

## Falco - canine

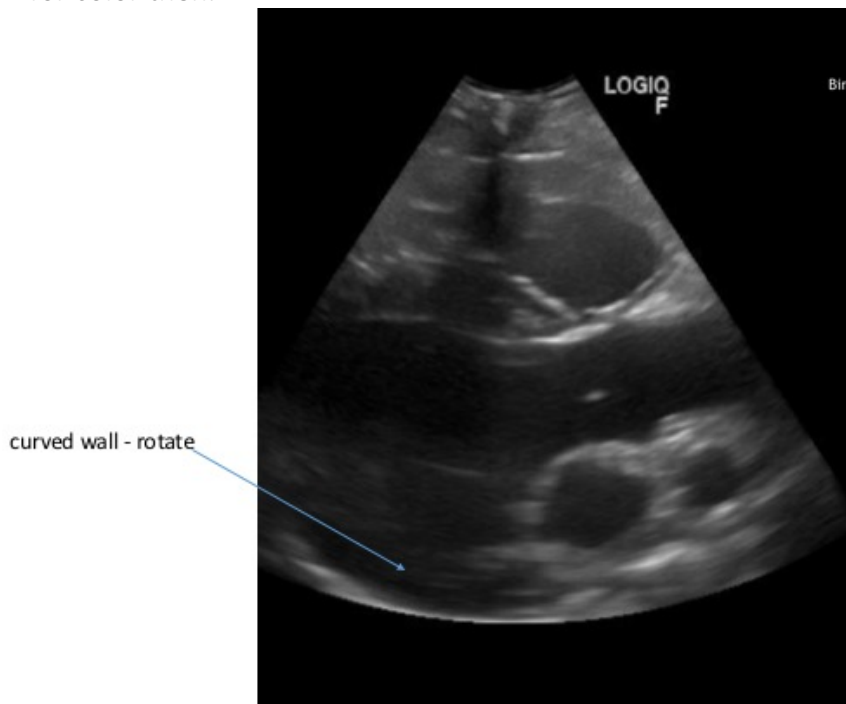
### General Comments

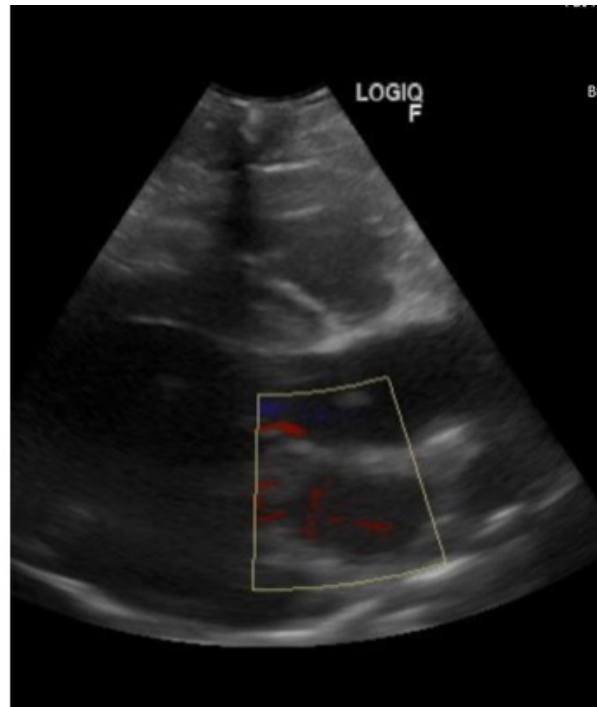
This was an outstanding study. Even though I had some fixes, this is a very diagnostic study with the exception of that LV wall and color. I did not see 2D measurements and this would have been a good one to do this on if it was a clinical case because the LV wall on your m-mode was questionable. Also really work on getting the angled views for color. This was a pleasure to review, thanks for putting in the effort every week.

