



PATIENT

Wee Man Canadian
Dachshund Rescue

SPECIES

Canine

BREED

Dachshund

SEX

Intact Male

AGE

12 years

WEIGHT

5 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Graham AH

REFERRING VET

Dr. Malatestinic

INVOICE

92101

DATE

9/30/21

PRESENTING CLINICAL SIGNS

History: -Hx-recently rescued dog as elderly owner passed away, Rescue organization would like to adopt dog out after Neutering and a Dental but dog has a heart murmur present on PE PE- in great basic overall condition but a bilateral systolic heart murmur was discovered on PE- Grade 3 Left side & Grade 1-2 right side with PMI left sternal -other than in need of a dental NAF on exam Systolic Grade 3/6 Left side, Grade 2/6 right side, PMI sternum. No meds currently.

Abnormal PE/Chem/CBC/UA Results: Mildly elevated ALT 204, low Reticulocytes 4.5, low WBC 3.71 poss Stress Leukogram

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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. Centralized mitral insufficiency jet was noted. 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** valvular assessment demonstrated adequate linear morphology. 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.

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			1.3	1.39	42	76	NM
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC PARAMETERS	(BPM)	VMAX (m/s)	MAX (m/s)	(kg)	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		1.2	0.58	5 kg	2.13	2.09	



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ULTRASONOGRAPHIC FINDINGS

Stage B1 valvular disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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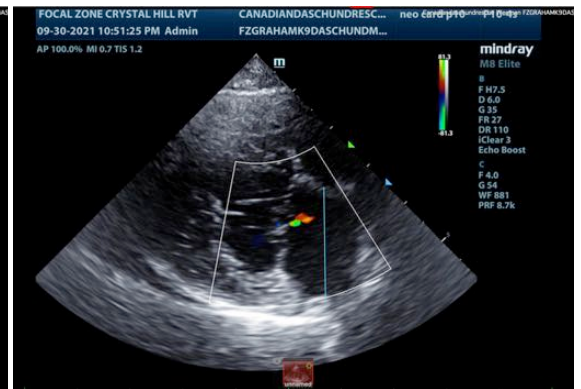
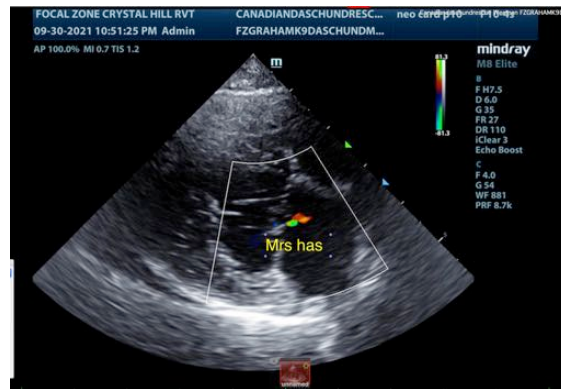
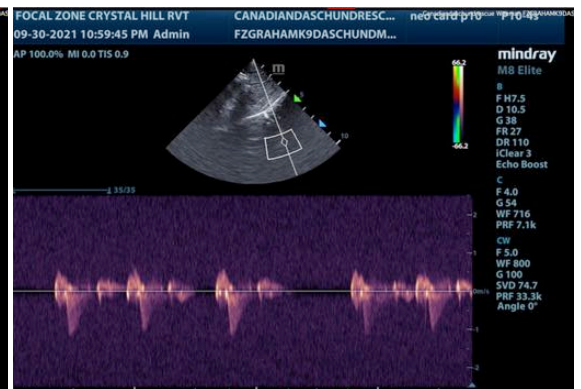
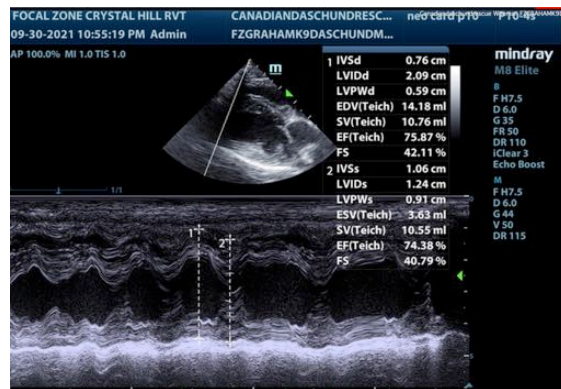
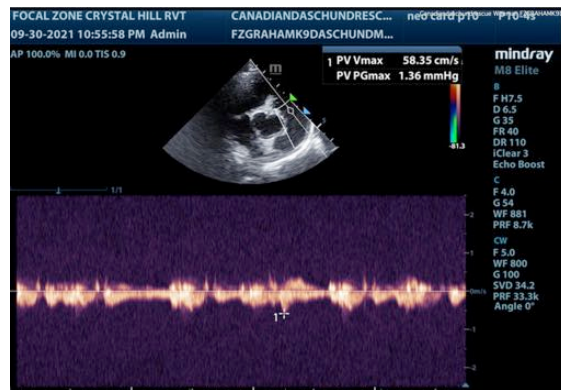
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com