



PATIENT

Maya Jedrzeczyk-Perez

SPECIES

Canine

BREED

Bull Terrier

SEX

Spayed Female

AGE

1 Year

WEIGHT

36.4 Pounds

PRESENTING CLINICAL SIGNS

History: Mild heart murmur heard at exam for dermatitis (first time we have seen patient) Hx of seizures - takes Phenobarbital and Keppra Diet: Hill's Z/D Patient has a high energy level at home Abnormal PE/Chem/CBC/UA Results: no bloodwork

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	<1.3	28-40	40-100	<0.6
PATIENT	5.0	2.2	1.3	1.4	26	51	0.3
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	--	1.60	.60	--	3.38	3.4	--

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Gunther Gunther

HOSPITAL NAME

New Frontier AMC

REFERRING VET

Gunther Gunther

INVOICE

16684

DATE

8/2/22

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. Minor 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. 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. Minor 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

- Stage B-1 valvular disease
- Trivial mitral and tricuspid insufficiency- Not clinically significant.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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Some minor congenital issues may be in play regarding the mitral and tricuspid valves; however, the abnormal changes were minor. The patient may have had a bout of endocarditis at some point during this early lifetime yet appears to be stable at this time. No dysfunction, volume overload or other structural pathology.

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The heart is stable without clinical disease. No overt contraindication for anesthesia of brief to moderate duration. I suggest Torbutrol premed, Propofol induction, Isoflor maintenance or similar protocol if anesthesia is desired. Blood pressure recommended if not already performed and target white coat negative systolic pressure of < 160 mmHg. If higher than this ACE-inhibitor is suggested to reach this level. Recheck echocardiogram is recommended in 6 months, earlier if murmur grade increases or clinical signs initiate.

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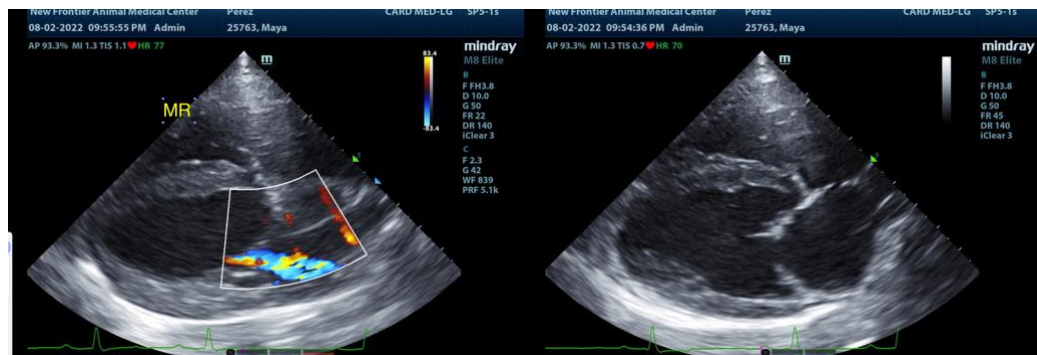
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AGE

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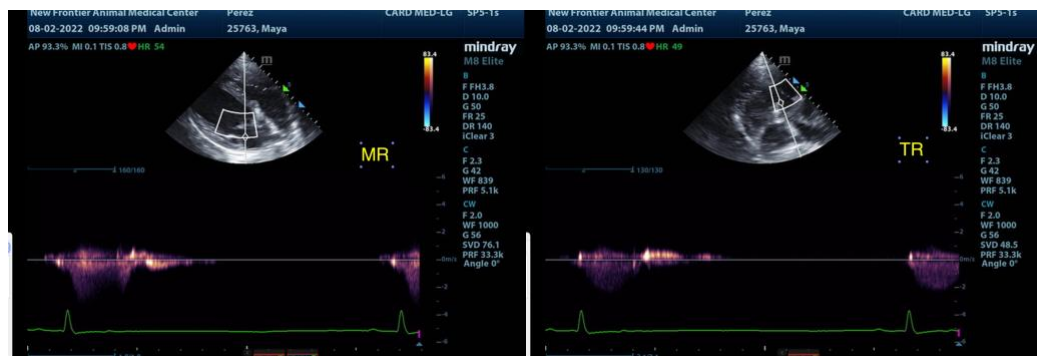
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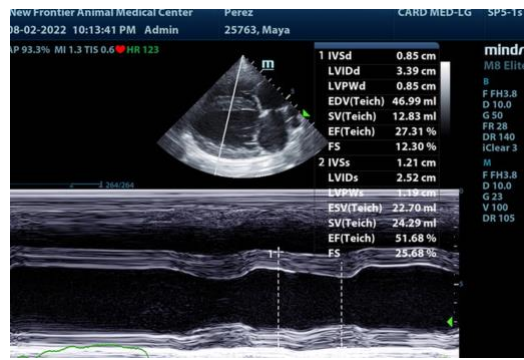
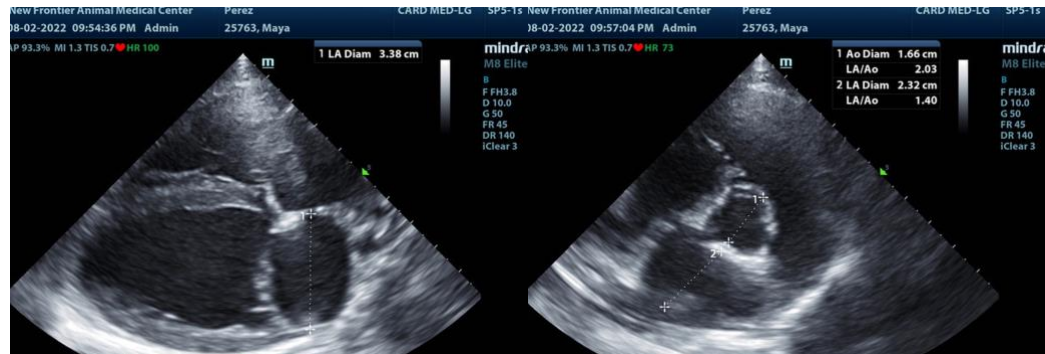
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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