



PATIENT PRESENTING CLINICAL SIGNS

Delilah Keim

History: H/O Coughing and HM, 8/29 had an episode of increased respiratory rate/effort; resolved by PE on 8/30. Give lasix 2mg/kg IV yesterday morning; 2mg/kg PO yesterday evening and this morning prior to exam - recheck rads look improved however mild interstitial pattern still noted
 Abnormal PE/Chem/CBC/UA Results: Grade IV/VI systolic heart murmur, fine pulmonary crackles on the left. Rad review - cardiomegaly; mild pleural effusion; interstitial pulmonary pattern CBC: Chem: SDMA 24, Crea 2, BUN 36 BP 120 Prev EColi UTI in 6/2021 - negative UCS on 8/23

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

14 ½ years

WEIGHT

6 lbs

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

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. Minor prolapse of the anterior mitral valve leaflet was 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** valvular assessment demonstrated adequate linear morphology. 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.

IMAGING PERFORMED BY

Dr. Striano-Kaplan

HOSPITAL NAME

Ramsey VH

REFERRING VET

Dr. Striano-Kaplan

INVOICE

91591

DATE

8/31/21

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	5.4		1.3	1.4	42	76	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	LA (cm) 2D short axis Base view	LVIDd (cm) Avg; 2D and m-mode short axis	LVIDs (cm) Avg; 2D and m-mode short axis
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT		1.0	0.61	6 lbs	2.4 max	2.05	



PATIENT

ULTRASONOGRAPHIC FINDINGS

Delilah Keim

Mitral valve prolapse.

SPECIES

No significant left atrial enlargement.

Canine

Stage B1 valvular disease with mitral valve prolapse.

BREED

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mix

Blood pressure measurements are warranted. A recheck echocardiogram is recommended in 6 months or earlier if murmur grade increases or clinical signs initiate. No therapy is recommended at this time as there is no evidence of volume overload.

