



**PATIENT PRESENTING CLINICAL SIGNS**

Scarlett Wolfe History: enlarged cardiac silhouette on rads; no murmur heard

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

12 Years

WEIGHT

9.6 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	--	2.5	1.3	1.44	59	91	0.2
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				
PATIENT	126	1.01	1.30	--	2.6	2.6	--

**Cardiac Presentation**

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. Mitral insufficiency was noted, mild. 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** Insufficiency was noted, minor. 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. Hepatic veins were not dilated.

**ULTRASONOGRAPHIC FINDINGS**

- Minor mitral and tricuspid insufficiency, compensated.
- Stage B-1 valvular disease.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of any significant volume overload in this patient. If excessive thoracic fat is present, this may be superimposing upon the heart, creating the appearance of cardiomegaly or if the patient had

**INTERPRETED BY**

Eric Lindquist, DMV DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

Warren AH

**REFERRING VET**

Dr. Nicole

**INVOICE**

23903

**DATE**

8/11/23



**PATIENT**

Scarlett Wolfe

the radiograph taken during diastole, this may create an excessive appearance of the heart size as well yet structurally and functionally, the heart is unremarkable and valvular disease is minimal at this point. Recheck echo in 1 year or earlier if clinical signs initiate.

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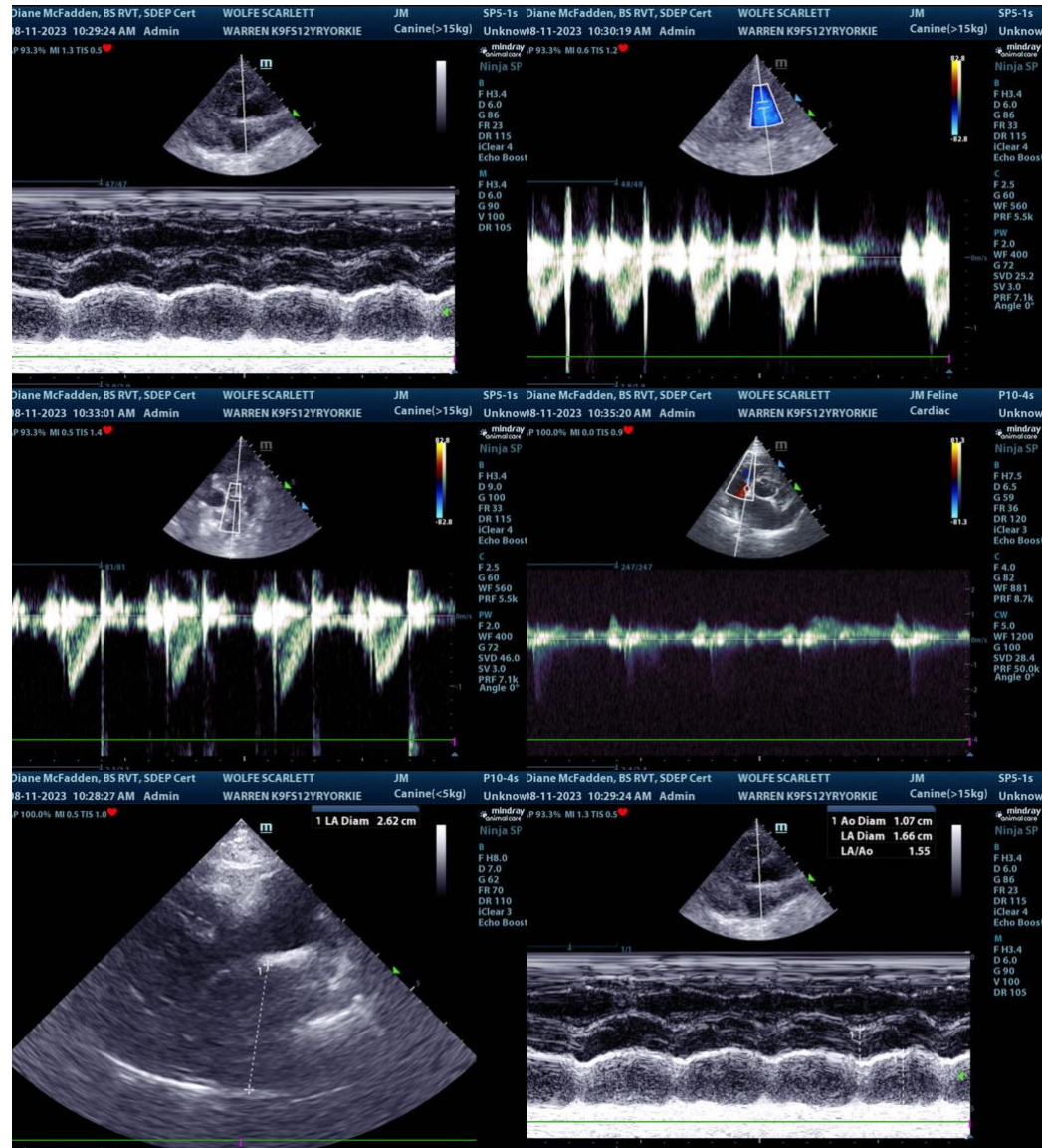
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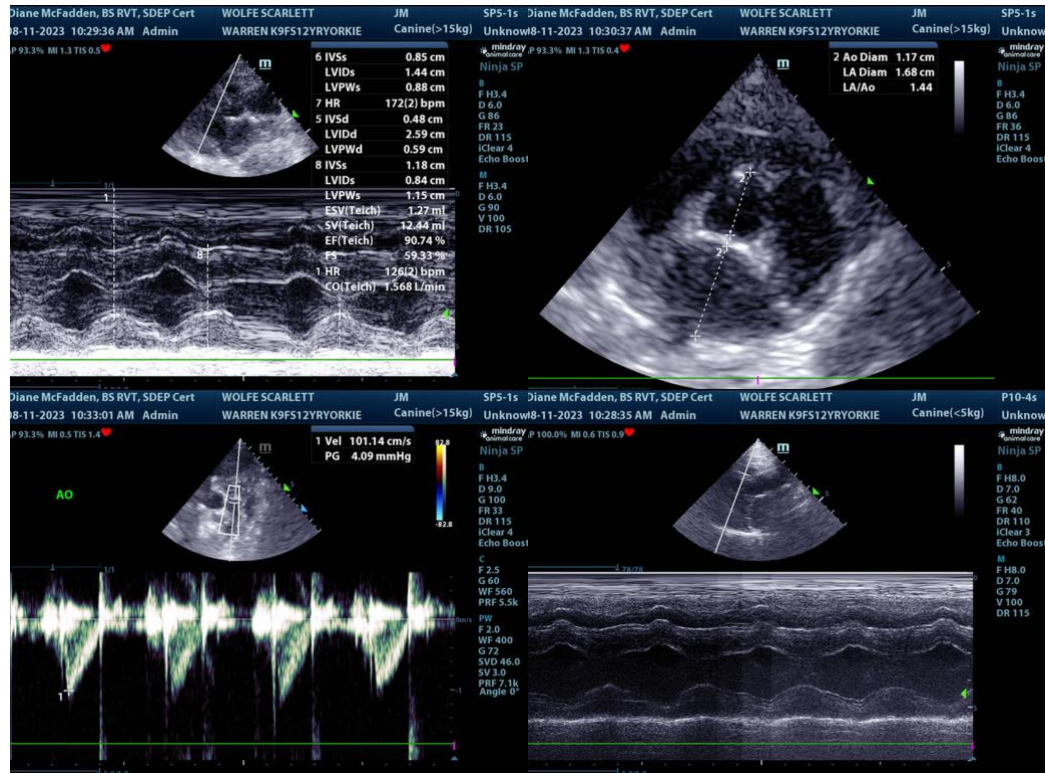
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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