



PATIENT

Queen VanKampen

SPECIES

Canine

BREED

American Bull Terrier

SEX

Intact female

AGE

15 months

WEIGHT

47 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden, RVT

HOSPITAL NAME

Animal Hospital of
Sussex County

REFERRING VET

Dr. Catania

INVOICE

42025

DATE

1/10/23

PRESENTING CLINICAL SIGNS

History: grade 4/6 murmur, hx of being on grain free diet her whole life until about one month ago. Had a seizure vs syncopal episode 1/9/23 in the morning.

Abnormal PE/Chem/CBC/UA Results: glucose 130 with neutrophilia 18.13

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 normal 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 valve was thickened in this patient and dysplastic. The **aortic outflow** velocity is excessive at 3.0 m/sec. The **right atrium** was enlarged in this patient with a 1:1 ratio with the left atrium. No evidence of masses was noted. **Tricuspid** insufficiency was noted at 2.56 m/sec. 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 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		3.0	NM	1.2	38	69	0.5
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	BELOW	BELOW	BELOW	BELOW
PATIENT		2.4	2.5	47 lbs	2.87	3.35	



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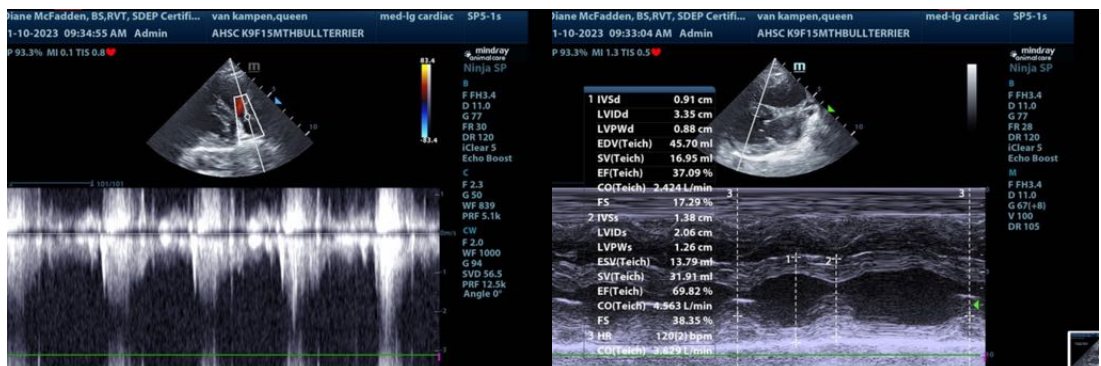
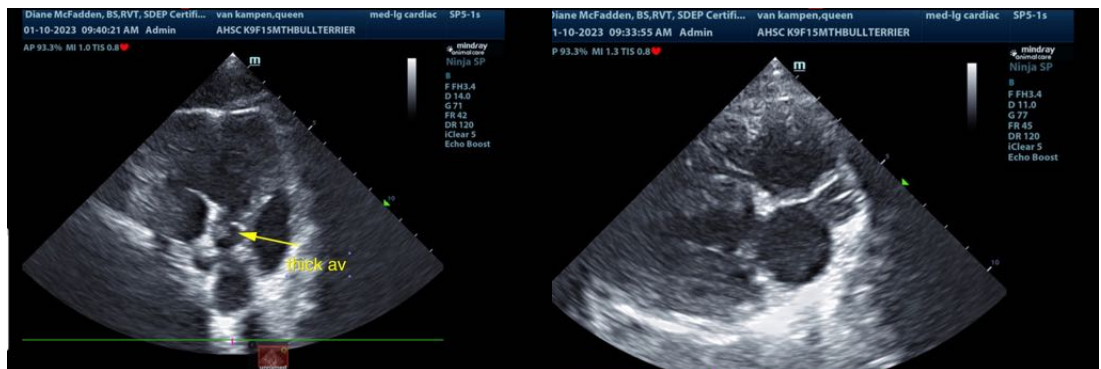
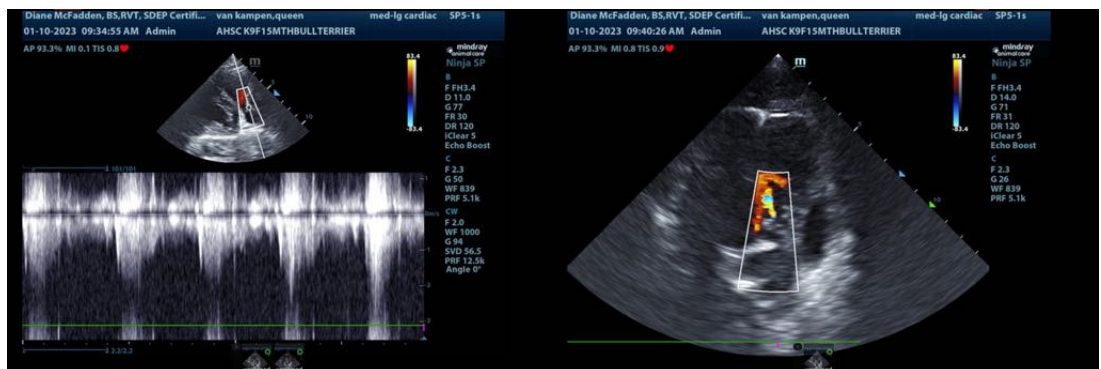
ULTRASONOGRAPHIC FINDINGS

Subaortic stenosis with secondary aortic insufficiency, clinically compensated at this time.

