



PATIENT

Lizzie Erlbaum

SPECIES

Canine

BREED

Lhasa Apso

SEX

Spayed female

AGE

14 years

WEIGHT

14 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Franklin Lakes AH

REFERRING VET

Dr. Pomerantz

PRESENTING CLINICAL SIGNS

History: Syncope (also epilepsy), Poss - collapsed middle right lung lob
Current meds: Phenobarb, Kepra, Thyroxine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The **echocardiogram** presented a prominent **right heart** with mild **right ventricular** hypertrophy, with **tricuspid** insufficiency, yet normal **right atrial** size. No evidence of neoplasia was noted in the right auricle, or elsewhere in the heart. The **pulmonary artery** was uniformly prominent with mildly depressed pulmonic velocity measured on PW Doppler. No overt heartworms were noted in the main or visible deep pulmonary arteries. Yet, theoretically heartworms could be present in the deep pulmonary vasculature out of visible sonographic range. More likely, however, this prominent right heart is due to excessive intra-thoracic pressures caused by chronic respiratory disease or potentially excessive intra-thoracic fat (Pickwickian syndrome). The **left heart** demonstrated a linear **ventricular septum**. Contractility was functionally adequate demonstrated by the FS% measurement. The **mitral valve** was not significantly insufficient and no significant **left atrial** dilation was noted. The **left ventricular outflow** demonstrated normal flow patterns and velocities through the aortic valve. No evidence of tumor, pericardial or pleural effusion was noted. The visible **extra-cardiac** tissues were uniformly linear without evidence of masses, infiltrative or inflammatory mediastinal tissue. No evident arrhythmic activity was noted during the exam. The hepatic veins were noted dilated 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		3.0	1.2	1.3	25	43	NM
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	88	1.29	0.6	14 lbs	2.04	2.32	

ULTRASONOGRAPHIC FINDINGS

Trivial mitral insufficiency with cor pulmonale, not a clinical issue.

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43131

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of clinical cardiac disease. The very early pulmonary hypertension is not a clinical issue. The syncope is not directly cardiac related. However, paroxysmal arrhythmia is a potential. Holter



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monitor would be ideal along with blood pressure measurements if not already performed.

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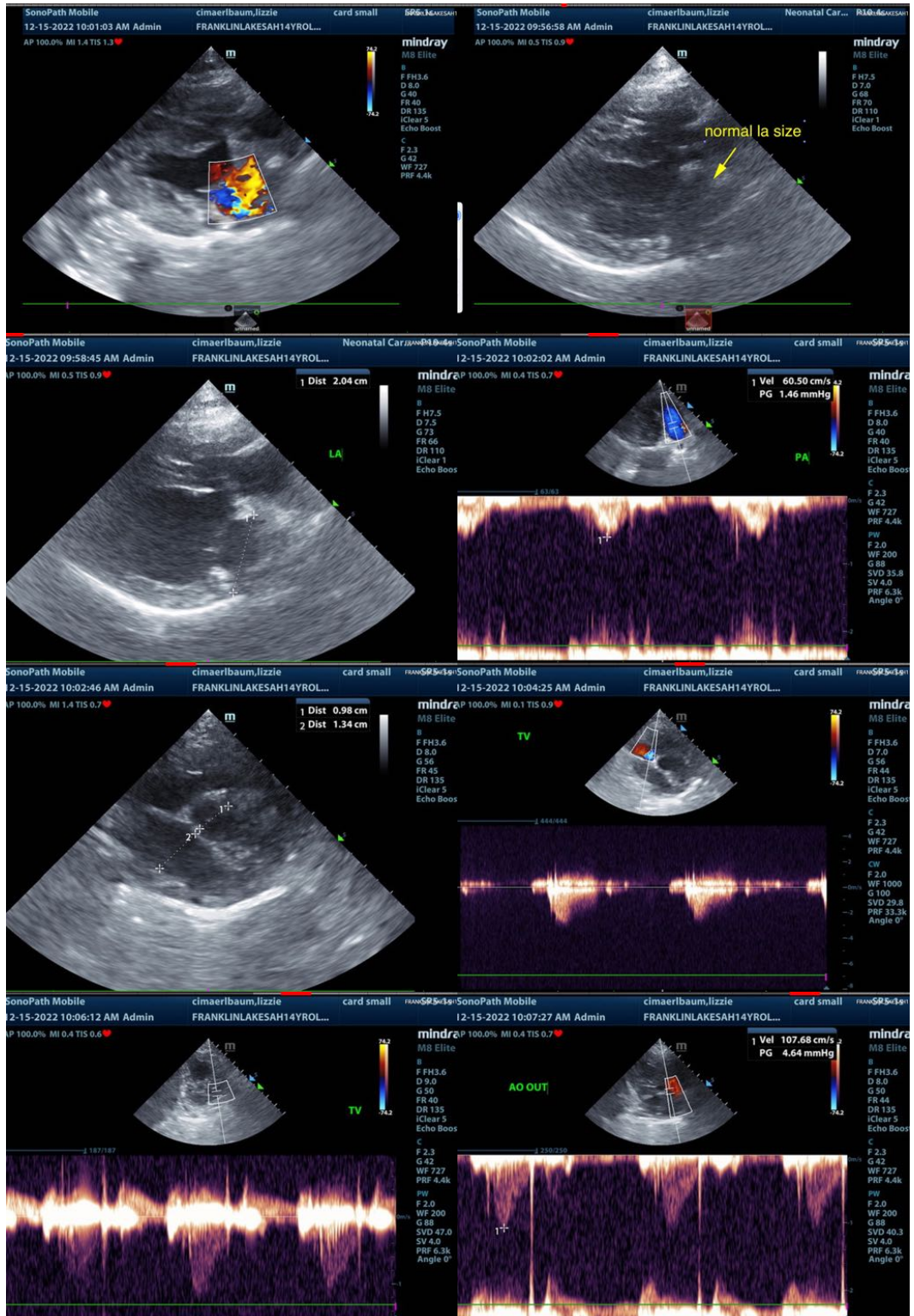
Dr. Pomerantz

