



PATIENT

Romeo Kouyoumdjian

PRESENTING CLINICAL SIGNS

History: Chronic hacking cough, will send for bronchoscopy but need to r/o cardiac dz.

SPECIES

Canine

BREED

Yorkie

SEX

Neutered male

AGE

7 years

WEIGHT

29 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

New Bridge VP

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The **echocardiogram** presented a prominent **right heart** with mild **right ventricular** hypertrophy, without significant **tricuspid** regurgitation, and 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** revealed insufficiency, yet no significant **left atrial** dilation was noted. The **aortic velocity** was mildly excessive at 2.7 m/sec. 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.

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	5.8		1.3	1.3	53	86	0.1
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	85	2.7	1.53	29 lbs	2.4 max	2.47	

REFERRING VET

Dr. Glennon

ULTRASONOGRAPHIC FINDINGS

Early stage B1 valvular disease, mild idiopathic increased LVOT velocity likely owing to hyperdynamic state.

INVOICE

32284

DATE

8/10/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The heart is stable without clinical disease. No overt contraindication for anesthesia of brief to moderate duration. I suggest Torbutrol premed, Propofol induction, Isoflo maintenance or similar protocol if anesthesia is desired. Blood pressure recommended if not already performed and target



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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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Blood pressure measurements are essential in this patient. Increased LVOT is not pathological at this time; however, it may be related to hyperdynamic state such as excitement. There was no structural evidence of subaortic stenosis.

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Yorkie

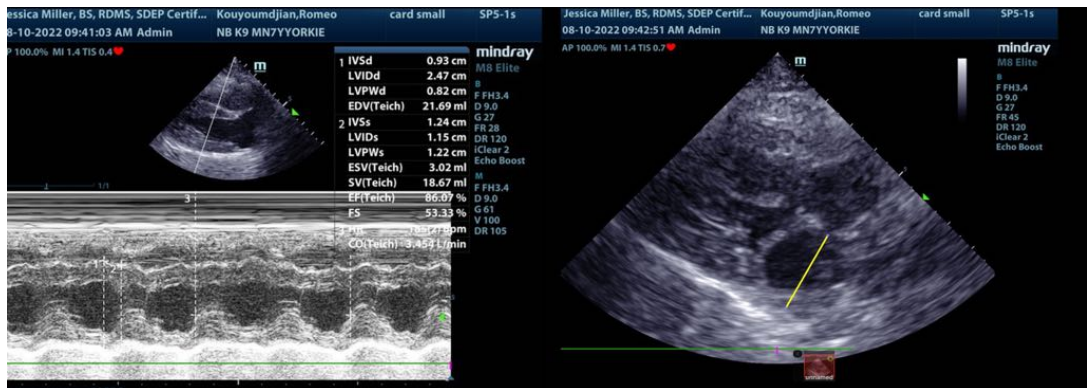
Primary respiratory work-up and therapeutic protocol is recommended.

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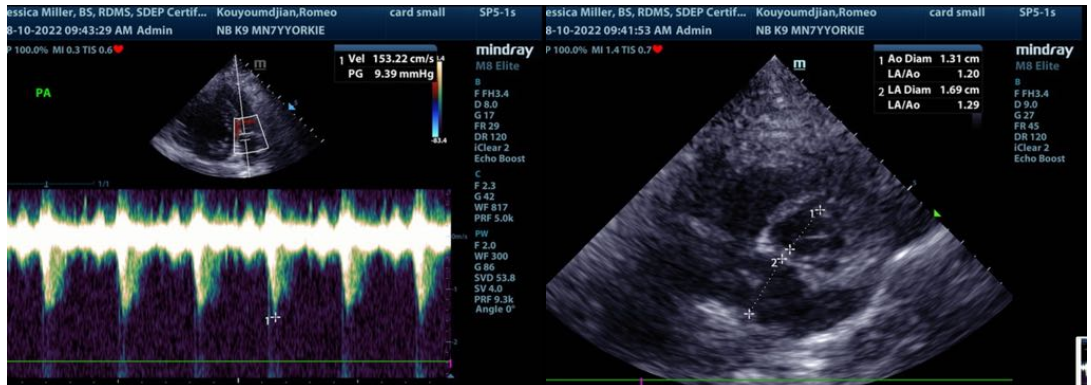


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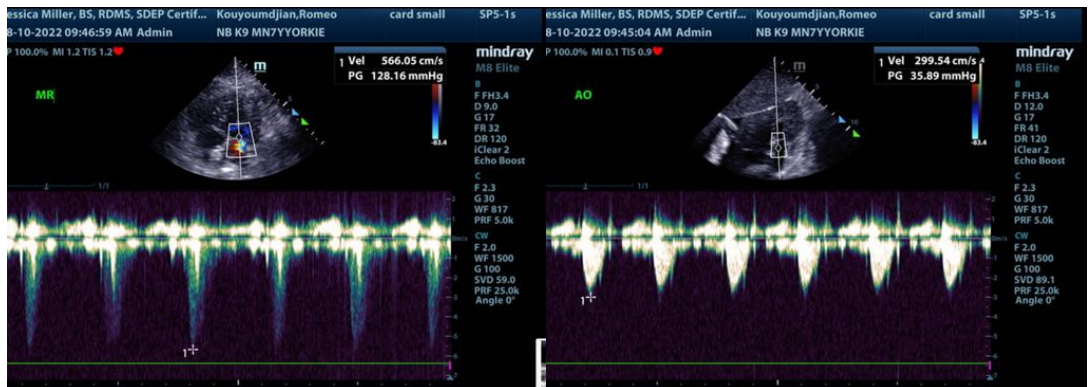


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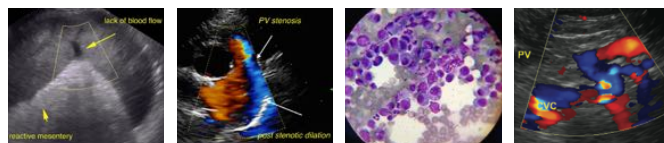
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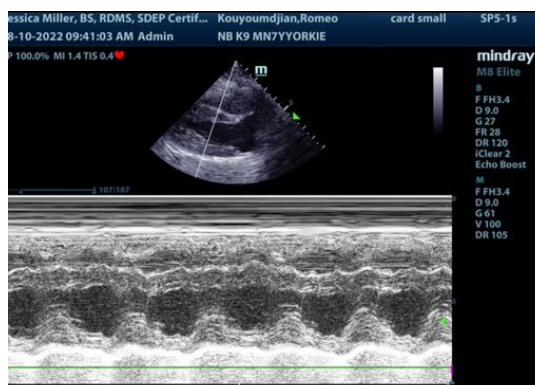
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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