargy. Her CBC and chemistry were within normal limits, and an alveolar pattern was seen in cranial lung fields on lateral views, VHS 15.2, and VD view was not diagnostic due to patient movement. She was started on furosemide and Clavamox and cardiac ultrasound was recommended. Owner reported clinical improvement at recheck 1 week ago and 12.5mg furosemide orally BID was continued. Cardiac ultrasound was performed on Aug. 9, 2022, and Ahsoka was lightly sedated with 1.8mg butorphanol IV. Her blood pressure was normal, ranging from 130/109 (113) to 142/114 (131) systolic/ diastolic (MAP).

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated mild volume overload of the left atrium and left ventricle. Prominent pulmonary artery is present. The Doppler signals were inadequate to assess murmur status. The aortic velocity was mildly elevated, but may be underestimated. The contractility appeared to be adequate. 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.

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			1.3	1.7	35		0.2
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	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		2.5		19.6 lbs	3.6 max	4.6	

ULTRASONOGRAPHIC FINDINGS

Mildly enlarged left atrium and left ventricle.

Prominent pulmonary artery.

INVOICE

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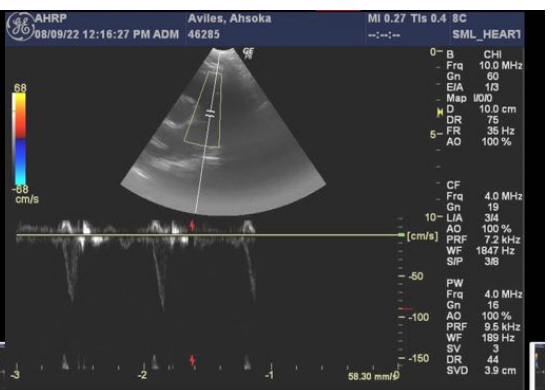
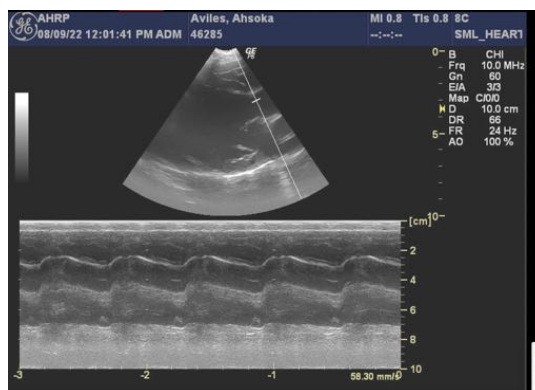
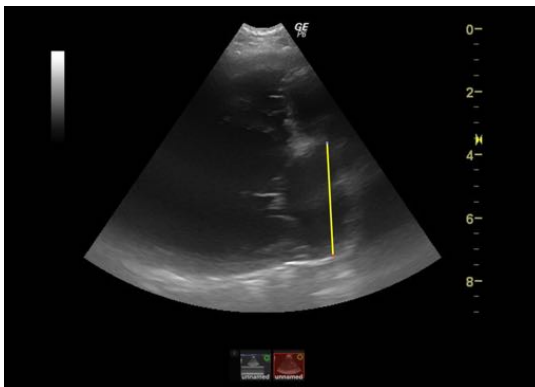
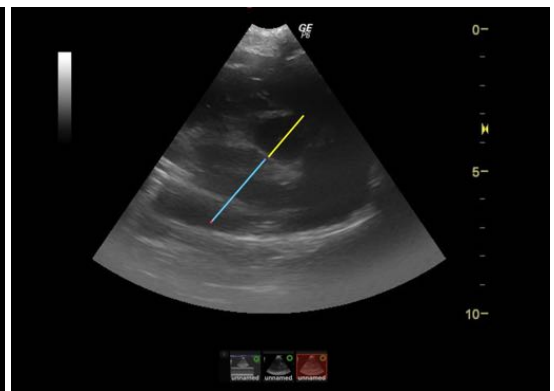
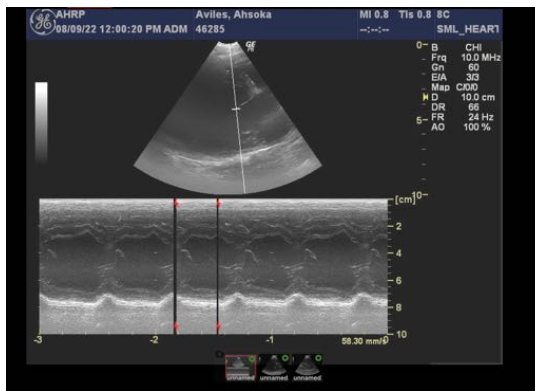
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The exact cause of the murmur is unclear. Further imaging is necessary with lower frequency probe and CW. There was no evidence of right-sided failure noted or overt left-sided failure; however, I cannot rule out potential for PDA. I believe that ventricular septal defect and pulmonic stenosis have been ruled out; however, PDA and subaortic stenosis are still potentials.





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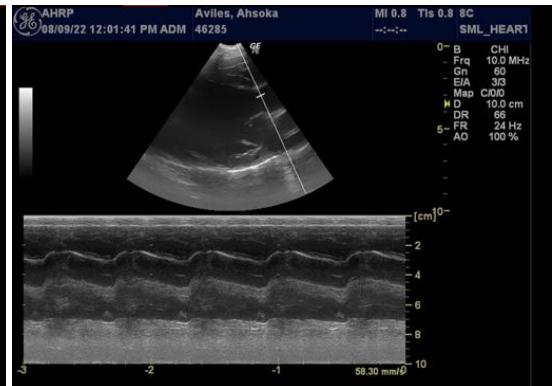
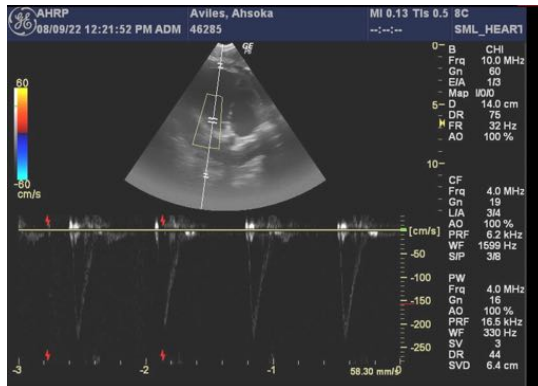
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com