



PATIENT

Gucci Korakiantin

PRESENTING CLINICAL SIGNS

History: Grade II heart murmur L side, Pre-Anesthesia clearance, no clinical signs. No current meds.
Abnormal PE/Chem/CBC/UA Results: Normal

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Yorkie/Poodle Mix

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. Moderate **tricuspid** insufficiency was noted. 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. The hepatic veins were not dilated and there was no evidence of passive congestion.

SEX

Male

AGE

11 years

WEIGHT

9.1 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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	3.32	1.3	1.5	66	94	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	130	1.34	0.67	9.1 lbs	2.78 max	2.14	

ULTRASONOGRAPHIC FINDINGS

Mitral and tricuspid insufficiency.
No significant volume overload.
Mild pulmonary hypertension.

INVOICE

91680

DATE

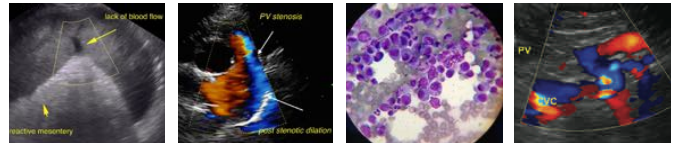
9/7/21

HOSPITAL NAME

Byram AH

REFERRING VET

Dr. Abdul Chani



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IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

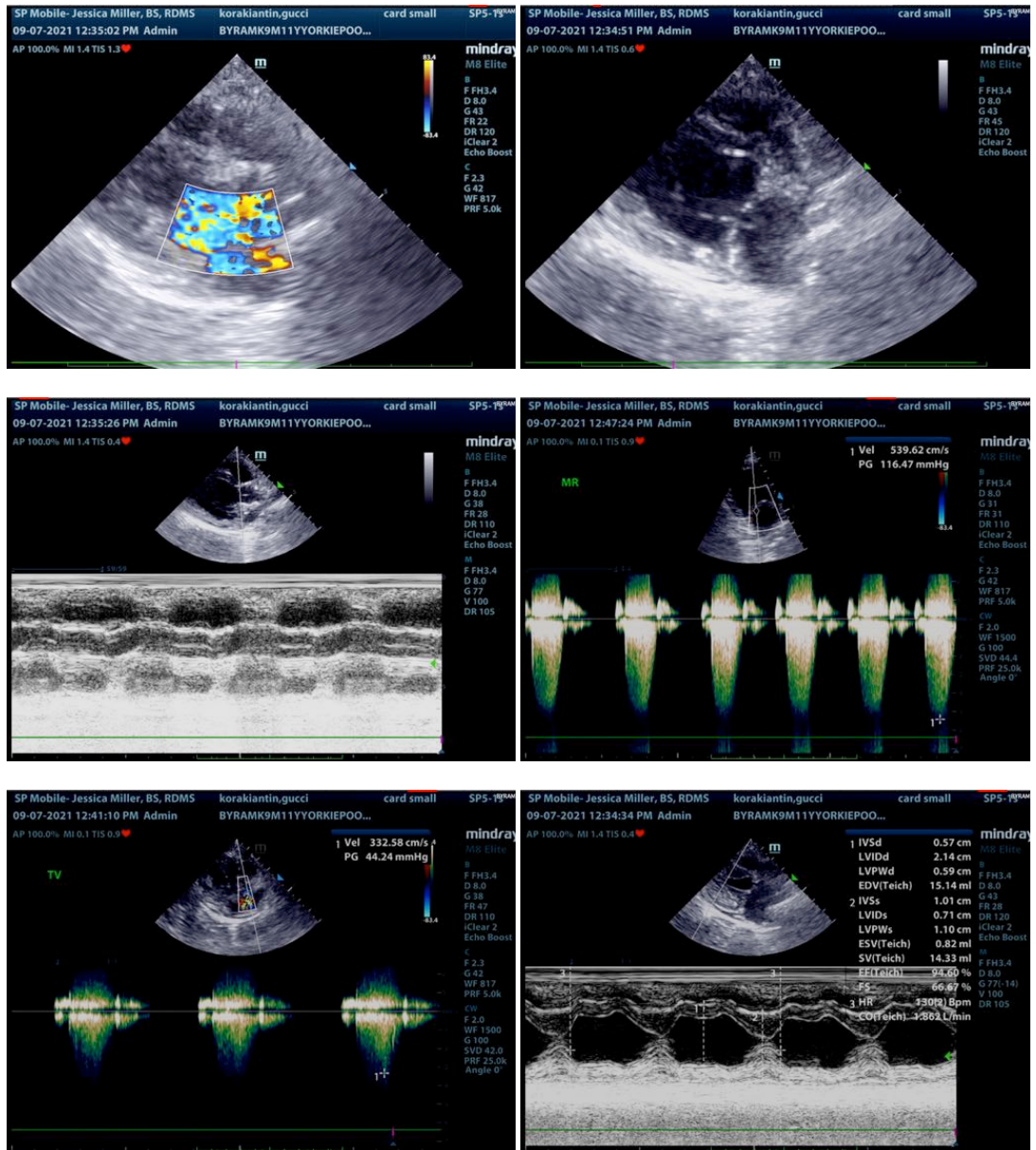
Byram AH

REFERRING VET

Dr. Abdul Chani

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient is at minor anesthetic risk in this patient. Given the pulmonary hypertension, I recommend persistent solid oxygenation during the procedure. Torbutrol premed, Propofol induction, and Isoflurane maintenance is recommended. A recheck echocardiogram is recommended in 6 months or earlier if murmur grade increases. No treatment is recommended at this time.



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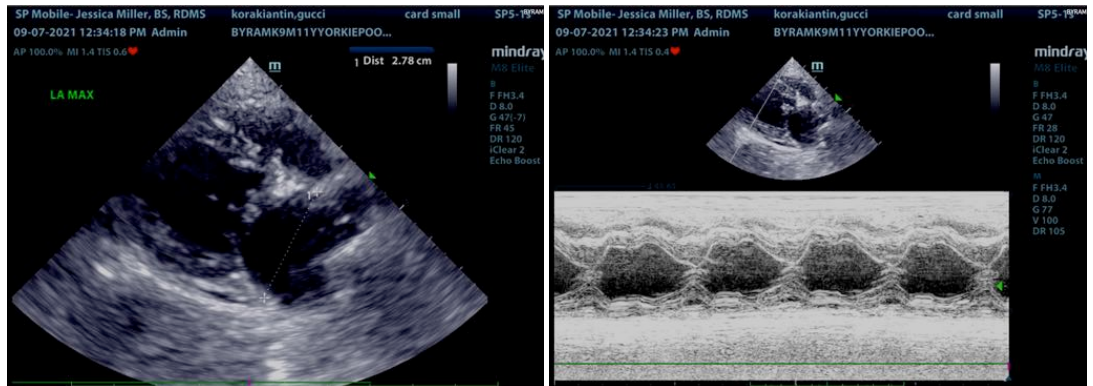
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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