### Right Parasternal Images

#### Inflow Outflow

- Nice heart base with the aortic dash and the MV moves well. The wall and septum are not parallel however, so rotate one way or the other to flatten out the wall. If you lose the heart base in the rotation, stop the rotation and slide dorsal or ventral back into it then continue rotating. Everything rotates around a good aortic valve and dash.
- Color over the MV and LA is not good, it does not show flow – so go to an angled view once you have done all the horizontal images and m-modes. To make it nice and angled, slip caudal one intercostal space and to the sternum and the point at the heart base (shoulders) to bring the heart base back into the sector. It should be angled nicely for color then.

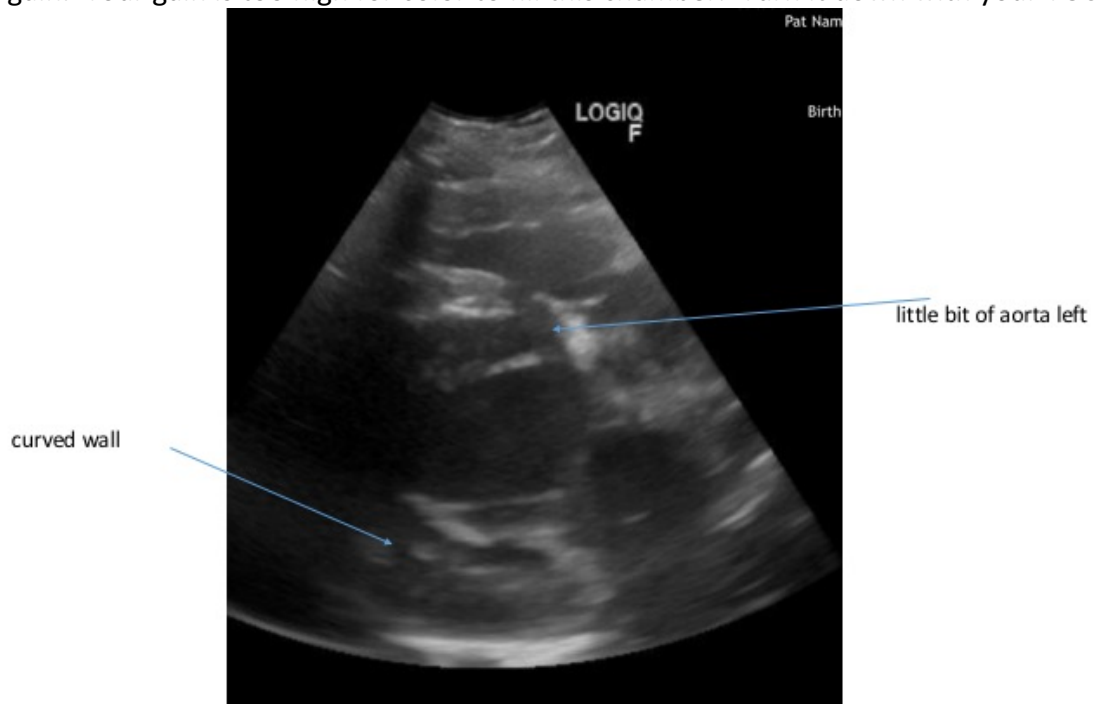


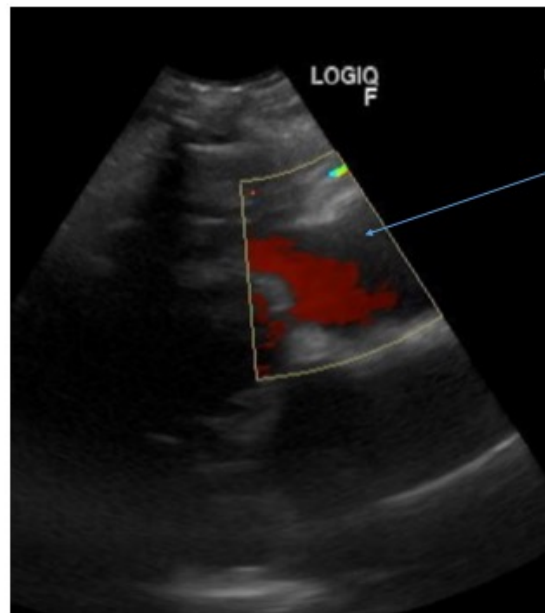


this heart is too horizontal for good color, that red in there should be vibrant and fill the space between the MV leaflets

