



**PATIENT**

Hudson McCracken

**PRESENTING CLINICAL SIGNS**

History: Mild cardiomegaly, exercise intolerance vs. orthopedic pain. Only on Natural supplements.  
 Abnormal PE/Chem/CBC/UA Results: CK 230, Thyroid low normal 1.3, BNP pending.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

**BREED**

Mix

**SEX**

Neutered male

**AGE**

8 years

**WEIGHT**

61 lbs

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. **Mitral** valve insufficiency was moderate and compensated at 5.5 m/sec. The mitral valve jet was centralized. 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 **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** was slightly enlarged in this patient. Minor **tricuspid** insufficiency was noted, yet compensated at 1.6 m/sec. The tricuspid valve jet was centralized. 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.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Legacy AH

**REFERRING VET**

Dr. Pontenzone

**INVOICE**

42536

**DATE**

1/5/23

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	5.5	1.6	1.3	1.6	29	5	0.6
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	110	1.8	1.15	61 lbs	4.4	3.78	



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**ULTRASONOGRAPHIC FINDINGS**

Mitral and tricuspid insufficiency.

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Stage B1 valvular disease.

Slight right atrial enlargement.

**BREED**

Mix

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no significant volume overload. The heart at this time should not be causing exercise intolerance unless a paroxysmal arrhythmia is an issue. Other causes of exercise intolerance such as abdominal visceral disease or pain related disease should be considered or possible paroxysmal arrhythmia in which a Holter monitor would be necessary. At this time the mitral and tricuspid insufficiency is compensated.

**SEX**

Neutered male

The heart is stable without clinical disease. No overt contraindication for anesthesia of brief to moderate duration. I suggest Torbutrol premed, Propofol induction, Isoflor maintenance or similar protocol if anesthesia is desired. Blood pressure recommended if not already performed and target white coat negative systolic pressure of < 160 mmHg. If higher than this ACE-inhibitor is suggested to reach this level. Recheck echocardiogram is recommended in 6 months, earlier if murmur grade increases or clinical signs initiate.

