



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Millie Allyn  
**SPECIES** Canine  
**BREED** King Charles Spaniel  
**SEX** Spayed Female  
**AGE** 14 years  
**WEIGHT** 21.8 lbs

History: Heart murmur noticed when dog was adopted in July. Unsure of duration, No clinical signs noted.  
 Abnormal PE/Chem/CBC/UA Results: PE: Heart murmur IV/VI, Dental disease, Numerous missing teeth. No current labs.

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

The **left atrium** was mildly enlarged primarily in the LA max. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable insufficiency. 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 or chamber overload. **Tricuspid** insufficiency was noted. This is consistent with early pulmonary hypertension. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** 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. No echographically detectable evidence of infiltrative disease was visible. The cranial **mediastinum** and **pericardial regions** were free of masses in the visible window.

**INTERPRETED BY**

Eric Lindquist, DMV  
 DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Anderson

**HOSPITAL NAME**

Elizabeth AH

**REFERRING VET**

Dr. Anderson

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
<b>CARDIAC PARAMETERS</b>	<b>VMAX</b> (m/s)	<b>VMAX</b> (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
<b>PATIENT</b>	5.7	3.29	2.0	2.209	28	56	0.1
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
<b>CARDIAC PARAMETERS</b>	(BPM)	<b>VMAX</b> (m/s)	<b>MAX</b> (m/s)		2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	Avg; 2D and m-mode short axis (cm)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6				
<b>PATIENT</b>		1.5	0.72	21.8 lbs	4.2	3.14	

**INVOICE**

91506

**DATE**

8/25/21



**PATIENT                      ULTRASONOGRAPHIC FINDINGS**

Millie Allyn                      Mitral insufficiency. Minor prolapse of the anterior mitral valve.  
    Left adrenal gland enlargement.  
    Stage B2 valvular disease.

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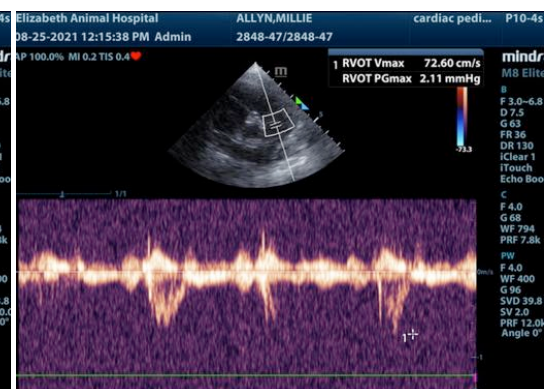
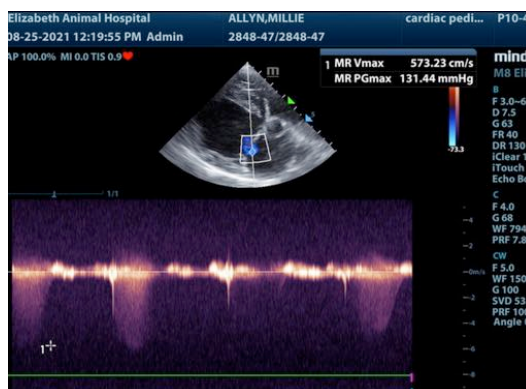
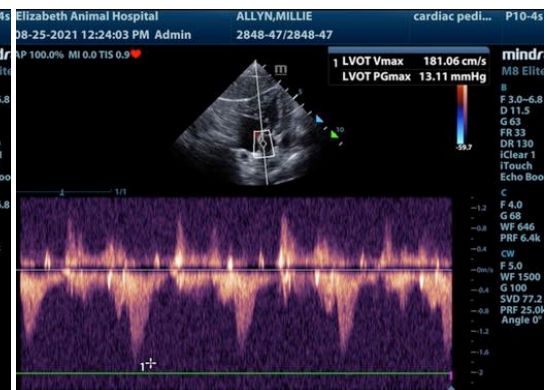
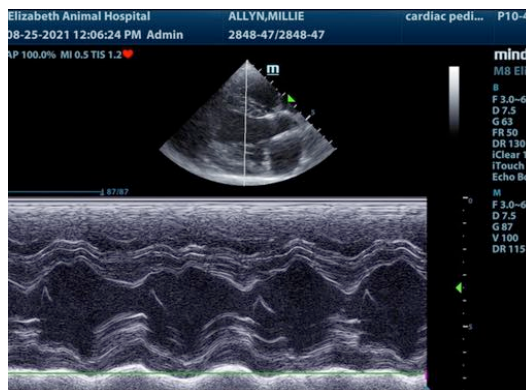
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is a slight anesthetic risk in this patient. I recommend Pimobendan . If the systemic blood pressure is Lasix is recommended 15-20 ,minutes prior to surgery. If clinical exam and basal respiratory rate are normal (less then 20/minutes) then anesthetic procedure could be considered. Torbutrol premed, Propofol induction, and Isoflurane maintenance is recommended. I recommend Lasix 1-2 mg/kg IM 30 minutes prior to anesthetic\ procedure. Recheck echocardiogram is recommended in 3 months or earlier if murmur grade increases. Assessment of BUN, creatinine, USG, chest radiographs and blood pressure as well as clinical exam is ideal in 7-10 days. Basal respiratory rate should be <20/min.





