



PATIENT PRESENTING CLINICAL SIGNS

Walter Kessler Frequent urination, mildly blood tinged Radiographs showed evidence of cystolith, as well as suspect mild heart enlargement (no murmur) urinalysis showed evidence of calcium oxalate crystals, Urine culture pending Current Medications Amoxicillin 75mg BID, Gabapentin 50mg BID-TID as needed, Primary Question/Differential to Be Answered in This Exam Anesthetic safety concern for cystotomy given mild heart enlargement on radiographs, as well as potential need for medications

Canine Abnormal PE/Chem/CBC/UA Results: No major changes: - CBC - wnl - Chemistry - mild hyperglycemia (GLU 135), mild elevated GGT (15), significant hypertriglyceridemia (TRIG 411), otherwise wnl - SDMA - normal at 10 ug/dL - T4 - normal at 1.7 ug/dL

BREED

Chihuahua

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

SEX	CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
Neutered Male								
AGE	NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
9 Years	PATIENT	5.0	2.44	1.11	1.12	55	90	0.15
WEIGHT	CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	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)
13.2 Pounds								
INTERPRETED BY	NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
Eric Lindquist, DMV, DABVP, Cert. IVUS	PATIENT		1.39	0.8		2.0	1.84	

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable insufficiency. 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 or chamber overload. **Tricuspid** insufficiency noted. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** 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. No echographically detectable evidence of infiltrative disease was visible. The cranial **mediastinum** and **pericardial** regions were free of masses in the visible window.

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

The Vet Hospital

REFERRING VET

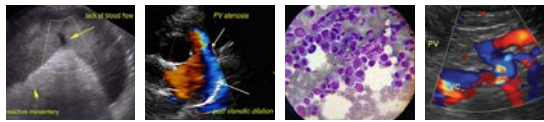
Dr. Berman

DATE

1/17/22

INVOICE

34312



PATIENT **ULTRASONOGRAPHIC FINDINGS**

Walter Kessler • Stage B1 valvular disease, compensated

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Canine

Blood pressure measurements recommended to ensure systemic hypertension is not an underlying issue.

BREED

Chihuahua

B1: 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.

