



PATIENT PRESENTING CLINICAL SIGNS

Blue Dabul History: History of CCL disease. R/O cardiac disease.

SPECIES Abnormal PE/Chem/CBC/UA Results:

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Pit Bull Terrier

SEX

Neutered Male

AGE

9 Years

WEIGHT

98.2 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	--	--	NM	1.15	40	71	NM
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	81	2.69	1.34	--	3.62	5.29	--

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal Paradise H

REFERRING VET

Dr. Elshafie

INVOICE

12807

DATE

8/27/21

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 **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. Mild excessive left ventricular outflow velocity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. Trivial pulmonic insufficiency noted. 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

- Trivial mitral insufficiency, not clinically significant
- Mild excessive left ventricular out flow velocity, may be a hyperdynamic state or very minor form of subaortic stenosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If a murmur has been present the entire lifetime of this patient a very minor form of SAS may be present yet not clinically significant and will not cause this patient any clinical demise. No evidence of volume overload. No contraindication to anesthetic procedure if necessary. Tobuterol (premed),



PATIENT propofol (induction) and isoflurane (maintenance).

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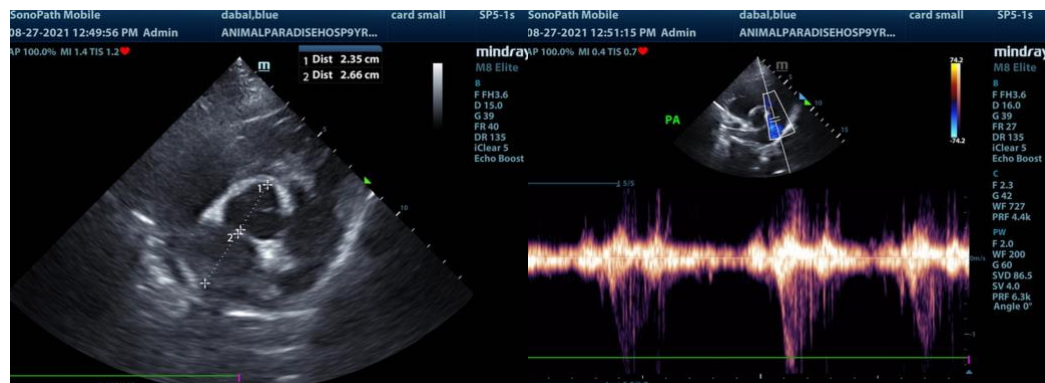
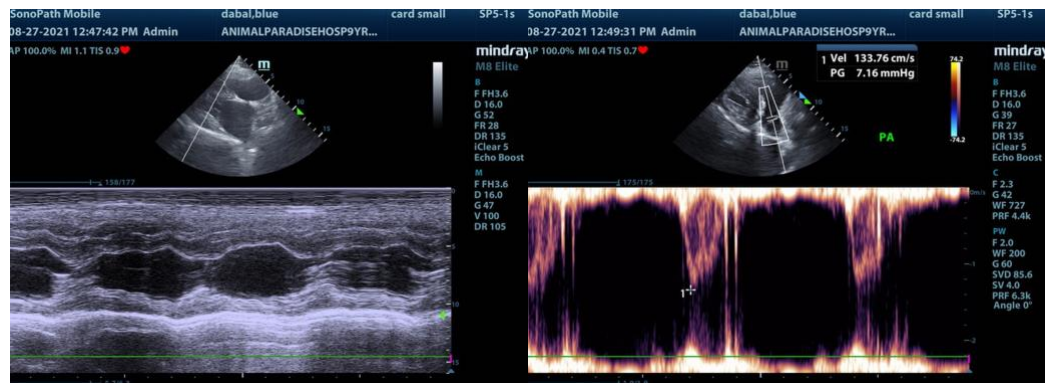
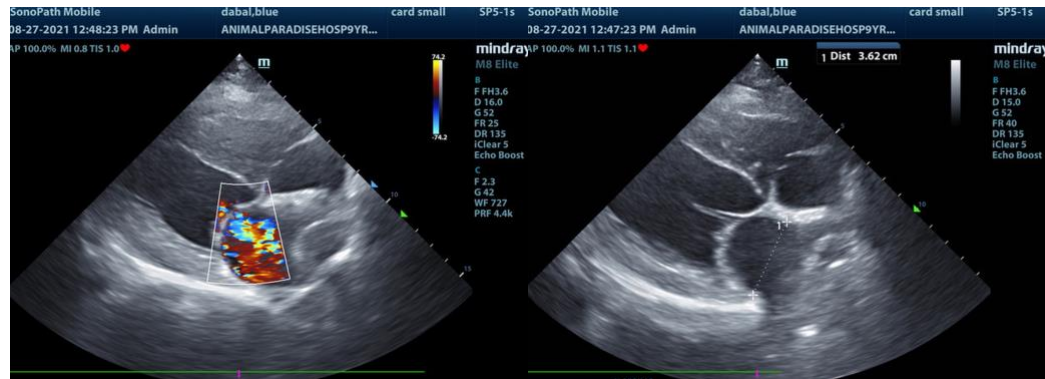
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PATIENT