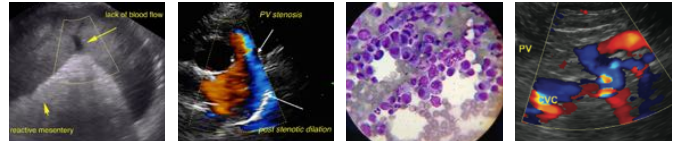
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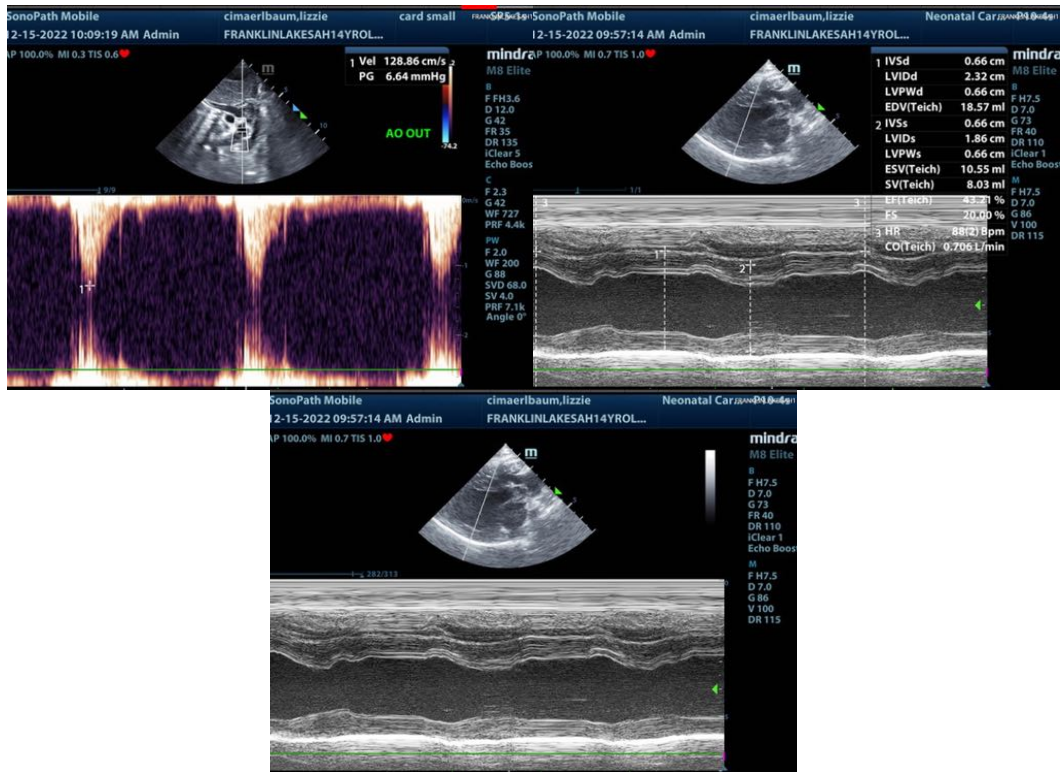
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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