

**PATIENT**

Echo Hayhurst

**PRESENTING CLINICAL SIGNS**

Unremarkable exam aside from intermittent, irregular arrhythmia. No murmur appreciated.

**SPECIES**

Canine

**BREED**

King Charles Cavalier

**SEX**

Intact Female

**AGE**

1 year

**WEIGHT**

15.2 lbs

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Eastgate VC

**REFERRING VET**

Dr. Herdener

**DATE**

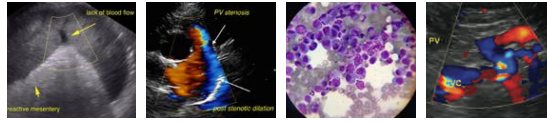
2/3/22

Invoice  
95818

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. 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. Occasional arrhythmia was noted in this patient.

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			1.0	1.0	55	90	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	153	1.18	0.7	15.2 lbs	2.15 max	2.8	



**PATIENT**

Echo Hayhurst

**SPECIES**

Canine

**BREED**

King Charles Cavalier

**SEX**

Intact Female

**AGE**

1 year

**WEIGHT**

15.2 lbs

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Eastgate VC

**REFERRING VET**

Dr. Herdener

**DATE**

2/3/22

**Invoice**  
95818

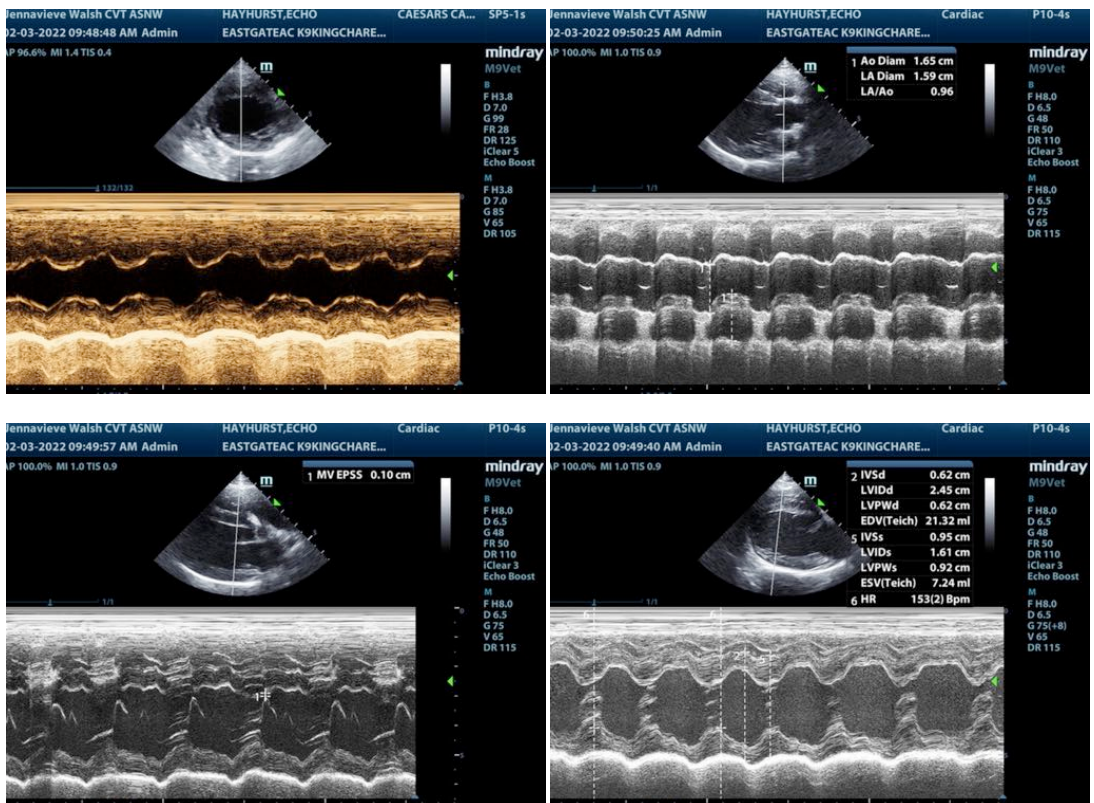
**ULTRASONOGRAPHIC FINDINGS**

Normal echocardiogram.

Occasional arrhythmia.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no evidence of structural or functional disease. EKG or Holter monitor would be warranted if any clinical signs are present.





