



PATIENT PRESENTING CLINICAL SIGNS

Minnie Vermeire

History: Grade 3/6 systolic, ejection murmur heard while Minnie is sitting, not apparent when standing. New finding as of July 29th 2021. Abnormal Radiographic Findings: Some mild left sided heart enlargement. Consistent with mitral valve disease Current Medications (include dosages): Dasuquin sm/med dog; 1 cap SID Rovera 75mg; 1/2 tab BID Trazodone 100mg; 1 tab every 8-12h PRN Abnormal PE/Chem/CBC/UA Results: Decreased PLT, giant PLT, elevated precision PSL, see attached records for more details.

SPECIES

Canine

BREED

English Springer Spaniel

SEX

Spayed Female

AGE

11 years

WEIGHT

40.8 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Weisman

HOSPITAL NAME

Minnesota Veterinary Ultrasound

REFERRING VET

Dr. Weisman

INVOICE

91558

DATE

8/30/21

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. 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 at 3.06 m/sec. 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. Periodic arrhythmia appeared to be present in this patient. I recommend EKG or Holter monitor if any clinical signs are present.

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		3.06	NM	1.4	49	80	0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	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		1.37	1.2	40.8 lbs	4.7	4.74	



PATIENT

Minnie Vermeire

ULTRASONOGRAPHIC FINDINGS

Mitral insufficiency, compensated.

Stage B1 valvular disease.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of volume overload. However, there is a potential arrhythmia. EKG and blood pressure measurements are indicated.

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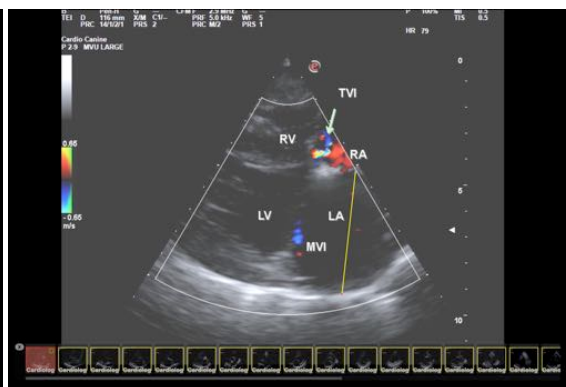
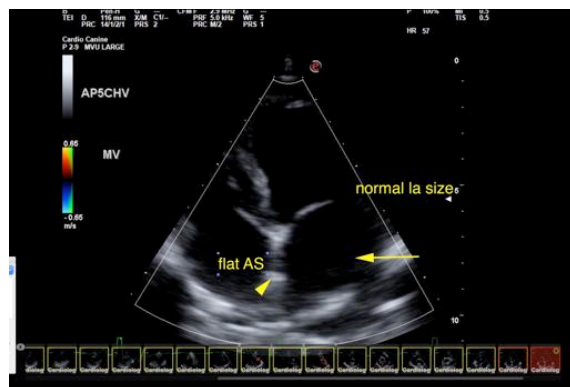
Spayed Female

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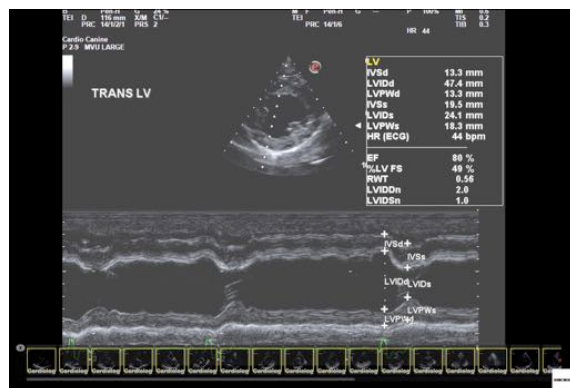


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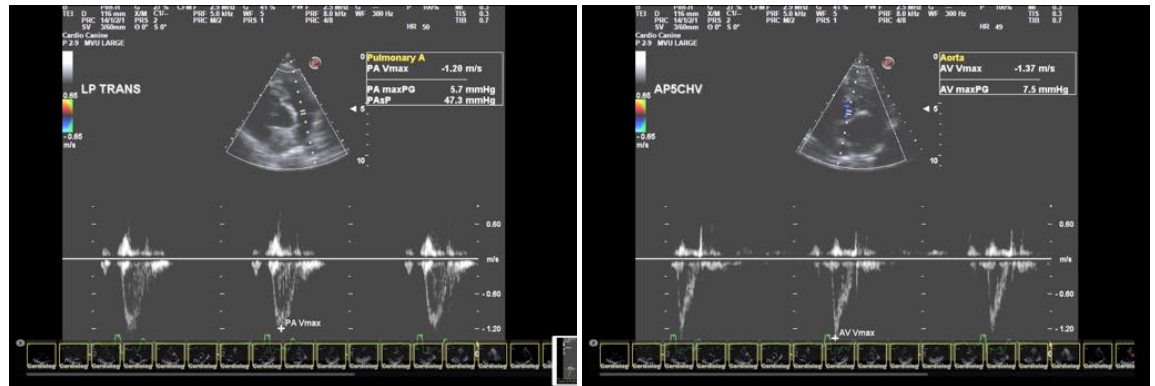
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Dr. Weisman

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.

HOSPITAL NAME

Minnesota Veterinary
Ultrasound

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