



**PATIENT PRESENTING CLINICAL SIGNS**

Poppa Chops Gallant

New patient seen for a chronic Right eye issue (injured as a neonate and has chronic mildly elevated intra-ocular pressure and keratitis) -potential breeding animal/stud dog -Grade 2/6 systolic Left sided HM detected on PE -no assoc clinical CV signs

**SPECIES**

Abnormal PE/Chem/CBC/UA Results: BP 158/101 MAP 113

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

**BREED**

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 aortic velocity was mildly excessive. 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.

Mastiff

**SEX**

Intact male

**AGE**

9 months

**WEIGHT**

80 kgs

**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			1.0	1.0	34	63	0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	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	135	2.74	1.86	80	5.32	4.2	

**IMAGING PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

Graham AH

**REFERRING VET**

Dr. Malatestinic

**INVOICE**

95653

**DATE**

1/31/22

**ULTRASONOGRAPHIC FINDINGS**

Largely normal echocardiogram with mildly increased left ventricular outflow velocity.

Minor form of subaortic stenosis is possible, yet not clinically significant at this time.



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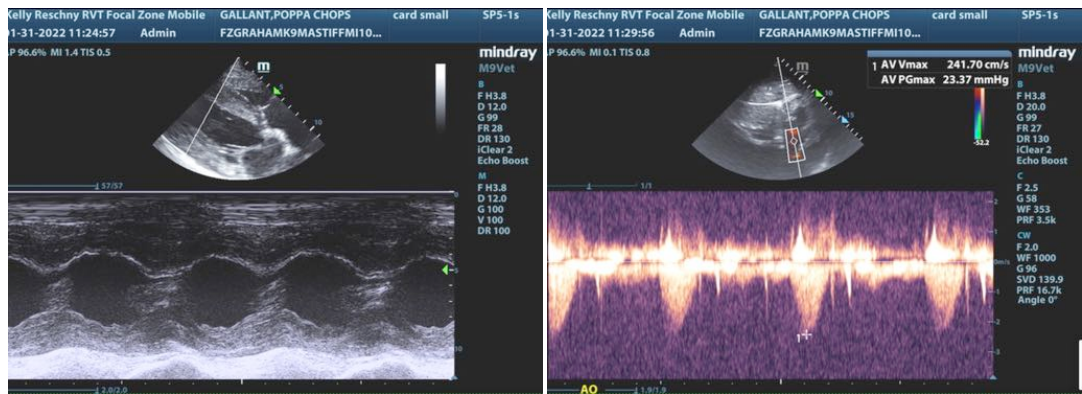
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

This can be idiopathic owing to excitement; however, it is mildly excessive in velocity for simple flow murmur. If anesthetic procedure is to be performed I recommend prophylactic antibiotic 3 days prior and 5 days post procedure to ensure endocarditis does not become an issue; however, this can be idiopathic and is common in this breed. Elevated LVOT velocity, possible very minor form of subaortic stenosis. The aortic valve is largely unremarkable; however, the outflow velocity is excessive. No contraindication to anesthetic procedure. A recheck echocardiogram is recommended in 3-6 months to assess for any progression.



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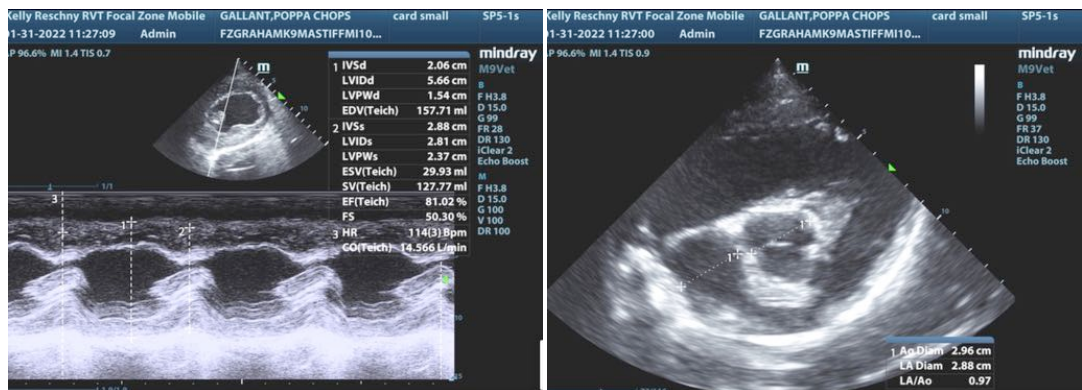
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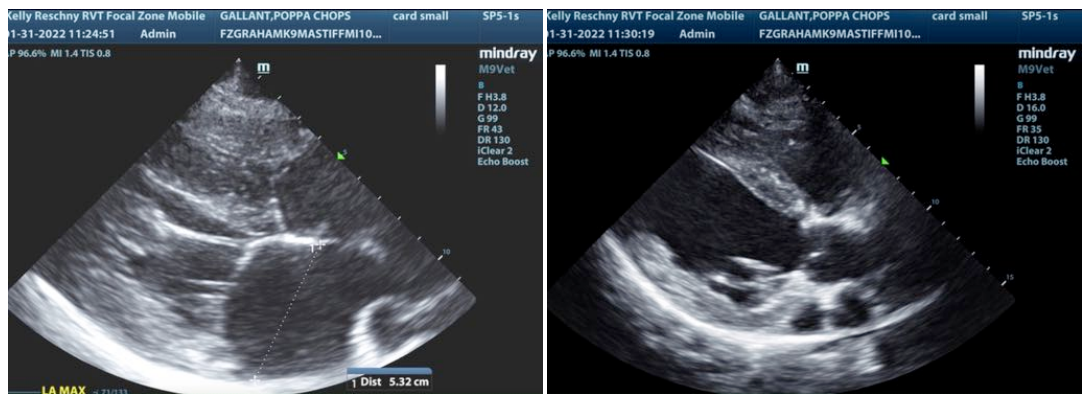
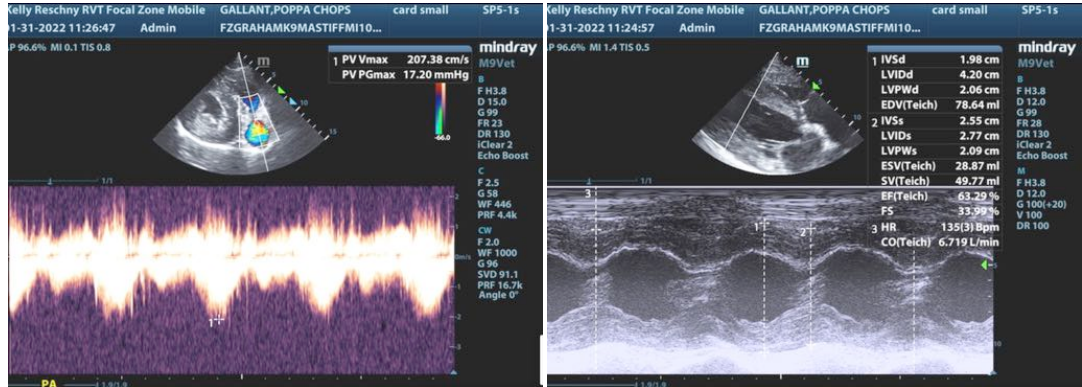
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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