



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT:** Sherman Fox  
**SPECIES:** Canine  
**BREED:** Shar Pei  
**SEX:** Neutered male  
**AGE:** 3 ½ years  
**WEIGHT:** 36.8 lbs  
**INTERPRETED BY:** Eric Lindquist, DMV DABVP, Cert. IVUSS

**PRESENTING CLINICAL SIGNS:**  
 History: Initial Presenting Complaint Lethargy and vomiting  
 Clinical Signs: Lethargy Vomiting  
 Weight loss - pathological vs underfeeding? Inappetent  
 Abnormal PE/Chem/CBC/UA Results: 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: Mild bronchointerstitial pattern, unchanged between series. Normal cardiac silhouette with no cardiomegaly or specific cardiac chamber enlargement on either set of images. Increased opacity in the ventral thorax on a few of the right lateral views, likely incidental. No other intrathoracic abnormalities are seen on either set of images. Current Medications: Cerenia prednisone

**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 also 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. Trivial **tricuspid** insufficiency was noted at 1 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.

**IMAGING PERFORMED BY**

Kaitlyn Varga

**HOSPITAL NAME**

Schuswap

**REFERRING VET**

Dr. Horsley

**INVOICE**

92608

**DATE**

10/25/21

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	<1.6	28-40	40-100	<0.6
<b>PATIENT</b>			1.3	1.5	30		0.2
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
<b>CARDIAC PARAMETERS</b>	(BPM)	<b>VMAX</b> (m/s)	<b>MAX</b> (m/s)		2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	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>			0.5	36.8 lbs	3.3	3.5	



**PATIENT**

Sherman Fox

**ULTRASONOGRAPHIC FINDINGS**

Trivial mitral and tricuspid insufficiency, essentially normal echocardiogram.

**SPECIES**

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no influence of the cardiac presentation upon the clinical status. An abdominal sonogram is recommended to assess for abdominal disease that may be related to the clinical signs. Given the vague clinical signs consideration for Addison's disease would also be indicated.

**BREED**

Shar Pei

**SEX**

Neutered male

**AGE**

3 1/2 years

**WEIGHT**

36.8 lbs

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DABVP, Cert. IVUSS

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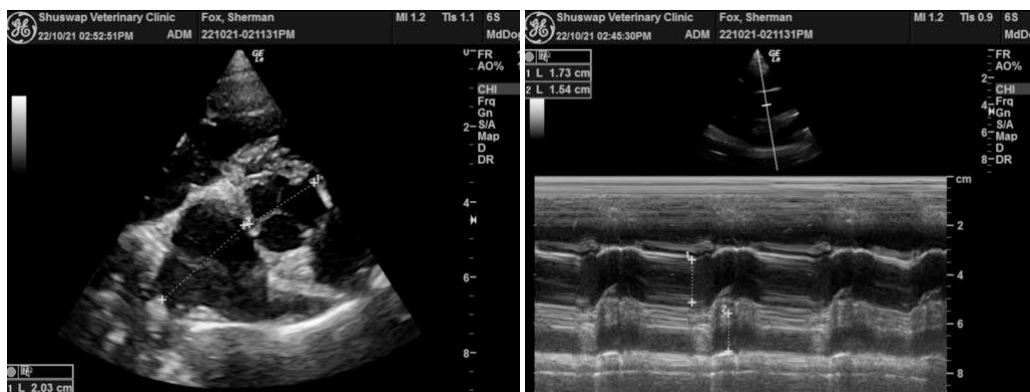
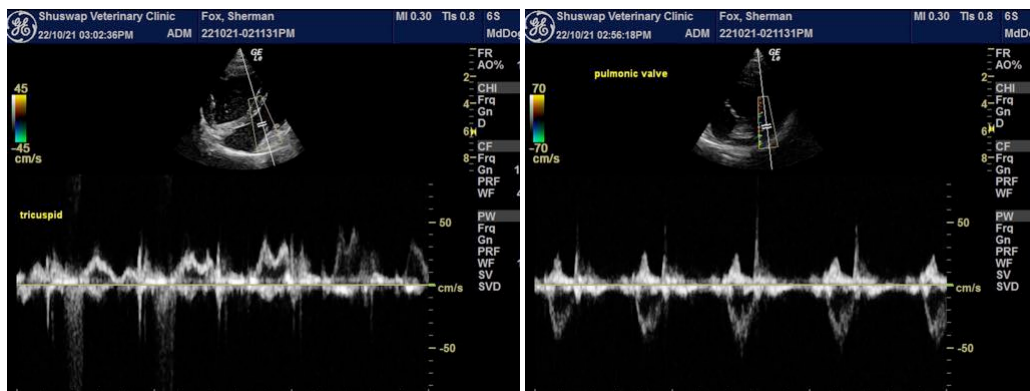
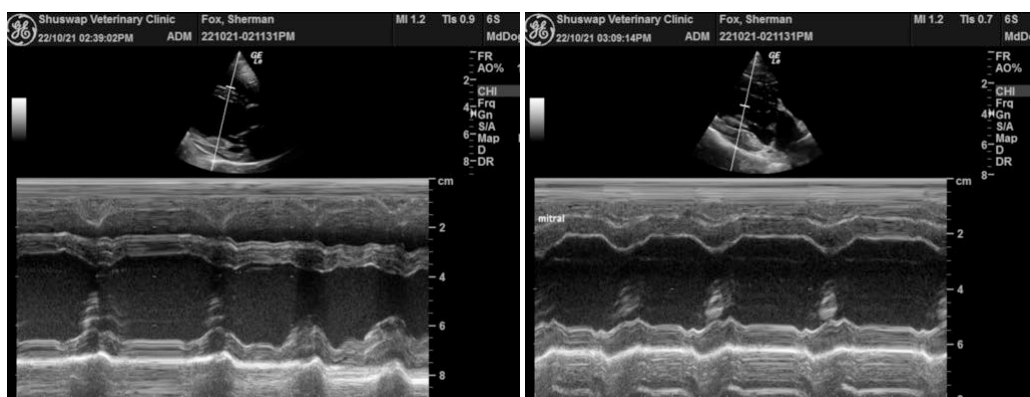
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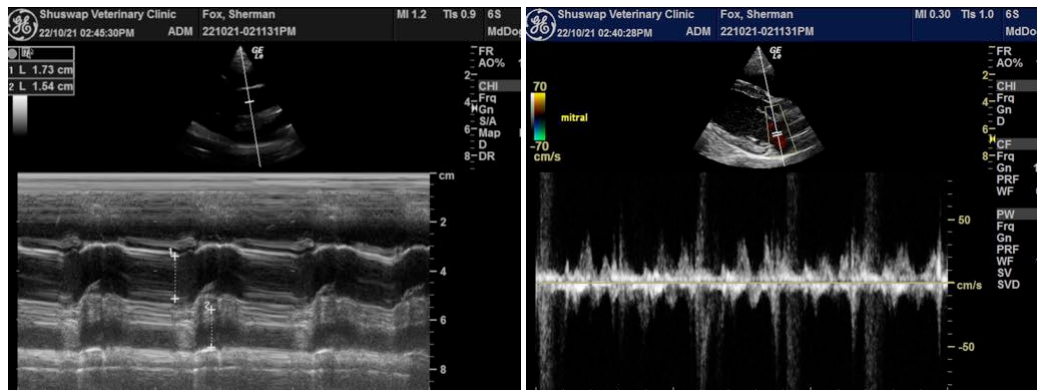
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
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