



PATIENT PRESENTING CLINICAL SIGNS

Lana Reid Coughing -progressing over 2 to 3 weeks - coughs after any physical activity. radiograph some congestion - VHS 11.5 - possibly some bronchial changes as well. Furosemide trial - dramatic improvement - on 10 mg furosemide q8h -begins to cough before the next dose is due. on meloxicam ongoing for DJD. No HM audible on PE.

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Spayed Female

AGE

11 years

WEIGHT

8.4 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Van Campen

HOSPITAL NAME

Mississippi Mills AH

REFERRING VET

Dr. Van Campen

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The **left atrium** is normal to slightly subnormal in size. Trivial **mitral** valve insufficiency was noted. Structurally the mitral valve was unremarkable. 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. Trivial **aortic** insufficiency was present. Structurally the aortic valve was unremarkable. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. Minor **tricuspid** insufficiency was noted and measured 1.76 m/sec. 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). 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.

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		1.76	NM	1.1	52	86	NM
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)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT		1.1	0.7	8.4	2.47	2.1	

INVOICE

94992

DATE

1/4/22



PATIENT

Lana Reid

ULTRASONOGRAPHIC FINDINGS

Trivial mitral and tricuspid insufficiency. No evidence of volume overload.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If excessive thoracic fat is present this can create an overlay on radiographs to make the appearance of the heart appear larger or if radiographs were taken at the time of diastole then the heart may appear larger. However, structurally there is no evidence of cardiac disease. The cough is non-cardiogenic. The Lasix is likely working on a bronchial secretion/anti-inflammatory effect upon the respiratory tree. There is no evidence of cardiac disease that would necessitate cardiac medications. Primary respiratory protocol is recommended as the left atrial size is normal to possibly subnormal for this patient.