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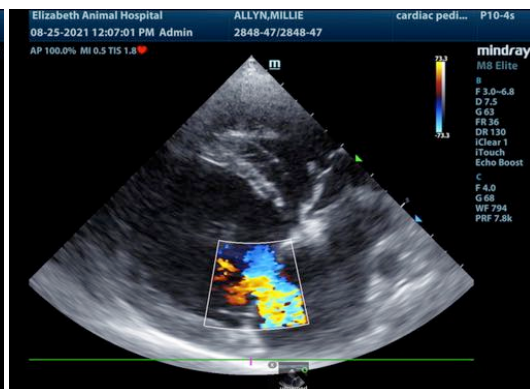
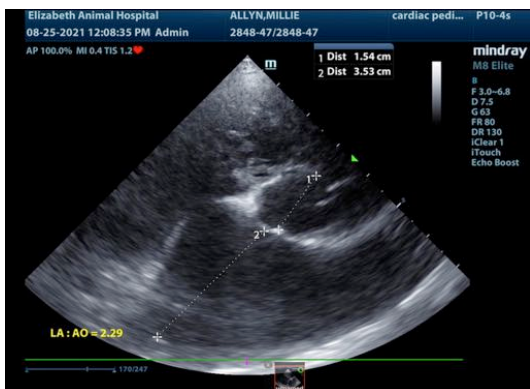
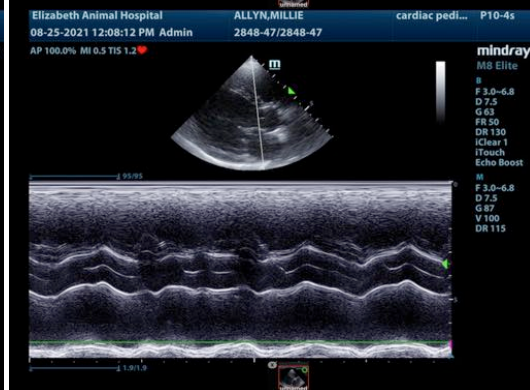
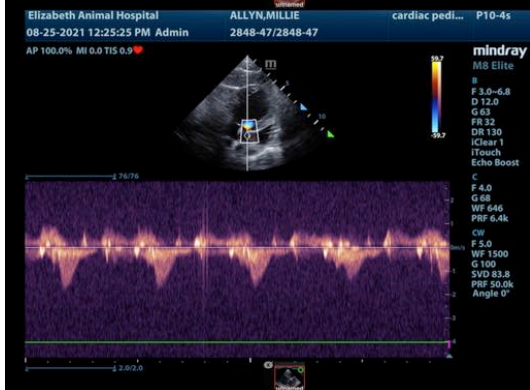
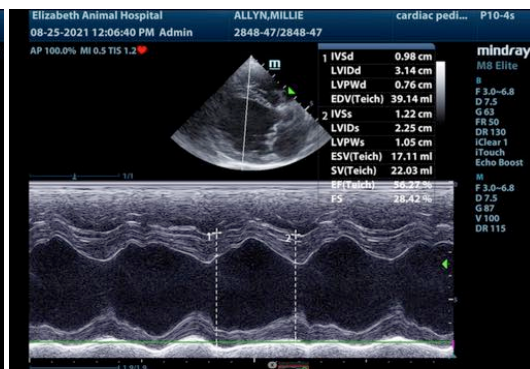
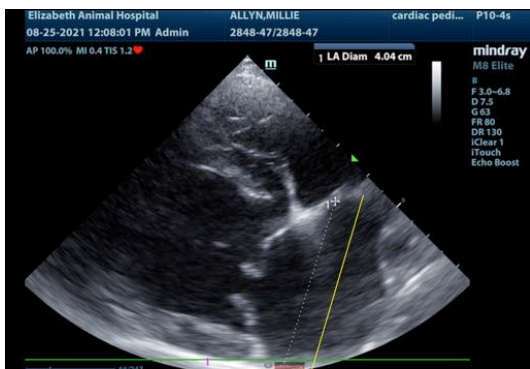
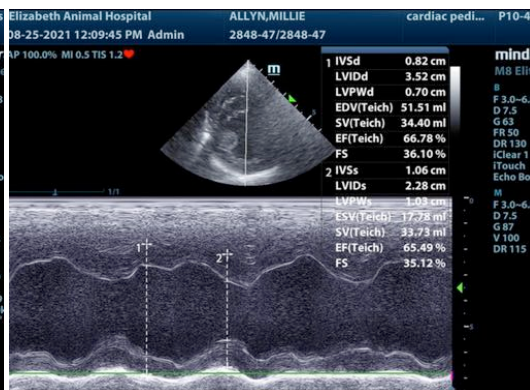
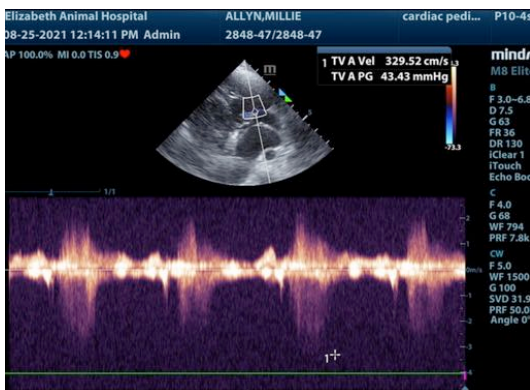
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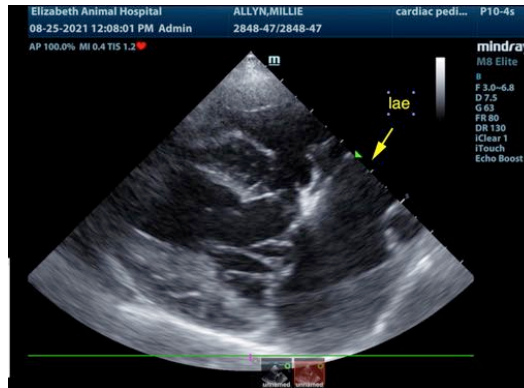
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
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