#### 4 Chamber

- this has a bit of AO slipping in and the LV is not long. Rotate to make the LV walls parallel to each other, then slide in the space to keep the atrial chambers nice, because you will likely loose some of that as you fix the LV.
- Color over the TV and RA should fill in a bit better. Part of it is angle, but most of it is gain. Your gain is too high for color to fill this chamber. Turn it down with your TGC





this high gain keeps the RA from filling with color

#### Transverse

- Really beautiful MV, attached equally on both sides of the valve, round LV
- Ditto on the PM level, symmetrical PM, nice RV above
- And an excellent chordae level

#### LA:AO

- Pretty nice – beautiful Mercedes and atrial septum and auricle.
- Good color over AO
- Measured correctly for Rishniw and Swedish

#### PA

- Great PA and bifurcation
- Good color
- Measured correctly

#### June's View

- Lovely, nice PV and long PA beyond it
- Lost a bit of the openness of the PA and RV when you added color, but the color is still not bad

#### Subcostal

- Nice image and aortic flow – measured well.

#### M-Modes

## LA AO

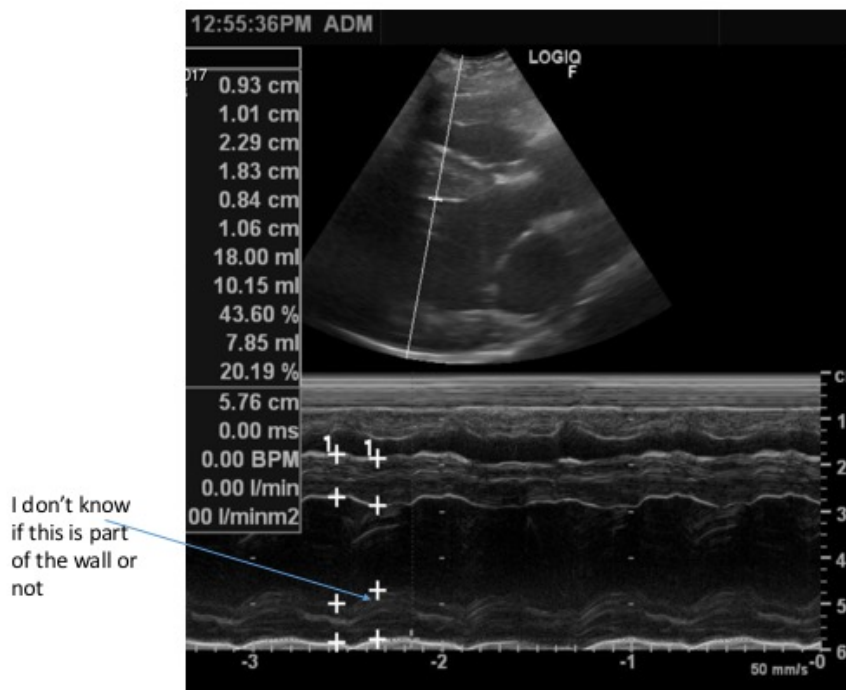
- Good cursor alignment – nice aortic valve, correct measurement

## MV

- Really nice – image and cursor alignment, correct measurements

## LV

- Interestingly the LV wall is flatter on this image than on your video of just the inflow outflow view. However, the LV wall on the m-mode is not clear, it has a layer on it that looks like PM even though I did not see it on your 2D image above it and so it is questionable where to measure. Good cursor alignment.



