



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Lexi Labelle
SPECIES
Canine
BREED
Labrador Mix
SEX
Spayed Female
AGE
14 years
WEIGHT
48 lbs

PRESENTING CLINICAL SIGNS
History: Heart murmur auscultated by Dr. Pesola--grade V left systolic last week. Started on 5 mg vetmedin BID then too. Seems mostly asymptomatic at home
Abnormal PE/Chem/CBC/UA Results: NSF

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated enlarged **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 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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Tracy Nyberg

HOSPITAL NAME

SNVC

REFERRING VET

Dr. Nyberg

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			2.0		30	-	1.0
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		1.9		48 lbs	4.7 max	6.0	

INVOICE ULTRASONOGRAPHIC FINDINGS

91700 Mitral insufficiency.
Volume overload of the left atrium and left ventricle.

DATE

9/7/21



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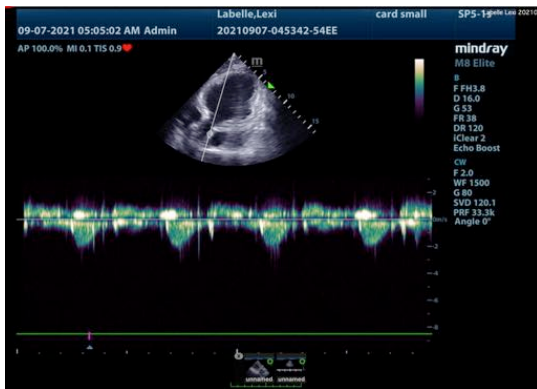
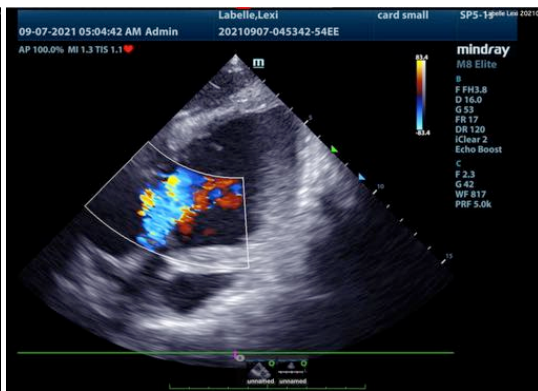
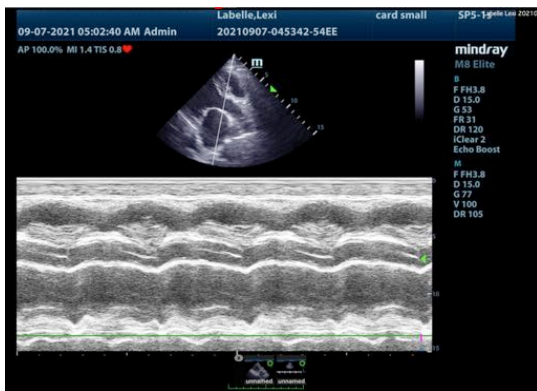
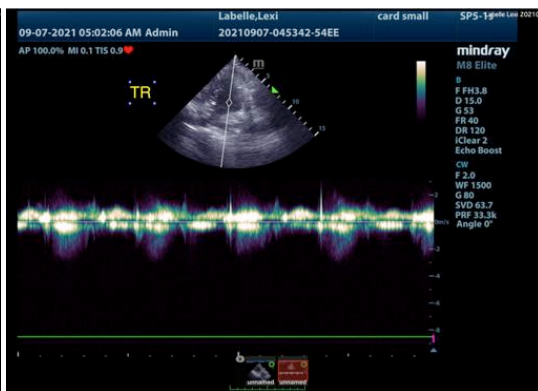
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aspects of stage B2 valvular disease and myocardial insufficiency are present. Grain free diet evaluation is recommended. I recommend continuation of the current Pimobendan at 0.3 mg/kg b.i.d. Assessment for grain free diet and taurine levels are recommended. Causes of myocarditis should be considered. If systolic pressure is >160 then ace inhibitor is indicated. If the patient's respiratory rate is > 20/minute then Lasix therapy could be considered. Recheck echocardiogram is recommended in a month.





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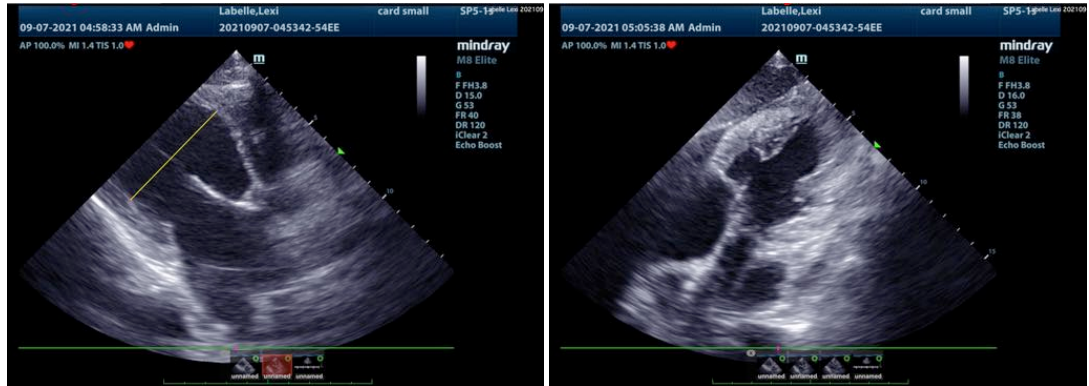
Dr. Nyberg

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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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