



## PATIENT

Minerva Lichtman

## SPECIES

Canine

## BREED

Irish Glen of Imaal  
Terrier

## SEX

FS

## AGE

12 years

## WEIGHT

57 lbs.

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

## IMAGING PERFORMED BY

Dr. Sorbo

## HOSPITAL NAME

Cambridge VC

## REFERRING VET

Dr. Sorbo

## INVOICE

16679

## DATE

4/25/23

## PRESENTING CLINICAL SIGNS

Follow-up from last week. Sending out pheochromocytoma test (urine MET/N-MET) to Idexx. Abnormal PE/Chem/CBC/UA Results: BP 220mmHg(!). Cardiac scan for screening purposes.

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
<b>CARDIAC PARAMETERS</b>	<b>VMAX</b> (m/s)	<b>VMAX</b> (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
<b>PATIENT</b>			1.2	1.39	39	75	0.2
<b>CANINE</b>	<b>HR</b> (BPM)	<b>AV</b> <b>VMAX</b> (m/s)	<b>PV</b> <b>MAX</b> (m/s)	<b>BODY WEIGHT</b> (kg)	<b>LA</b> 2D short axis Base view (cm)	<b>LVIDd</b> Avg; 2D and m-mode short axis (cm)	<b>LVIDs</b> Avg; 2D and m-mode short axis (cm)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6				
<b>PATIENT</b>	NM	1.6	0.88		4.2	4.1	

## Cardiac Presentation

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. Trace MR was noted on Doppler. 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. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. 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). Trace pulmonic insufficiency was noted on Doppler. 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.

## ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram
- Trace MR and pulmonic insufficiency



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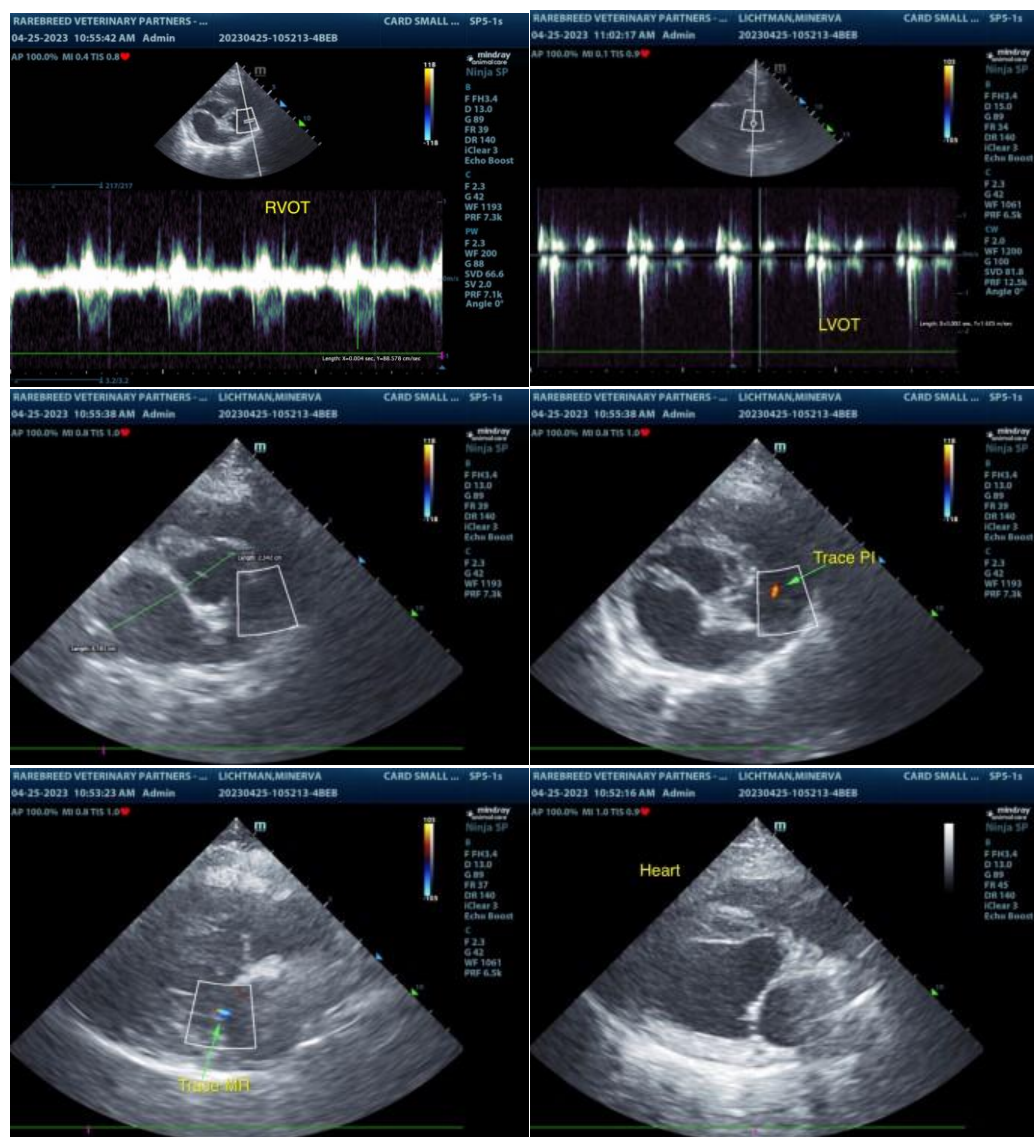
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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically unremarkable heart without clinical issues such as LV systolic dysfunction or hypertrophy, left or right heart chamber enlargement, or evidence of clinical pulmonary hypertension. The trace MR and pulmonic insufficiency are not considered clinically significant. Cardiac medications are not indicated. Recheck echocardiogram is suggested in 12 months, sooner if clinically indicated or if an audible murmur arises.





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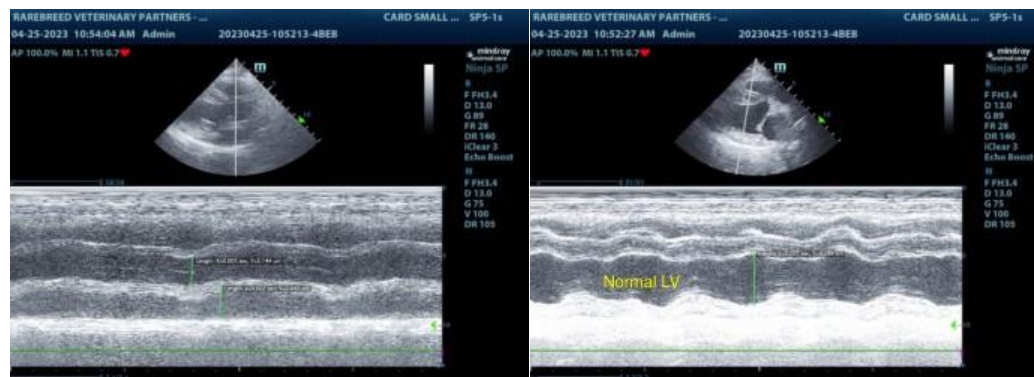
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com