SEX

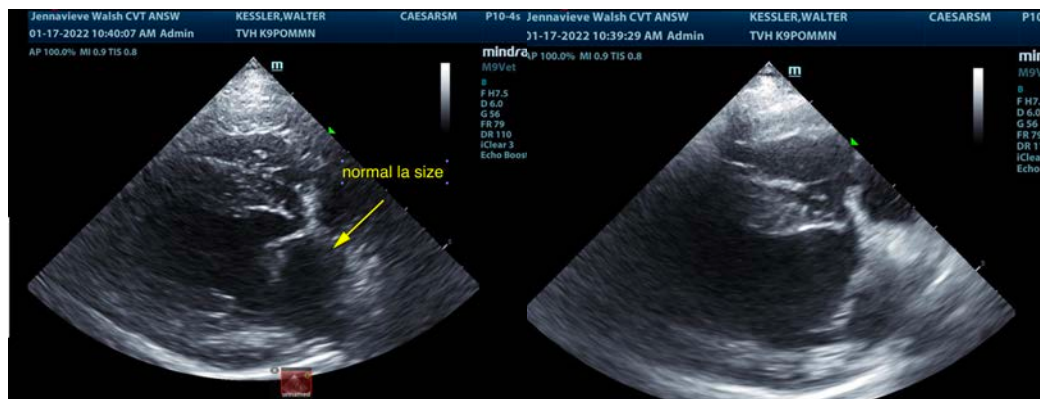
Neutered Male

AGE

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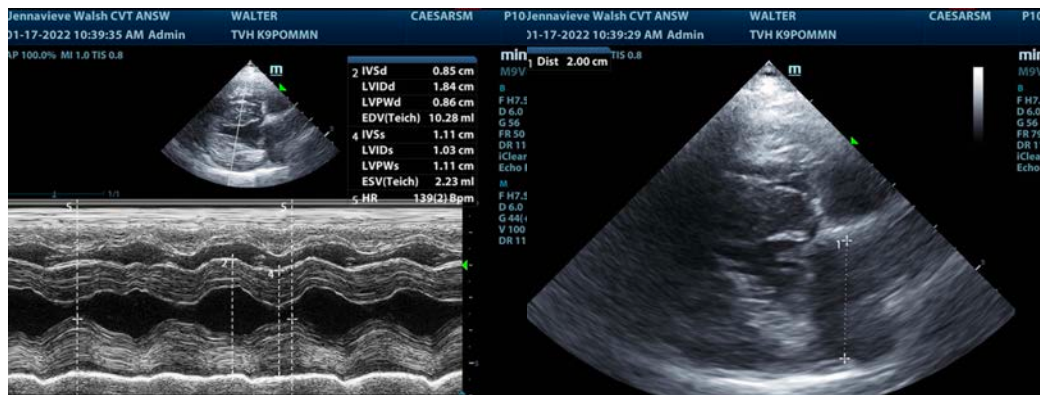
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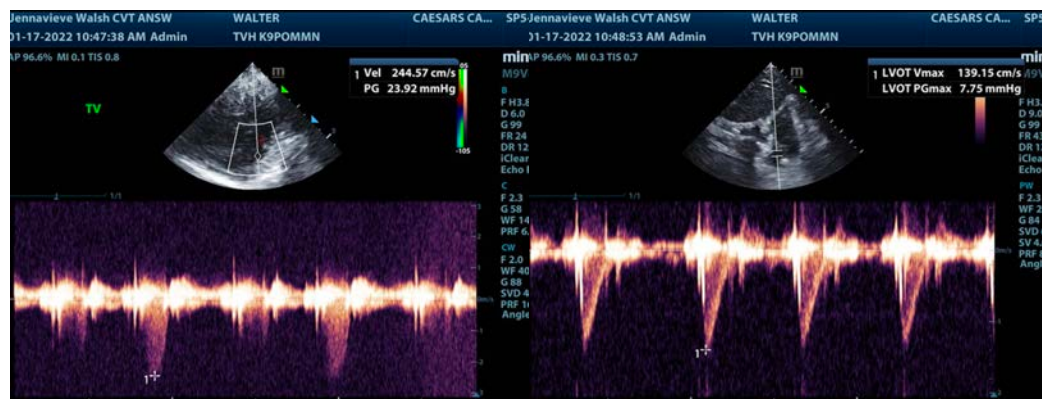
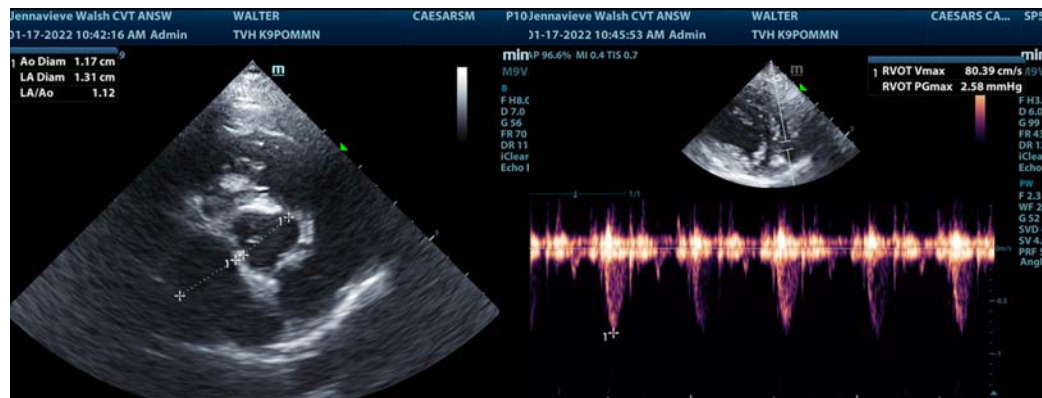
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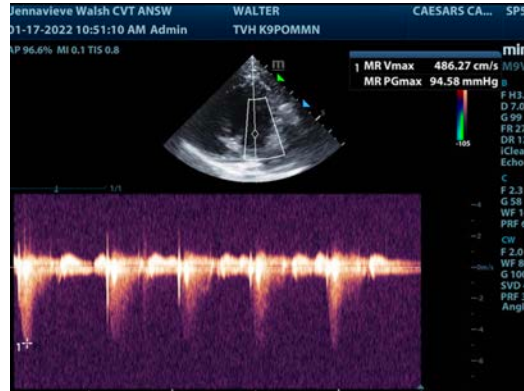
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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