



PATIENT PRESENTING CLINICAL SIGNS

Sherman Fox

SPECIES

Canine

BREED

Shar Pei

History: Initial Presenting Complaint Lethargy and vomiting. Coughed last night and the morning of ultrasound. Was vomiting after each meal for about 3 days before initial presentation. 10lbs of weight loss in 2 months but owner had recently changed diet and was underfeeding- so uncertain if this is pathological or nutritional. Chronic skin disease- suspected atopy and possible lupoid onchodystrophy. Abnormal PE/Chem/CBC/UA Results: Clinical Signs: Lethargy Vomiting Weight loss - pathological vs underfeeding? Inappetent Significant/ relevant exam findings: New grade 3 heart murmur tachycardia Significant weight loss Lab work performed: Y Date: Oct. 18, 2021 Findings: normal Radiographs: Y Date: Oct. 18, 2021 Findings: pleural fissure lines - pleural effusion Current Medications: Cerenia prednisone ++ At time of ultrasound exam, murmur had resolved, patient was clinically doing better. TFAST for pleural effusion (at end of study) was negative for free fluid.

SEX

Neutered male

AGE

3 ½ years

WEIGHT

36.8 lbs

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. Trivial **mitral** valve insufficiency was noted. 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. Minor **tricuspid** insufficiency was noted. This is largely physiologic. 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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Varga

HOSPITAL NAME

Shuswap VC

REFERRING VET

Dr. Varga

INVOICE

92590

DATE

10/22/21

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC PARAMETERS	VMAX (m/s)	VMAX (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT			1.3	1.5	35	65	0.6
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC PARAMETERS	(BPM)	VMAX (m/s)	MAX (m/s)		2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT			0.5	36.8 lbs	3.0 max	3.66	



PATIENT

Sherman Fox

ULTRASONOGRAPHIC FINDINGS

Trivial mitral and tricuspid insufficiency.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of pathology in the visible extracardiac windows. The heart is not playing a role in the clinical signs. Given the vague clinical signs an abdominal sonogram is recommended along with assessment for Addison's disease.