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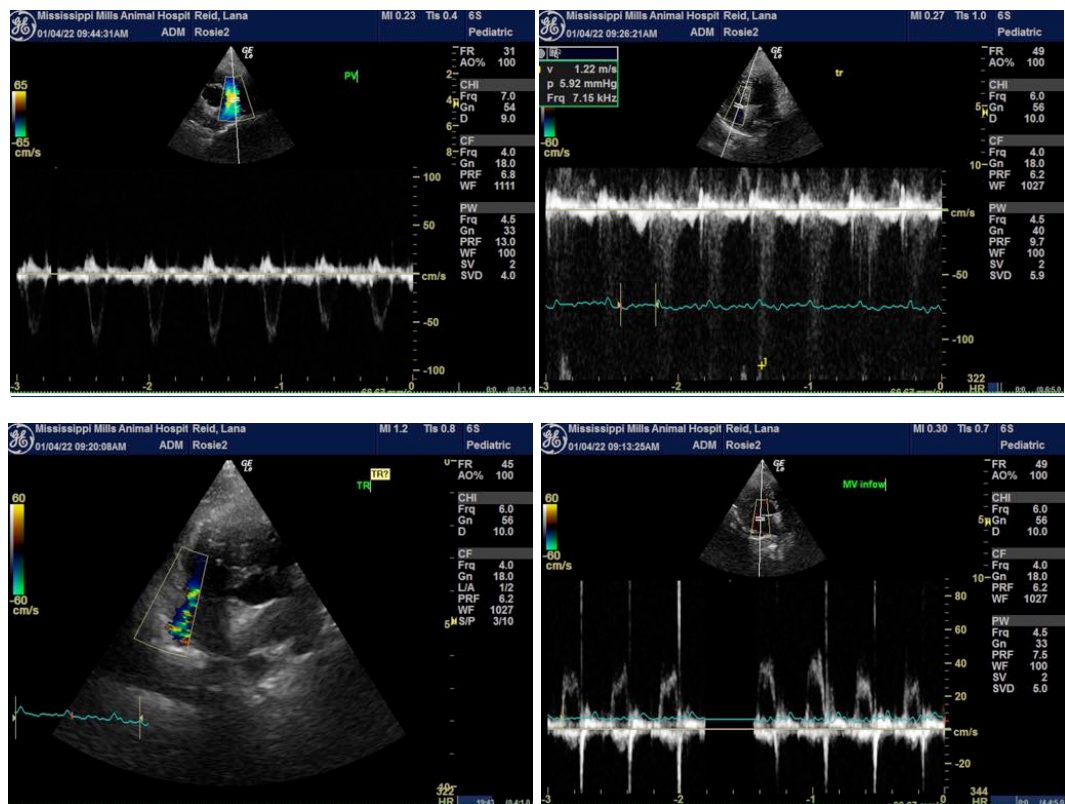
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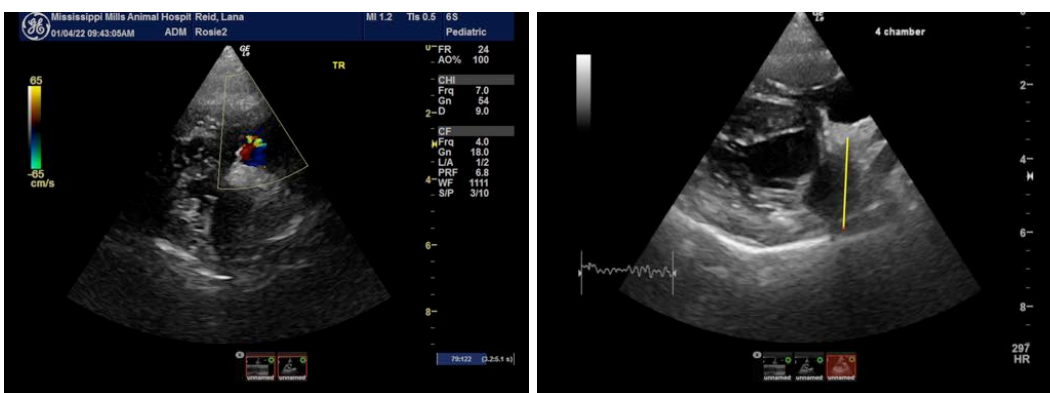
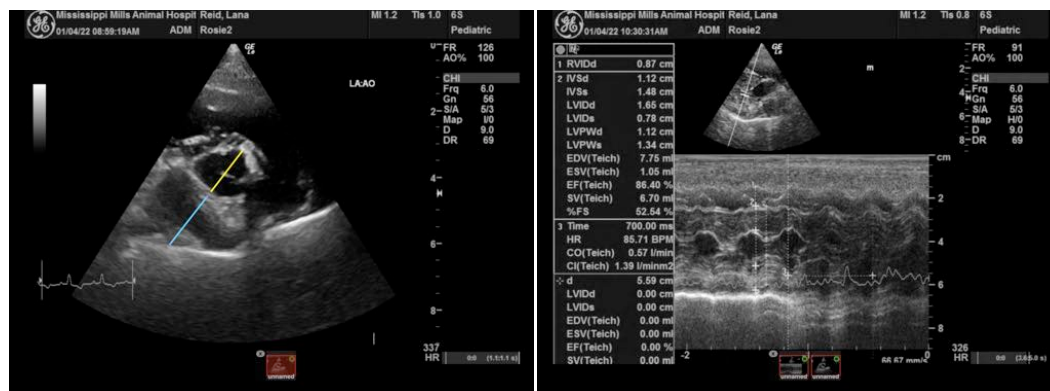
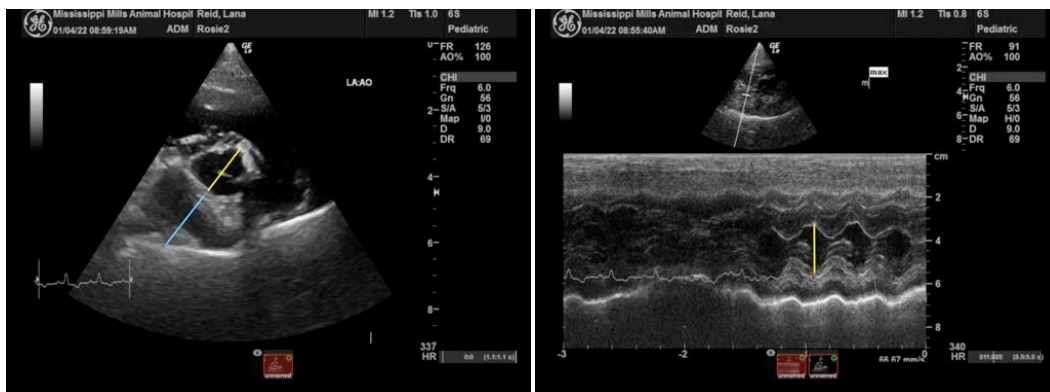
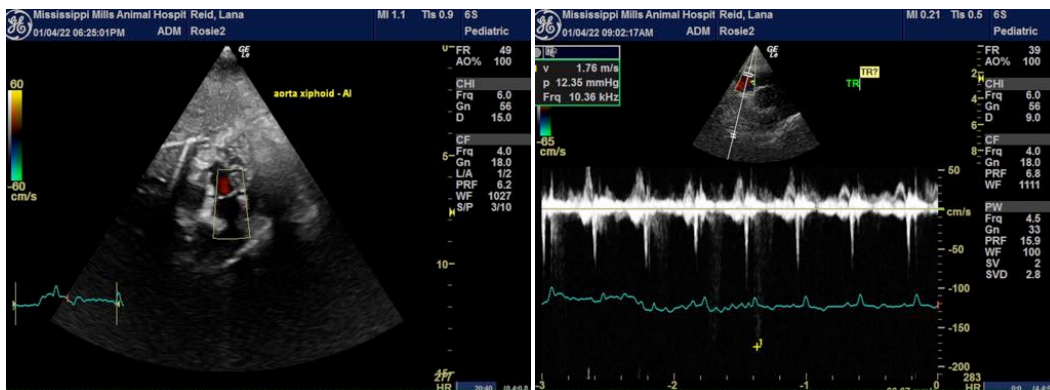
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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