



PATIENT PRESENTING CLINICAL SIGNS

Daisy Harrsch History: Presented for ear infection, grade III/VI left sided murmur noted, asymptomatic.

SPECIES Abnormal PE/Chem/CBC/UA Results:

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Cavalier King Charles Spaniel

SEX

Spayed Female

AGE

7 Years

WEIGHT

25.5 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	5.75	3.0	1.5	2.0	44	76	0.1
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	122	1.30	1.50	--	4.14	3.93	--

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

Cardiac Presentation

The echocardiogram for this patient presented excessive **left atrial size** expressed both in the LA/AO and LA max measurements Chamber volumes and echogenicity were normal. Prolapsed anterior mitral valve leaflet noted. 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 noted at 3.0 m/s. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** insufficiency noted. 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.

INVOICE

12810

DATE

8/27/21

ULTRASONOGRAPHIC FINDINGS

- Stage B2 valvular disease
- Mild left atrial enlargement
- Mitral and tricuspid insufficiency
- Pulmonic insufficiency



PATIENT

- Borderline pulmonary hypertension

Daisy Harrsch

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Assuming vertebral heart score is excessive, I recommend Pimobendan at 0.3 mg per kg BID. If systolic blood pressure is > 160, then Ace-inhibitor therapy indicated. Recheck echo in 1-3 months depending upon clinical status or earlier if murmur grade increases.

