



**PATIENT PRESENTING CLINICAL SIGNS**

Smudge Eastland

History: Has a heart murmur and we need to scan before doing the spay next week.  
 Abnormal PE/Chem/CBC/UA Results: PE: GRADE I/VI SYSTOLIC MURMUR LEFT APEX. Seems healthy other wise. Urinalysis: SG-1.048, pH-7.0, Sediment-Clear CBC: Mild hemoconcentration: RBC 8.79M/uL, HCT 61%, HGB 21.5 g/dL Chem: N Spec cPL: N Heartworm / Ehrlichia / Lyme / Anaplasma: Negative Fecal Antigen Screen & Flotation: Pending

**SPECIES**

Canine

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

Great Dane

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. Slightly elevated **left ventricular outflow** tract velocity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. Trivial **tricuspid** insufficiency was noted and measured 2.0 m/sec. 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.

**SEX**

Female

**AGE**

2 years

**WEIGHT**

88.2 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Anderson

**HOSPITAL NAME**

Elizabeth AH

**REFERRING VET**

Dr. Anderson

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		2.0	1.1	0.95	28	54	0.4
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				
PATIENT		2.0	1.07	88.2 lbs	3.0	4.9	

**INVOICE ULTRASONOGRAPHIC FINDINGS**

91168

Elevated LVOT, idiopathic, non-pathological.

Essentially flow murmur.

**DATE**

8/11/21

Trivial tricuspid insufficiency.



**PATIENT**

Smudge Eastland

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no contraindication to anesthetic procedure. Torbutrol premed, Propofol induction, and Isoflurane maintenance is recommended.

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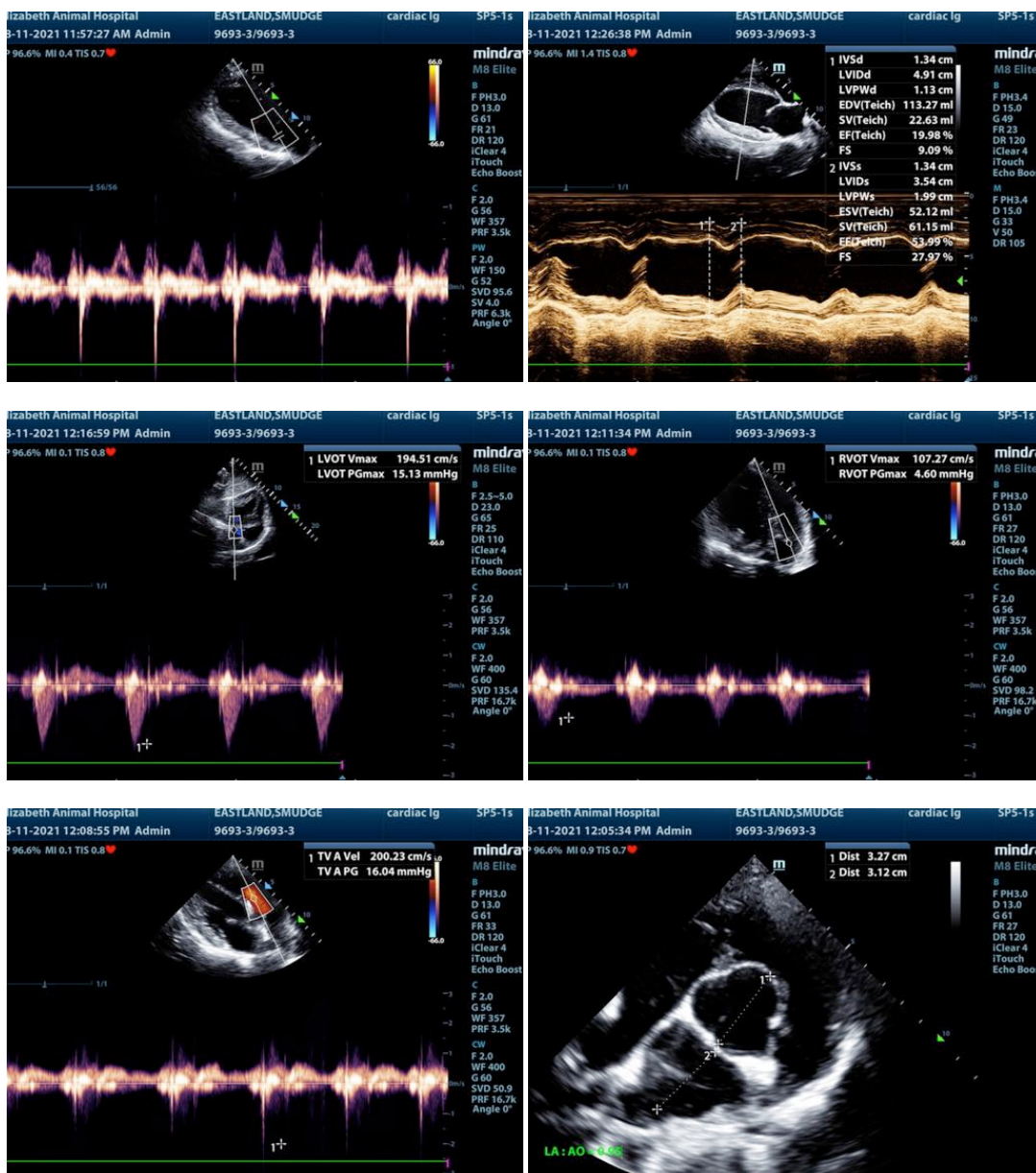
Dr. Anderson