**PATIENT**

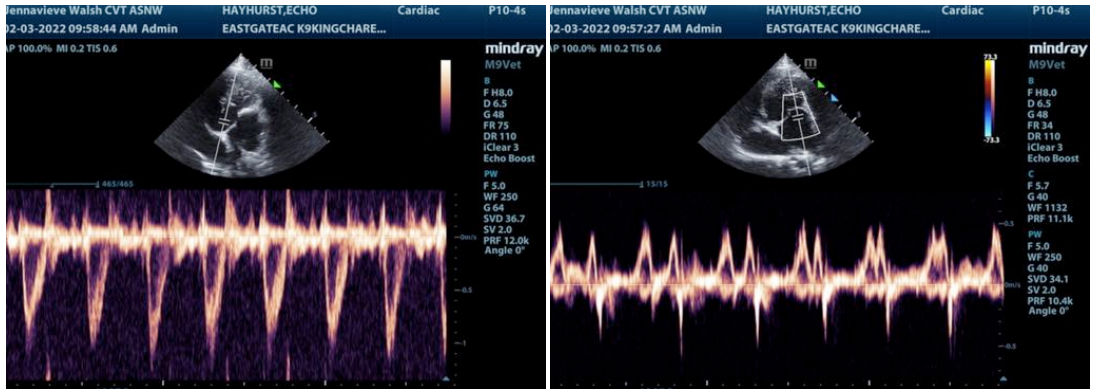
Echo Hayhurst

**SPECIES**

Canine

**BREED**

King Charles Cavalier



**SEX**

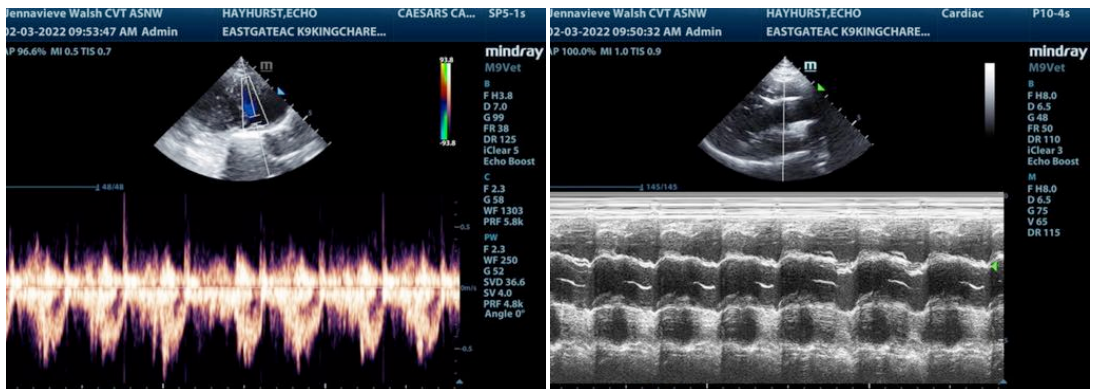
Intact Female

**AGE**

1 year

**WEIGHT**

15.2 lbs



**INTERPRETED BY**

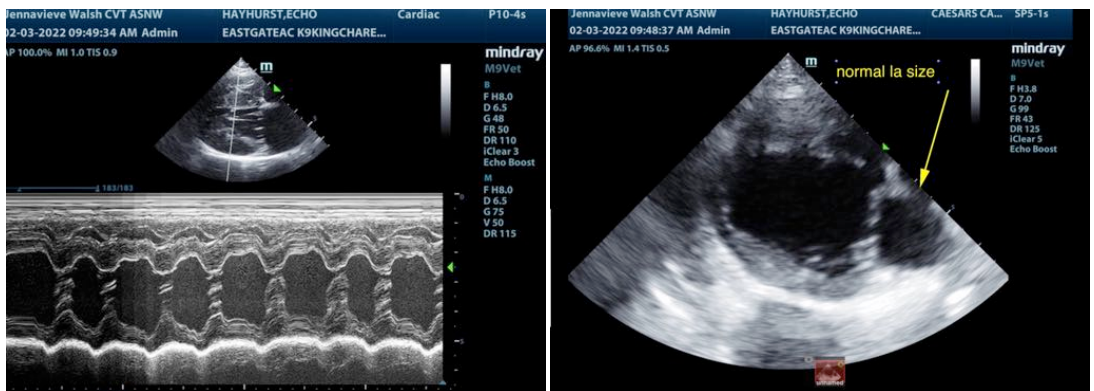
Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Eastgate VC



**REFERRING VET**

Dr. Herdener

**DATE**

2/3/22

**Invoice**  
95818



**PATIENT**

Echo Hayhurst

**SPECIES**

Canine

**BREED**

King Charles Cavalier

**SEX**

Intact Female

**AGE**

1 year

**WEIGHT**

15.2 lbs

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Eastgate VC

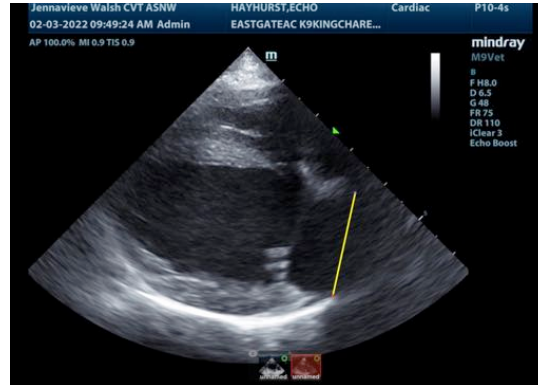
**REFERRING VET**

Dr. Herdener

**DATE**

2/3/22

**Invoice**  
95818



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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

Eric.Lindquist@SonoPath.com