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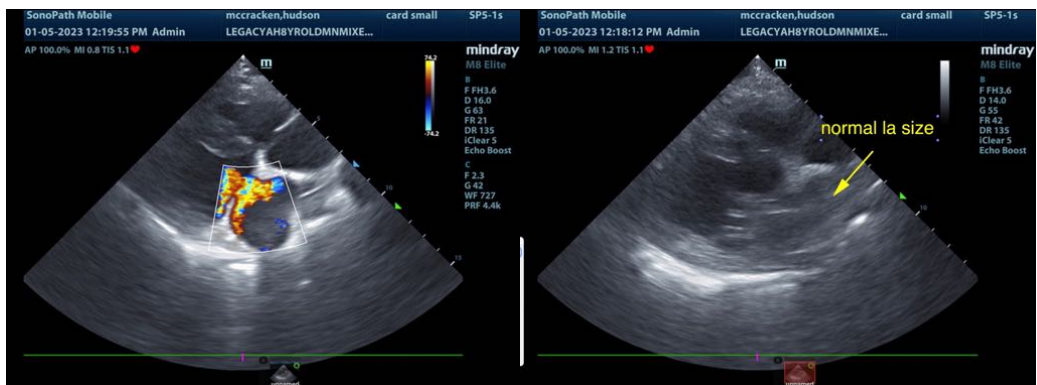
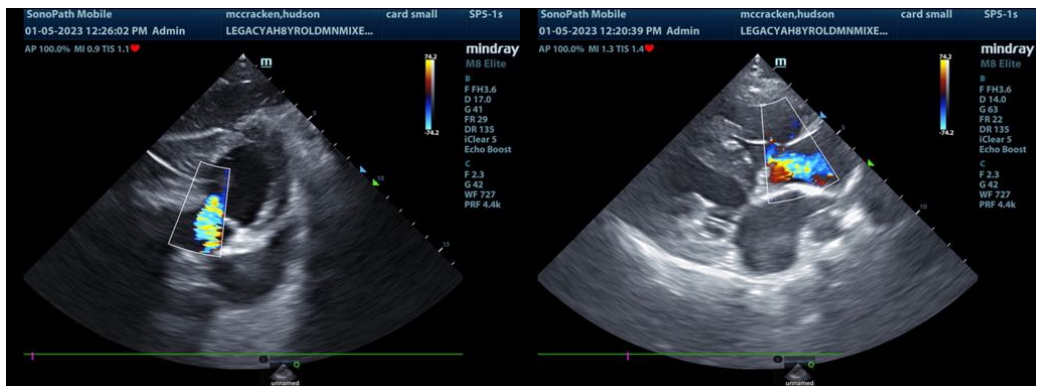
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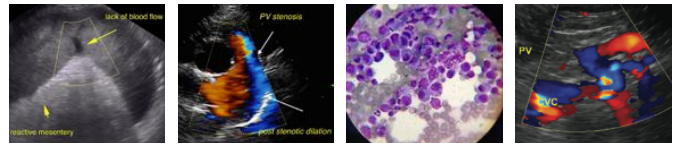
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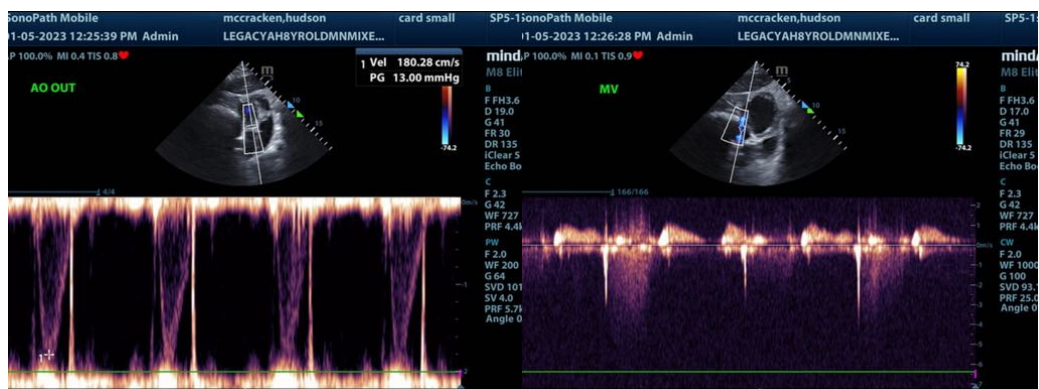
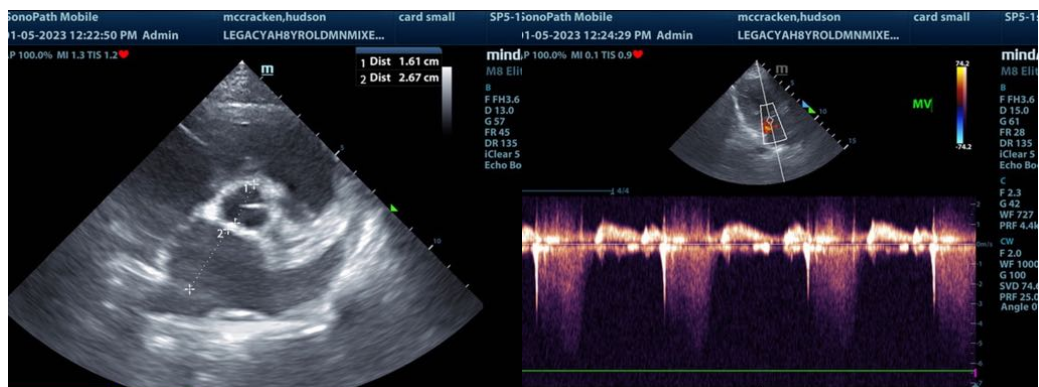
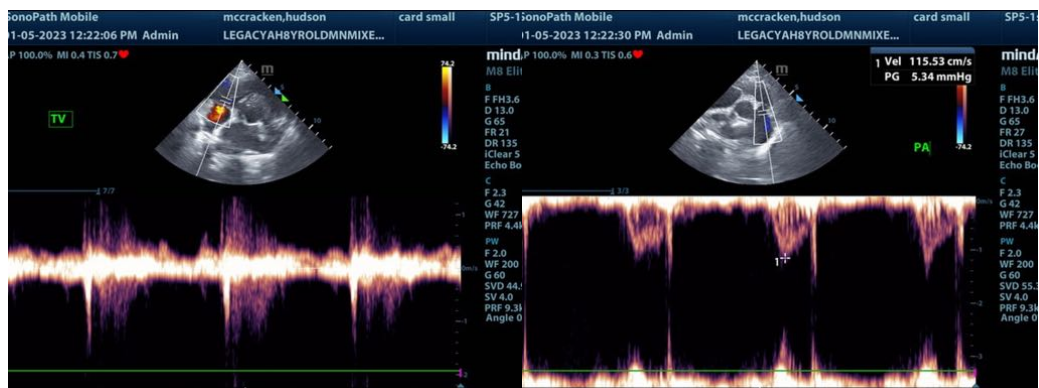
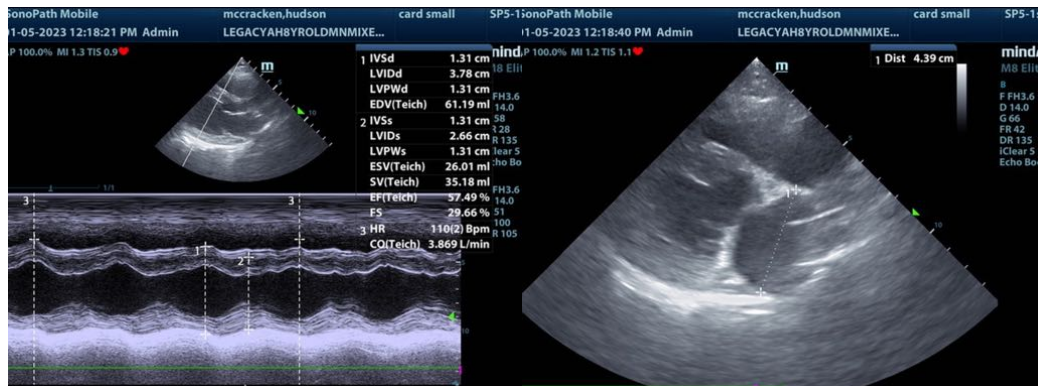
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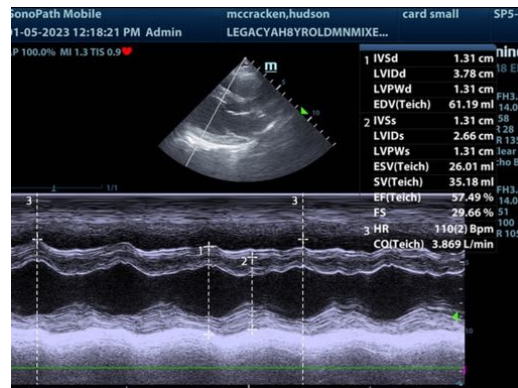
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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