



PATIENT

Bodhi Van Ravenhorst

SPECIES

Canine

BREED

Miniature Pinscher

SEX

Neutered male

AGE

8 years

WEIGHT

14 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Delta Oaks AH

REFERRING VET

Dr. Samuel

DATE

12/17/21

Invoice
94707

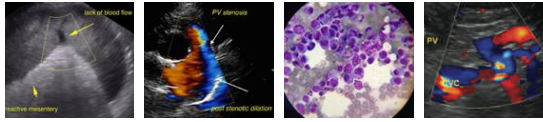
PRESENTING CLINICAL SIGNS

Presented for emergency evaluation due to thrumming in chest, first noted last night (12/13/21). On PE, P is normal aside from 6/6 systolic murmur. Per the O, P is doing well at home.
Abnormal PE/Chem/CBC/UA Results: CBC/Chem/T4/UA on 9/23/21 unremarkable aside from elevated triglycerides (593 mg/dL)

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Complete filling of the **left atrium** was noted on color flow assessment. **Mitral** valve revealed severe prolapse; however, no volume overload was noted at this time. Vegetative changes were noted on the anterior mitral valve leaflet. 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** insufficiency was noted. 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	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC PARAMETERS	VMAX (m/s)	VMAX (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	6.0	2.2	1.1	1.52	51	84	0.2
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC PARAMETERS	(BPM)	VMAX (m/s)	MAX (m/s)		2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	143	1.57	0.9	14 lbs	2.81 max	2.39	



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ULTRASONOGRAPHIC FINDINGS

Mitral valve prolapse, stage B1 valvular disease. Currently compensated.

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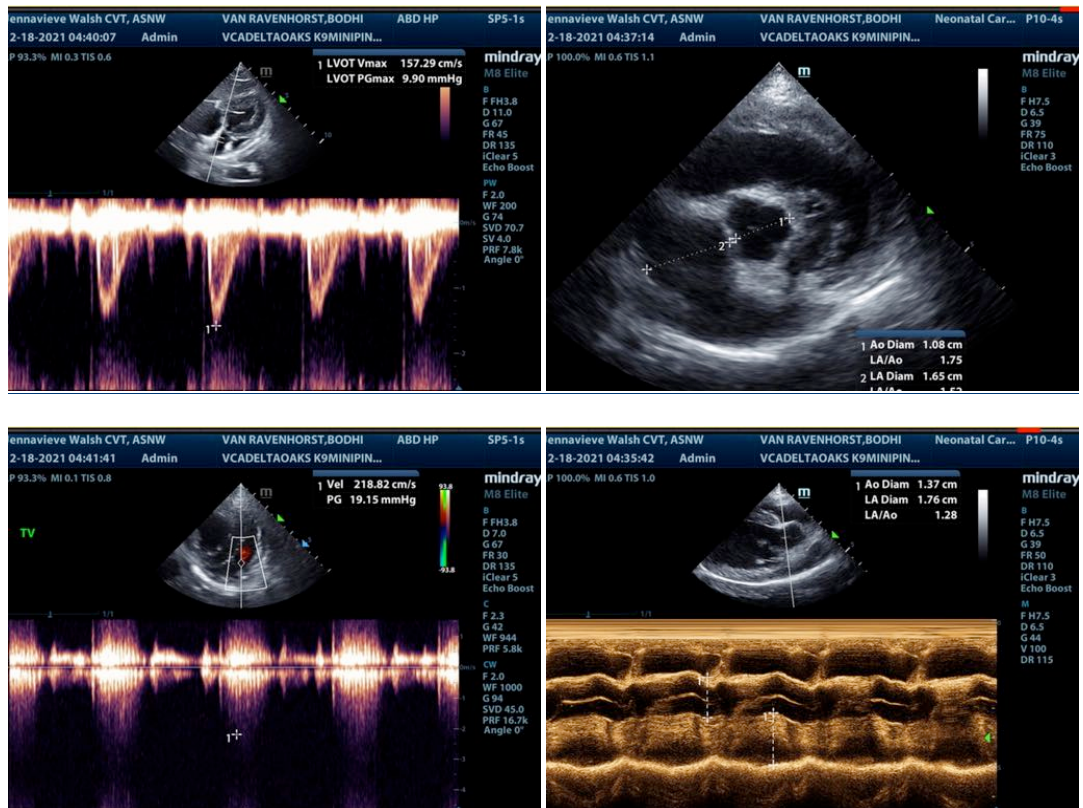
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Blood pressure measurements are warranted to rule out potential hypertension that may be contributing to the presentation. However, the heart is compensating at this time. The patient should be monitored carefully for onset of clinical signs. If any increased respiratory rate, cough, exercise intolerance or syncope occur then a recheck sonogram is recommended. However, there is no volume overload at this time. Therefore, no treatment is recommended. The chamber sizes are well contained and within normal limits for this patient. The audible aspect of the heart murmur is likely owing to mitral valve prolapse.

