



PATIENT

Reeses Ehreman

SPECIES

Canine

BREED

Retriever mix

SEX

Spayed Female

AGE

10 years

WEIGHT

68 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Striano-Kaplan

HOSPITAL NAME

Ramsey VH

REFERRING VET

Dr. Striano-Kaplan

PRESENTING CLINICAL SIGNS

History: Abnormal episodes at home of heavy breathing and panting -r/o cardiac vs other
Abnormal PE/Chem/CBC/UA Results: Chest rads pending, cbc/vetscreen, ua w/upc pending BP-180/106 (125) and 175/105 (125) w/cardell, EKG being emailed separately

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. Trivial **mitral** valve insufficiency was noted with an eccentric jet. Minimal filling of the left atrium 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. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. The **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.

| 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 | | | 1.3 | 1.4 | 30 | 80 | 0.5 |
| 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 | 110 | 1.3 | 0.5 | 68 lbs | 3.9 max | 4.7 | |

INVOICE

91795

DATE

9/13/21



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ULTRASONOGRAPHIC FINDINGS

Trivial mitral insufficiency. No left atrial enlargement.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of cardiac disease that would be responsible for the clinical signs. There is no evidence of clinical cardiac disease unless arrhythmogenic disease is present based on EKG findings.

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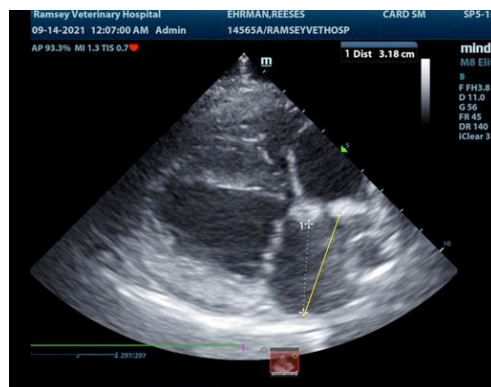
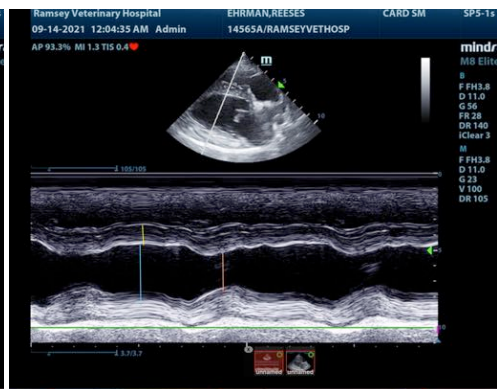
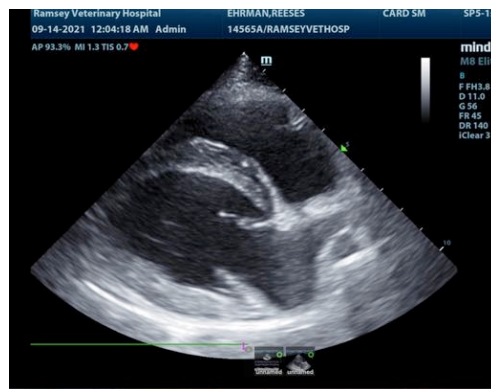
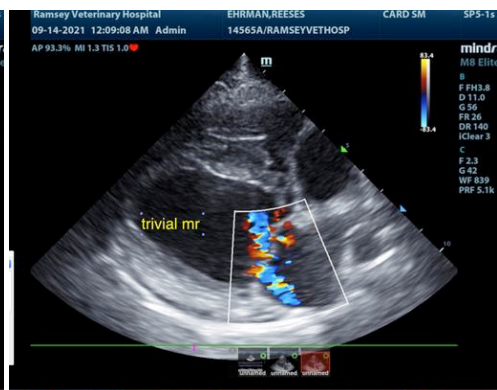
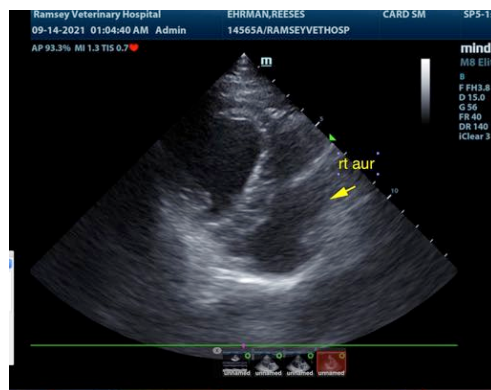
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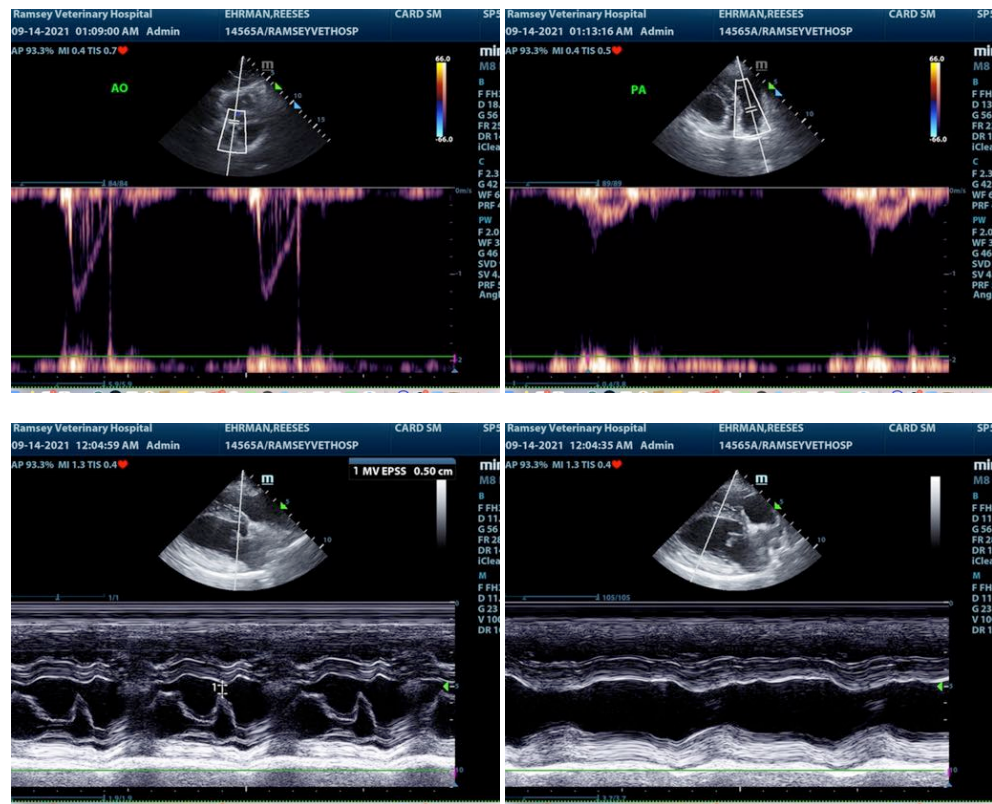
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com