SEX

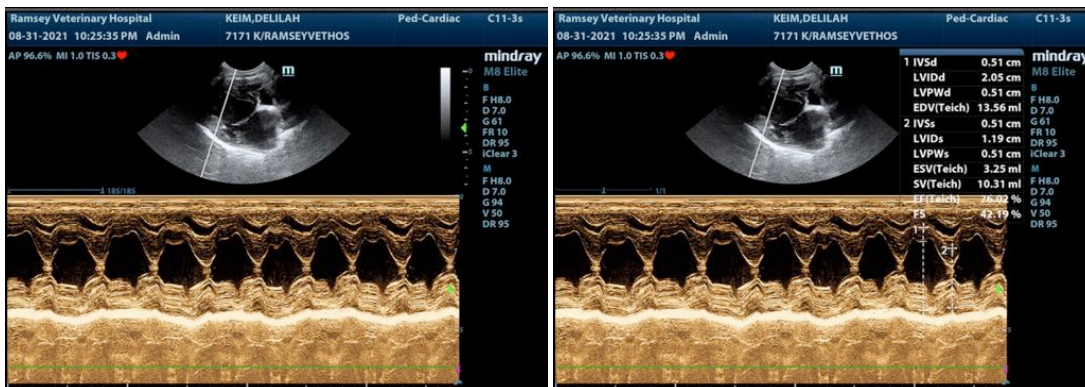
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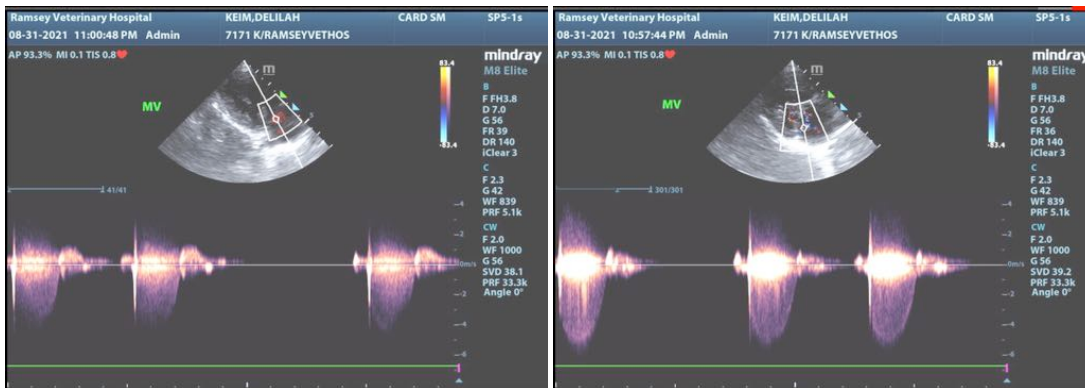
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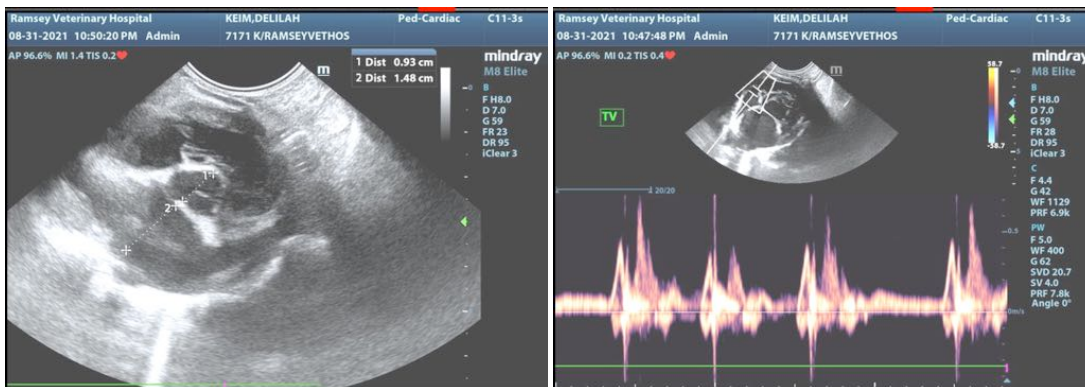
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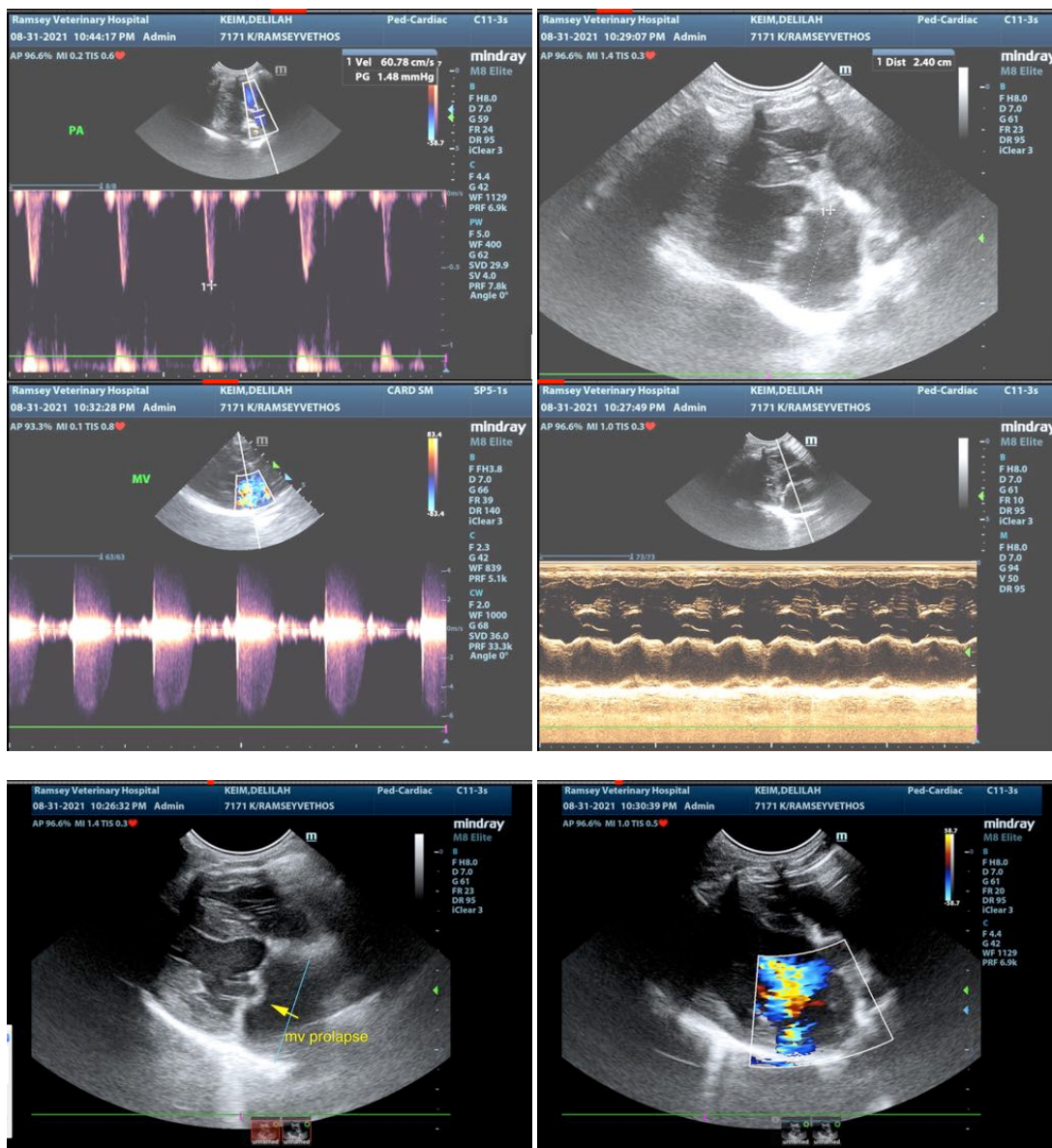
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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