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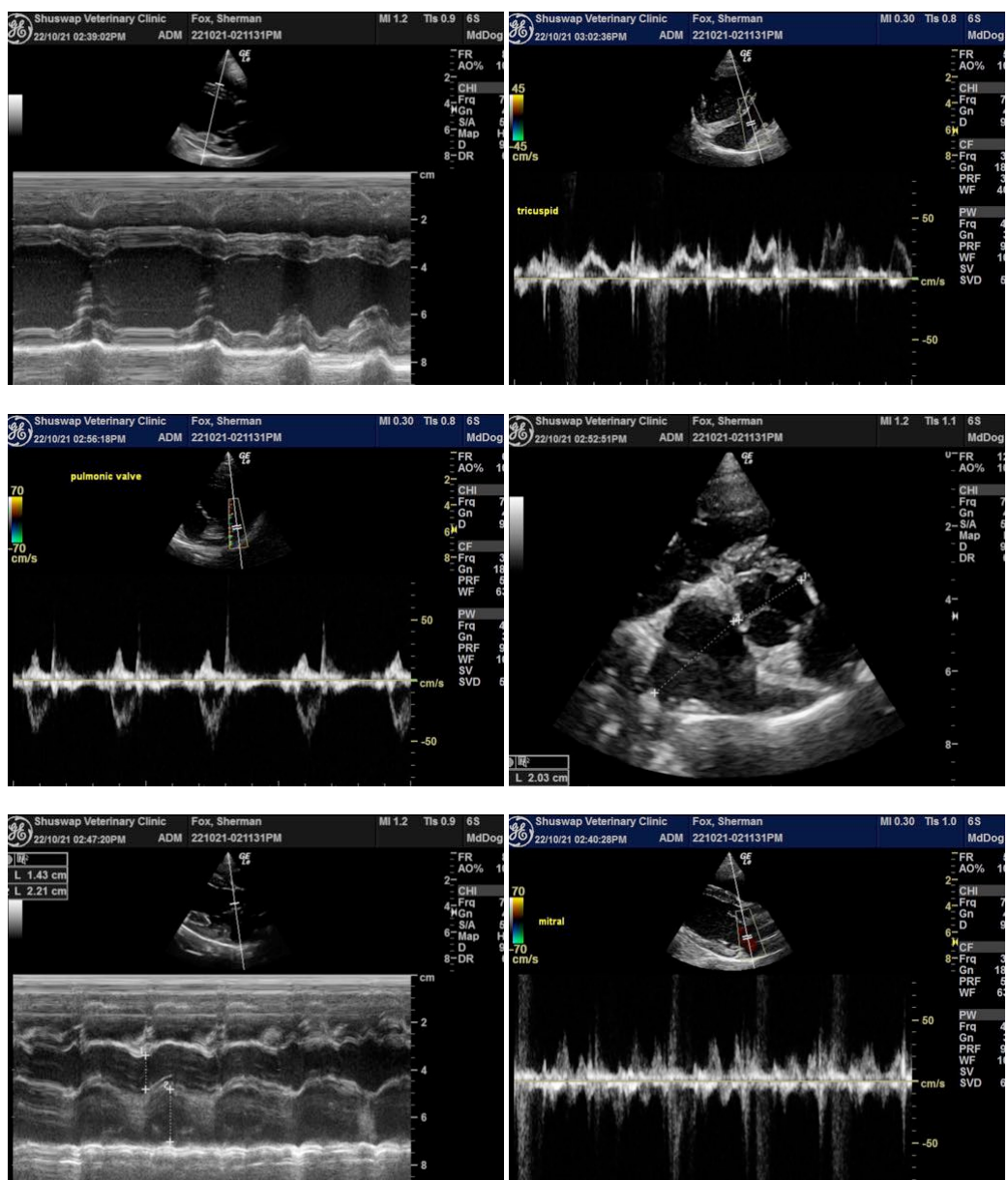
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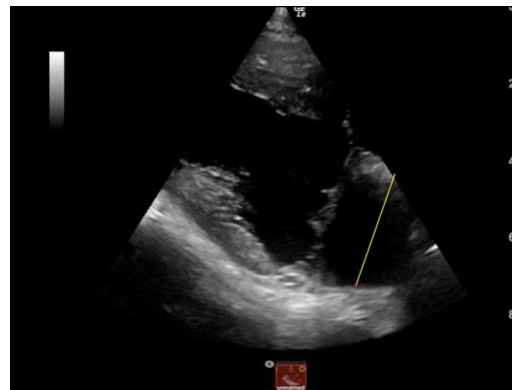
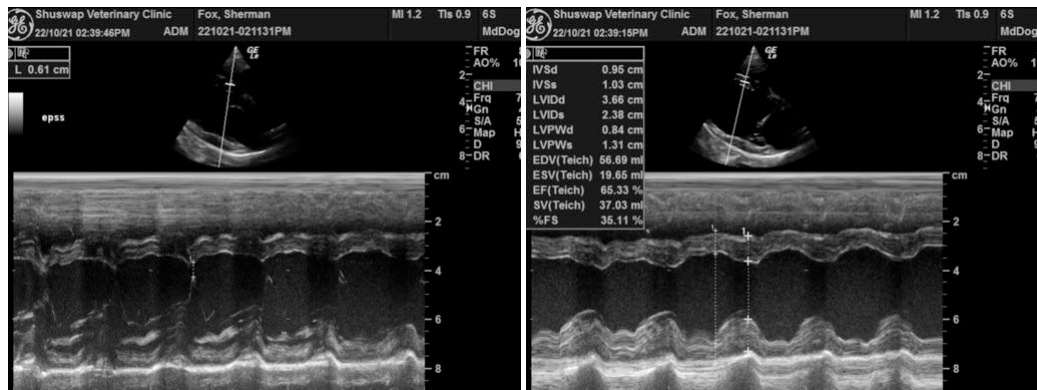
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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