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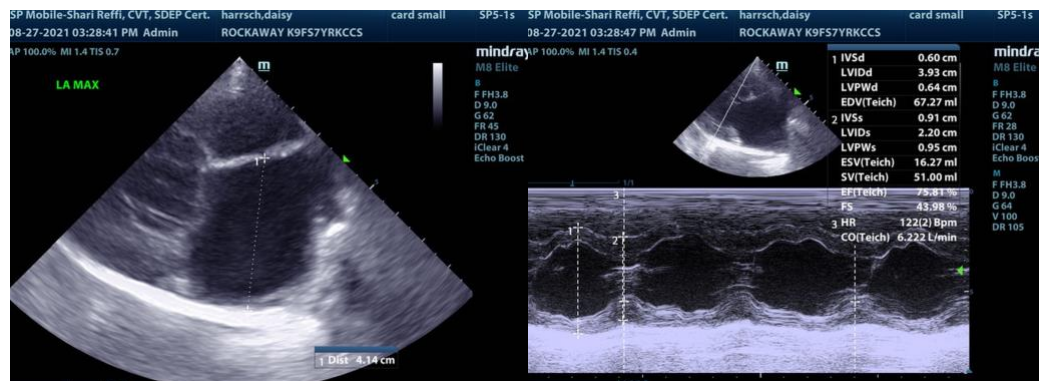
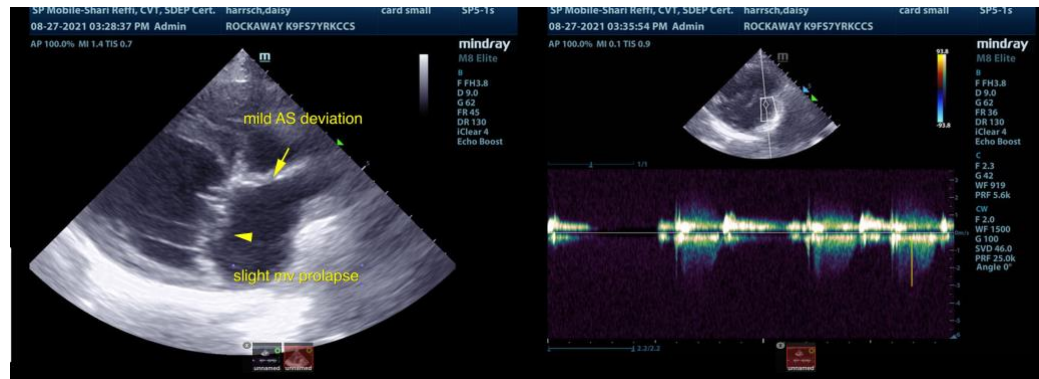
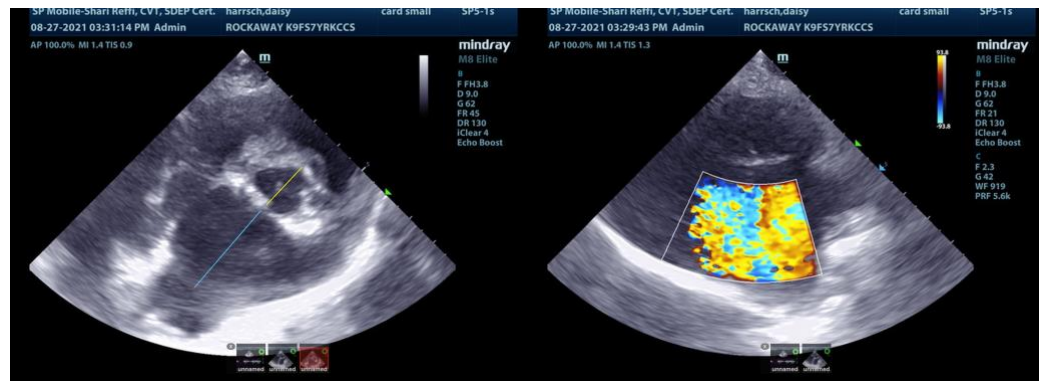
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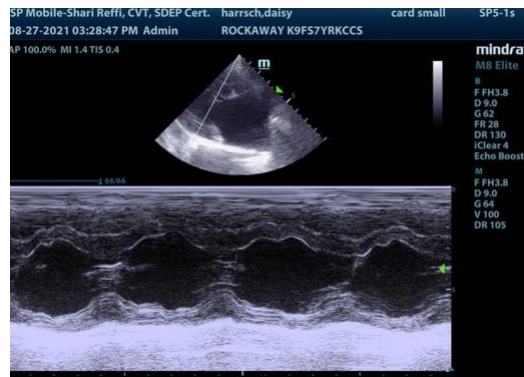
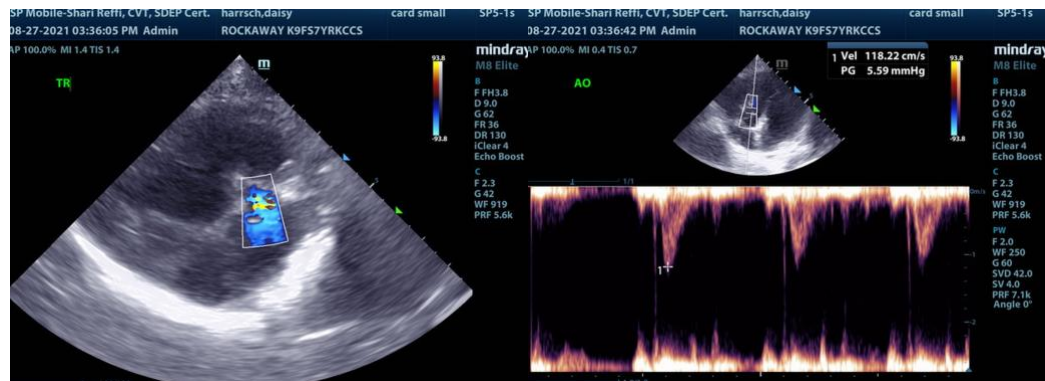
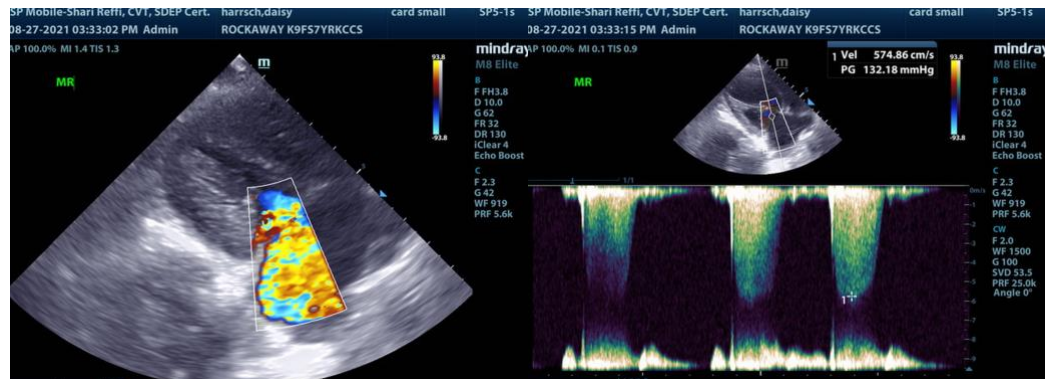
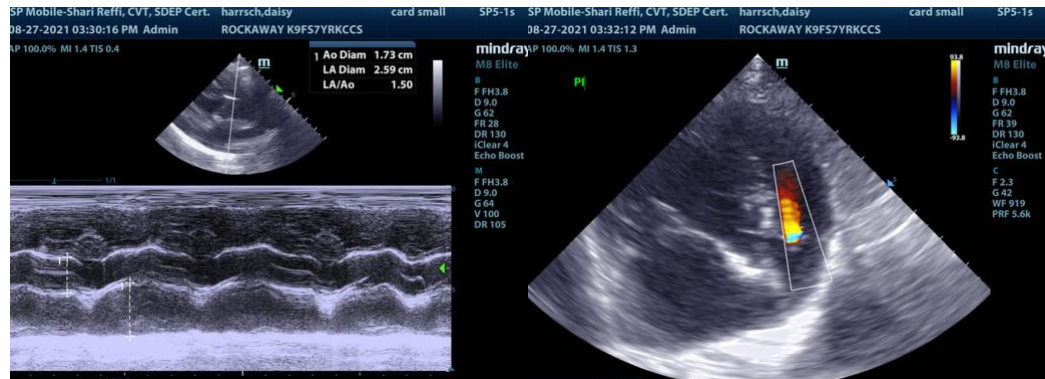
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



PATIENT

visible in the image/video clips provided.

Daisy Harrsch

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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info@SonoPath.com

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