Mild tricuspid insufficiency with right atrial enlargement, possibly a confirmational issue.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Some level of subaortic stenosis and pulmonic stenosis is likely in this patient. This is clinically compensated at this time. However, it may develop into a more significant issue later. Syncope should not be an issue unless a paroxysmal arrhythmia is in play, which a Holter monitor would be indicated. If seizure activity is detected then brain CT with contrast is indicated. No specific cardiac medications are recommended at this time. Recheck echocardiogram is recommended in 6 months or earlier if clinical signs exacerbate.





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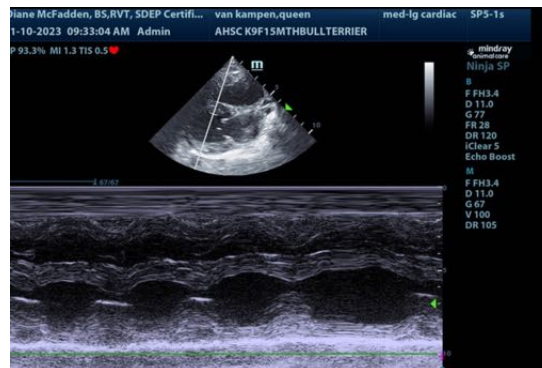
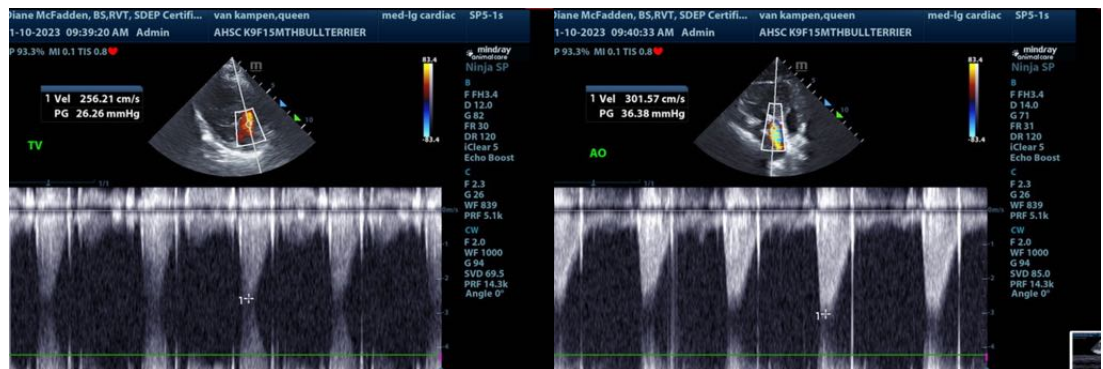
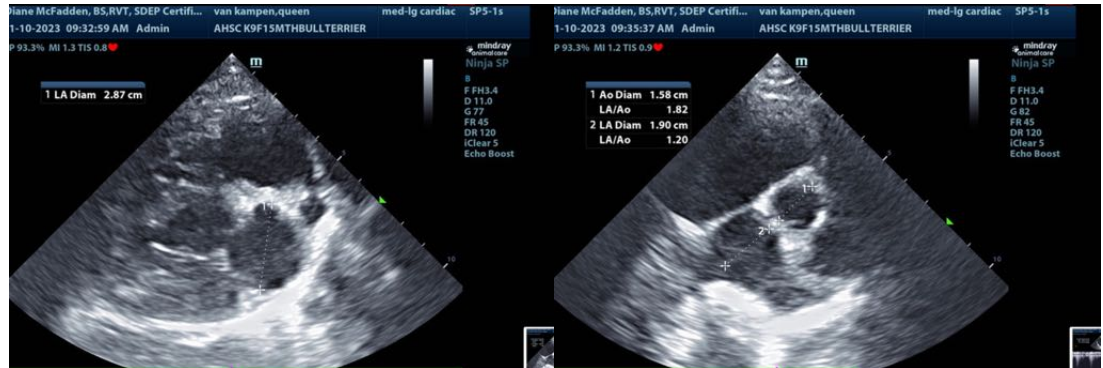
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
Info@SonoPath.com