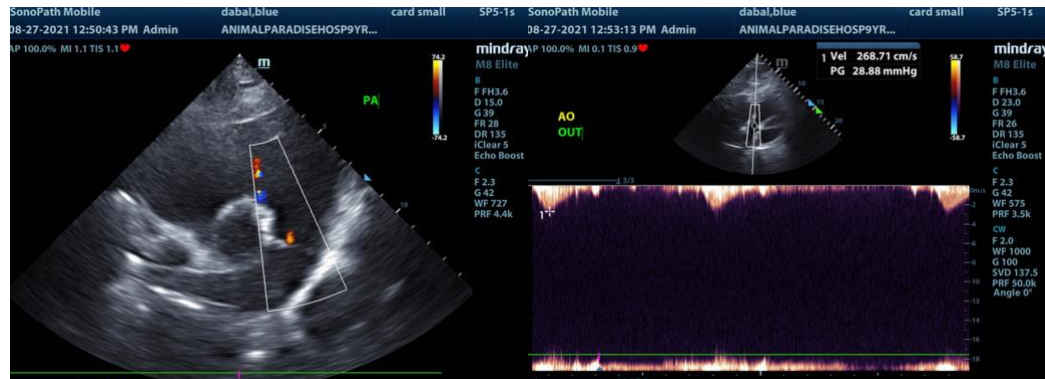
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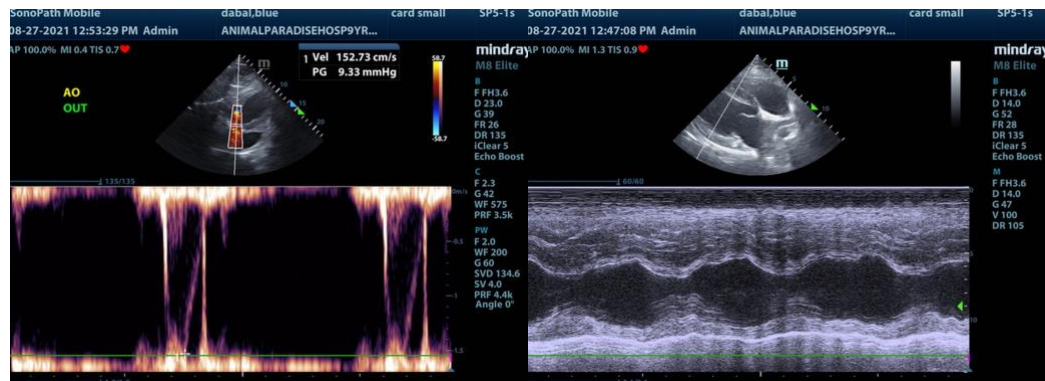
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Kelly Vazquez

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
info@SonoPath.com

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