



**PATIENT PRESENTING CLINICAL SIGNS**

Rosie Colon History: Progressive cough, treated URI, no HM on exam but possible enlarged heart (globoid appearance) on rads. No current meds.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: wnl

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

**BREED**

Lab Mix

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

35.5 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	<1.3	28-40	40-100	<0.6
PATIENT	5.7	2.33	1.33	1.32	39	71	0.2
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				
PATIENT	111	1.73	1.33	--	3.1	3.4	--

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Kahn

**INVOICE**

16783

**DATE**

8/8/22

**Cardiac Presentation**

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. Mitral insufficiency was noted. 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. Trivial tricuspid insufficiency was noted. **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** 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. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window.

**ULTRASONOGRAPHIC FINDINGS**

- Stage B-1 valvular disease
- No evidence of clinical cardiac disease

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**



**PATIENT**

Rosie Colon

The cough is noncardiogenic even though valvular insufficiency is present. Primary respiratory protocol is recommended. The mitral insufficiency jet was mild to moderate and eccentric.

**SPECIES**

Canine

The heart is stable without clinical disease. No overt contraindication for anesthesia of brief to moderate duration. I suggest Torbutrol premed, Propofol induction, Isoflor maintenance or similar protocol if anesthesia is desired. Blood pressure recommended if not already performed and target white coat negative systolic pressure of < 160 mmHg. If higher than this ACE-inhibitor is suggested to reach this level. Recheck echocardiogram is recommended in 6 months, earlier if murmur grade increases or clinical signs initiate.

**BREED**

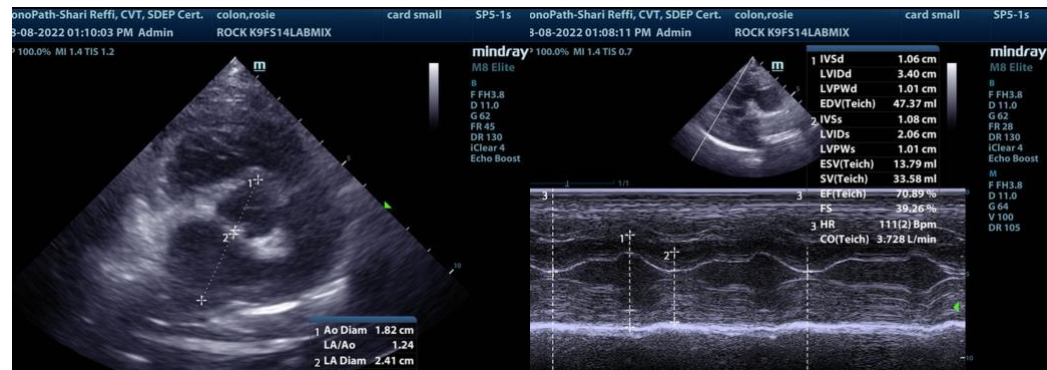
Lab Mix

**SEX**

Spayed Female

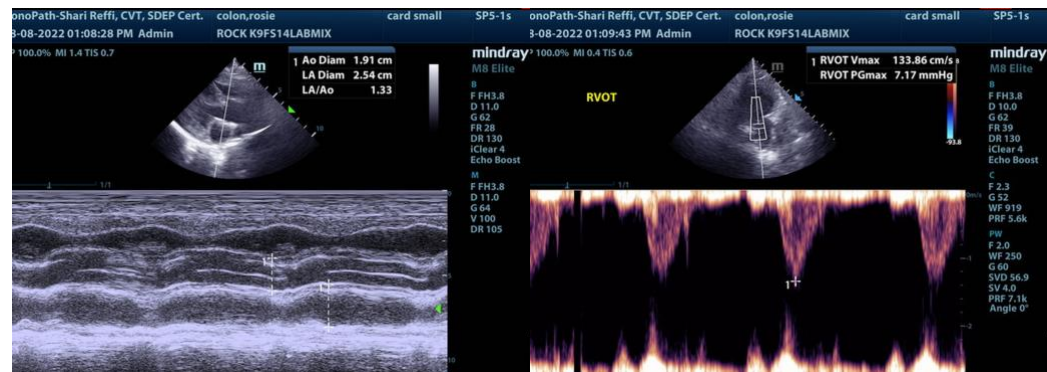
**AGE**

14 Years



**WEIGHT**

35.5 Pounds



**INTERPRETED BY**

Eric Lindquist, DMV DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Rockaway AH



**REFERRING VET**

Dr. Kahn

**INVOICE**

16783

**DATE**

8/8/22



**PATIENT**

Rosie Colon

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

35.5 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

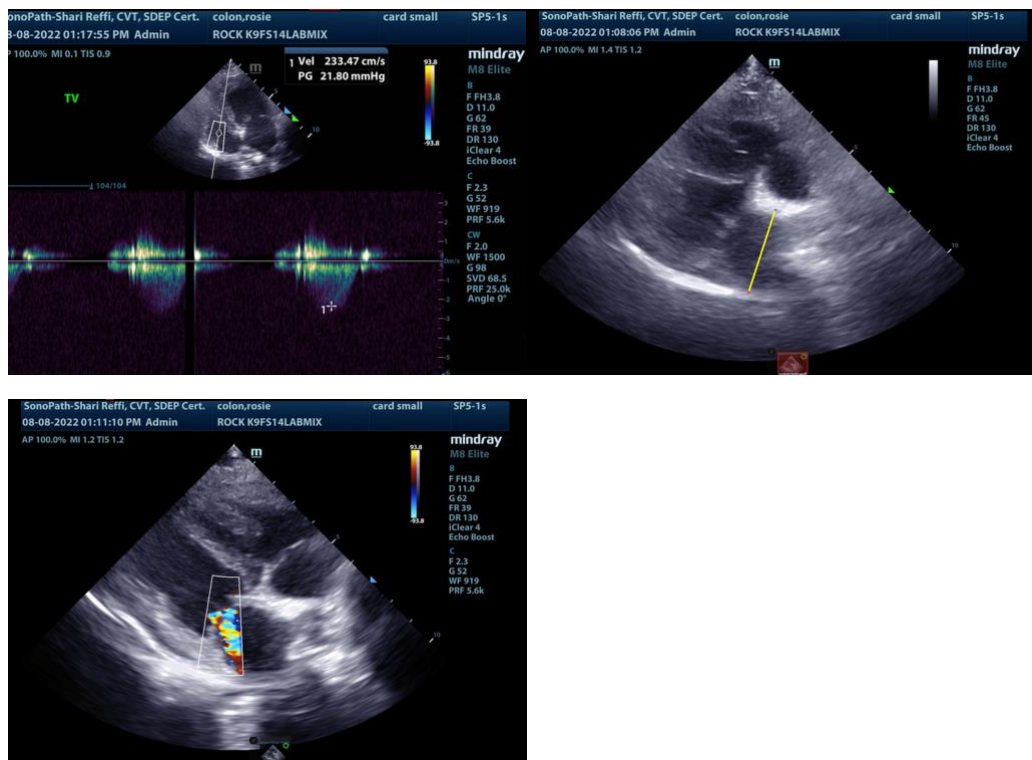
Dr. Kahn

**INVOICE**

16783

**DATE**

8/8/22



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  
info@SonoPath.com