



PATIENT

Ino Brijlall

PRESENTING CLINICAL SIGNS

Pre-anesthetic CUS. Grade III/VI heart murmur. Progressive over 3 months.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Shiba Inu

SEX

Female

AGE

7 Months

WEIGHT

15.2 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			1.34	1.3	30	80	0.31
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	90	2.2	1.56		1.92	2.2	

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. Trivial **mitral** insufficiency noted. 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** insufficiency noted at 3.0 m/sec. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. Trivial **tricuspid** insufficiency noted. 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.

ULTRASONOGRAPHIC FINDINGS

- Aortic valve dysplasia with aortic insufficiency, compensated at this time
- Trivial mitral and tricuspid insufficiency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient may have undergone myocarditis in the past. However, the aortic valve is mildly thickened. If anesthetic procedure is necessary in this patient, prophylactic antibiotics warranted 3 days prior and 5 days post procedure. This may be congenital aortic valve dysplasia or acquired presentation owing to history of endocarditis, given the multiple valve involvement. However, the aortic valve appears to be the primary issue. Recheck echo in 6 months. No treatment recommended at this time. Tick borne disease panel, bartonella titers would be appropriate.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Tranquility VC

REFERRING VET

Dr. Blackman

INVOICE

40057

DATE

8/2/22



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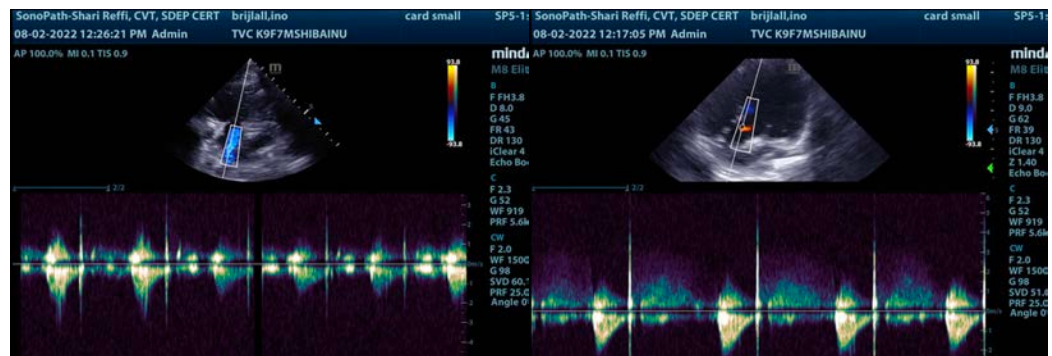
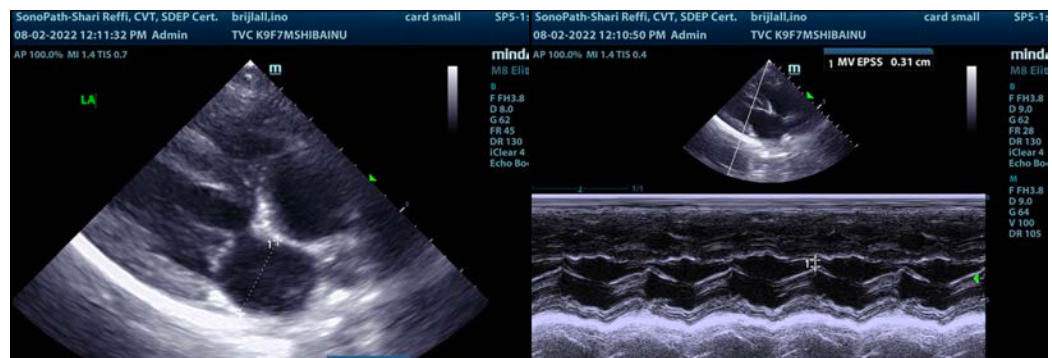
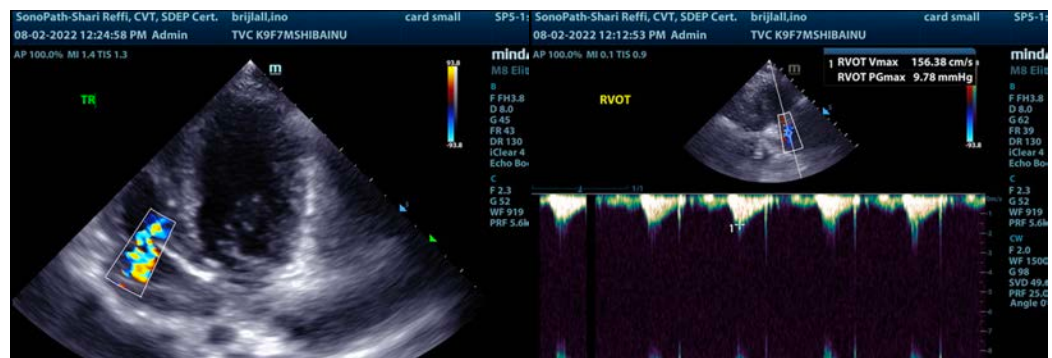
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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