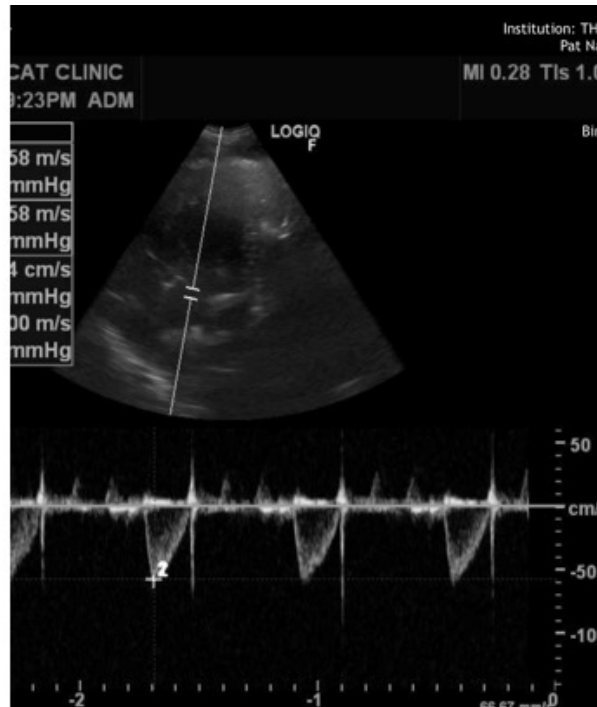
## Spectral Doppler

### PA

- Perfect!

### AO

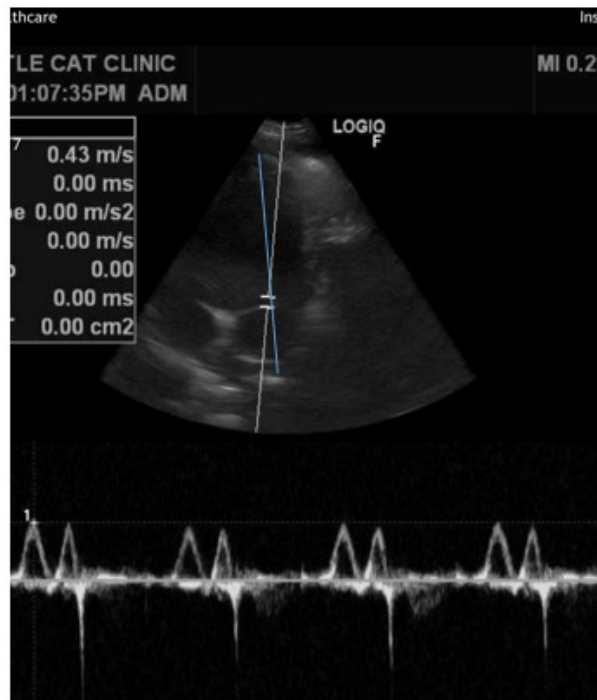
- Nice flow profile. Slide caudal just a bit to lengthen the LV and it will be a more accurate flow velocity.



keep LV length,  
slide caudal

MV

- This is just a bit off. Center this lovely apical 4 a bit as described below and it will line up perfectly
- Nice spectral display however



the blue line shows  
how the Doppler  
cursor should be  
aligned, so slide the  
heart to the right a  
bit by sliding dorsal  
or ventral in the  
space you are in  
without changing  
anything else – just  
a cm or so

Left parasternal Images

#### Cranial long inflow outflow

- Couldn't do better myself.

#### Cranial long RAA

- Good! And great color

#### Cranial long PA

- Very good!

#### Cranial transverse

- This one is a bit wonky. Keep your transducer angled out so the tail is pointing towards you and it will rock the image into the sector with a more vertically oriented PA and a TV that sits up higher at about 9 – 10 o'clock



keep the transducer angled so the tail is out toward you away from the body and this will bring the PA to a more vertical orientation and you will see the legs better

#### Apical 4

- This is nice and vertical, center it on the sector by sliding dorsal or ventral a cm or so – then it will line up perfectly for MV spectral flow. See comments under MV spectral.

#### Apical 5

- Lost a bit of length here, so after you lift the tail to bring in the aorta, slide caudal just a tiny bit to get that length back.
- Good color over aorta