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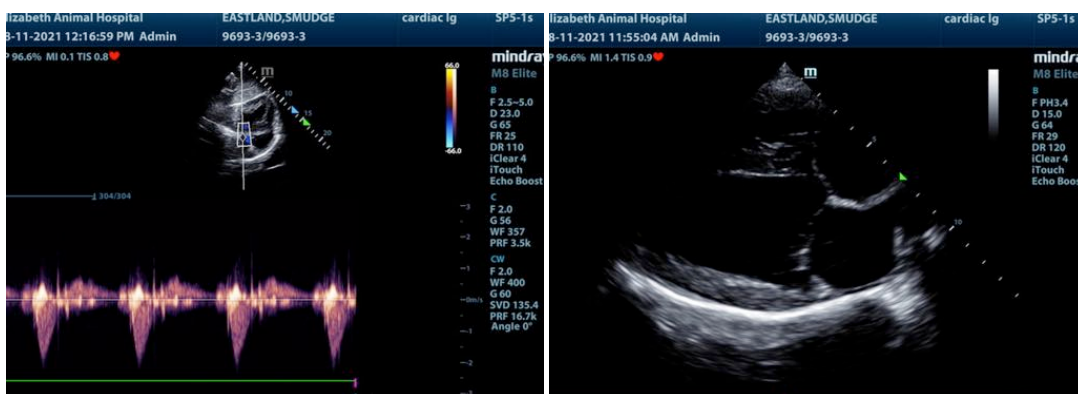
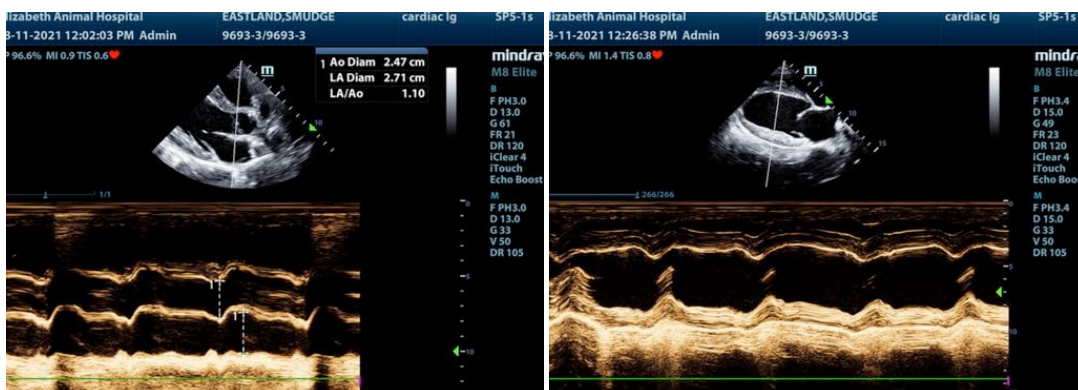
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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