If anesthesia is necessary, there is no overt contraindication to an anesthetic procedure. Suggested protocol includes Torbutrol premed, Propofol induction, and Isoflurane maintenance. Recheck echocardiogram in 6 months or earlier if murmur grade increases or clinical signs initiate.





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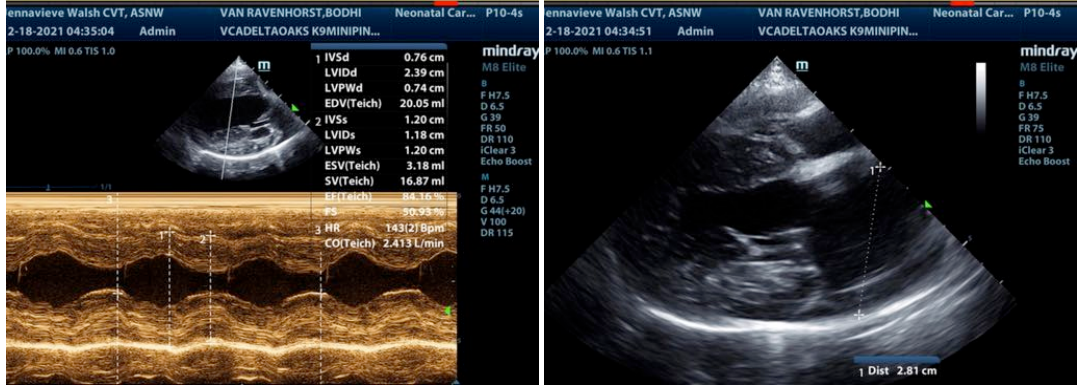
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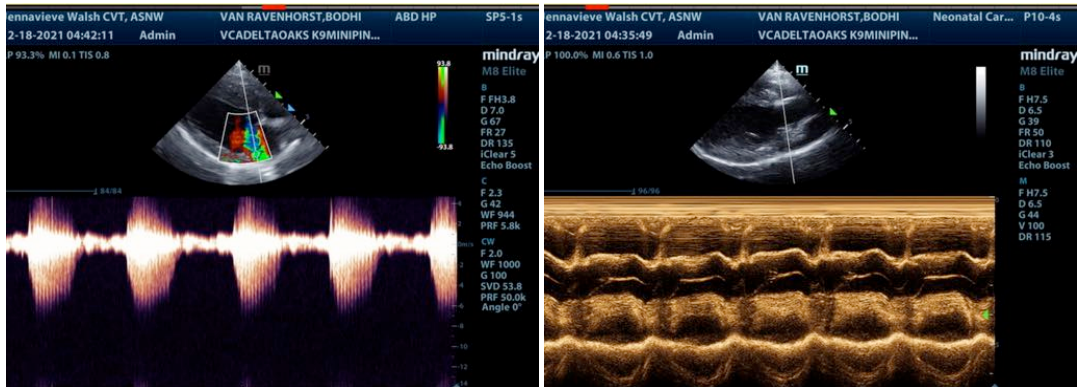
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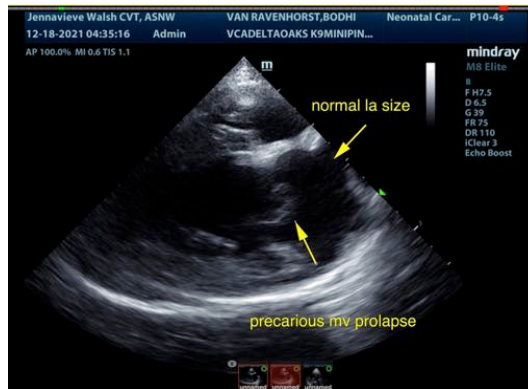
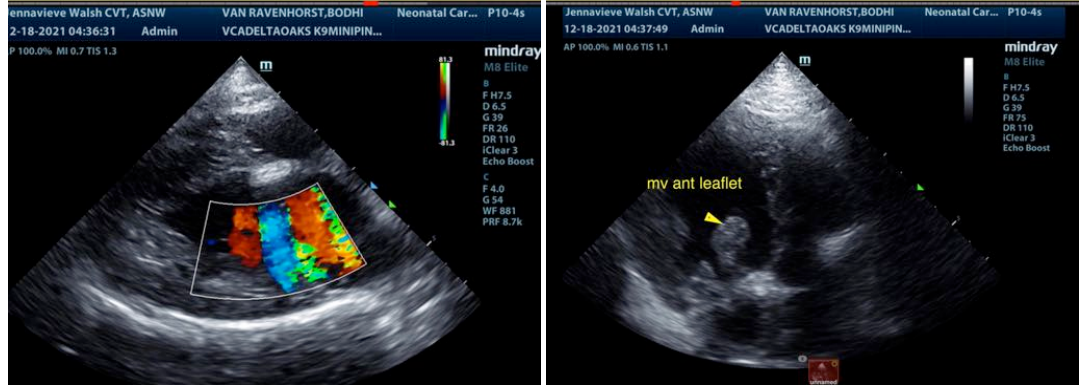
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS

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