

**PATIENT**

Fury Dickey

**PRESENTING CLINICAL SIGNS**

History: coughing, increased resp rate Current Medications cough tabs, enrofloxacin  
Radiographic Findings mass just ventral to spine at level of T4-T7

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results:

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

BREED	CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
Mini Dachshund								
SEX	NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
Neutered Male	PATIENT	--	2.92	1.1	1.25	47	80	0.1
AGE	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)
7 Years								
WEIGHT	NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
25 Pounds	PATIENT	139	1.10	.83	--	2.32	2.32	--

**Cardiac Presentation**

**INTERPRETED BY**

Eric Lindquist, DMV, DABVP, Cert. IVUS

The **echocardiogram** presented a prominent **right heart** with mild **right ventricular** hypertrophy, without significant **tricuspid** regurgitation, and normal **right atrial** size. No evidence of neoplasia was noted in the right auricle, or elsewhere in the heart. The **pulmonary artery** was uniformly prominent with mildly depressed pulmonic velocity measured on PW Doppler. No overt heartworms were noted in the main or visible deep pulmonary arteries. Yet, theoretically heartworms could be present in the deep pulmonary vasculature out of visible sonographic range. More likely, however, this prominent right heart is due to excessive intra-thoracic pressures caused by chronic respiratory disease or potentially excessive intra-thoracic fat (Pickwickian syndrome). The **left heart** demonstrated a linear **ventricular septum**. Contractility was functionally adequate demonstrated by the FS% measurement. Trivial **mitral** insufficiency noted. The **left ventricular outflow** demonstrated normal flow patterns and velocities through the aortic valve. No evident arrhythmic activity was noted during the exam. Tricuspid insufficiency noted at 2.92 m/s. LA/right atrial was 1:1. Transdiaphragmatic view revealed comet tail lung pattern or b-lines, indicative of alveolar disease.

**HOSPITAL NAME**

Pawsitive WVC

**REFERRING VET**

Dr. Popuette

**INVOICE NUMBER**

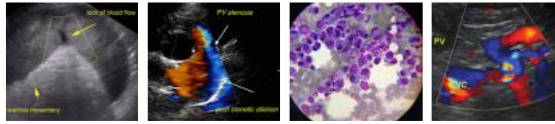
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**ULTRASONOGRAPHIC FINDINGS**

- Mitral and tricuspid insufficiency

**DATE**

10/9/21



**PATIENT**

- Mild cor pulmonale pattern

Fury Dickey

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

Canine

**BREED**

Mini Dachshund

**SEX**

Neutered Male

**AGE**

7 Years

**WEIGHT**

25 Pounds

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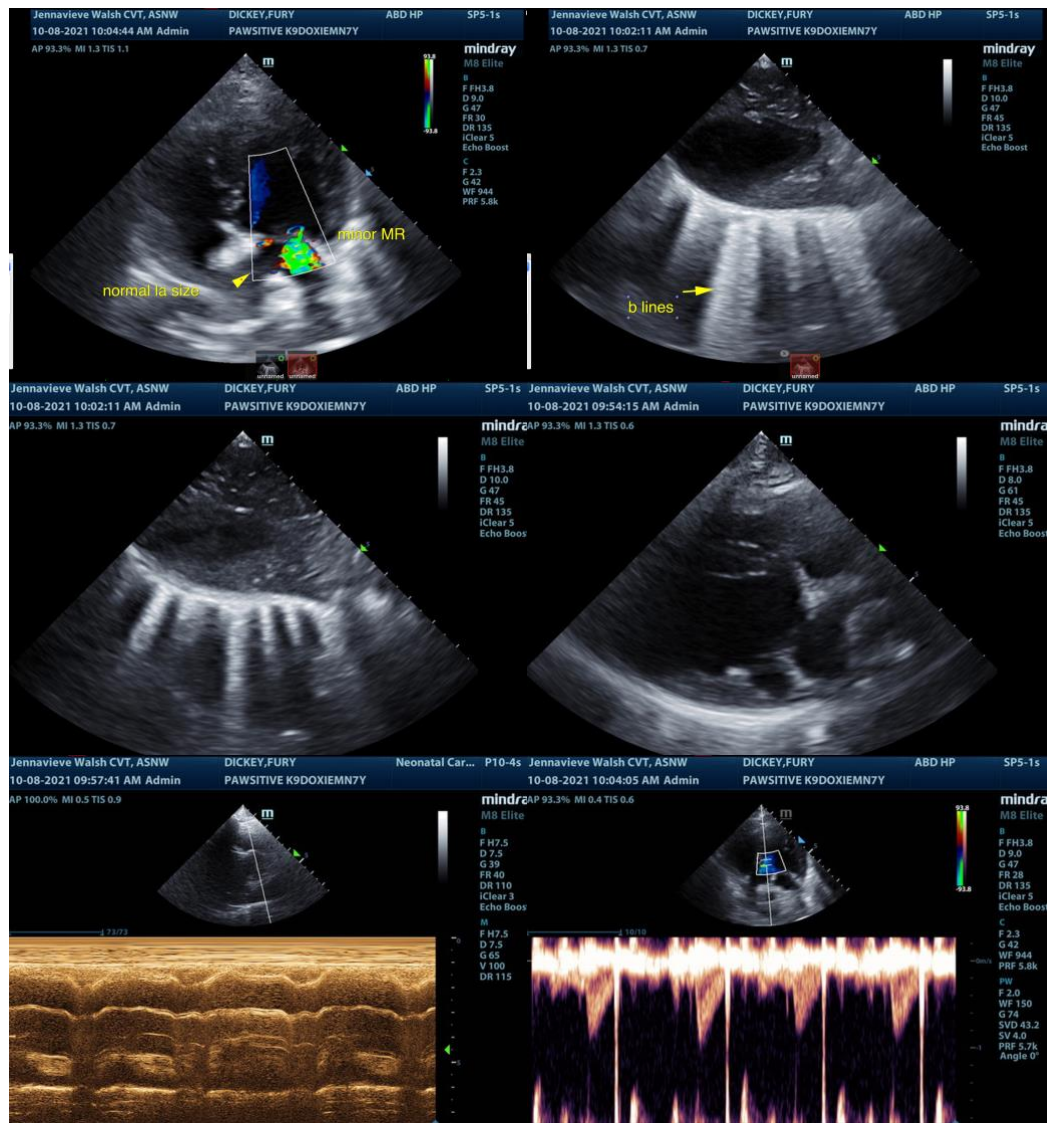
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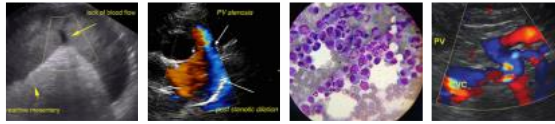
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The prominent right cardiac silhouette is likely owing to increased pulmonary pressures and chronic bronchial disease. No evidence of neoplasia noted in the visible plains. No cardiac medications recommended. Blood pressure warranted. Primary respiratory protocol warranted. Pneumonitis, bronchitis, pulmonary thromboembolic disease all possible. Abdominal sonogram may be appropriate to assess for primary disease with minor potential for metastatic disease in this patient. No evidence of pathology that is accessible for ultrasound guided FNA. Chest CT would be ideal in this case.





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Fury Dickey

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**SEX**  
Neutered Male

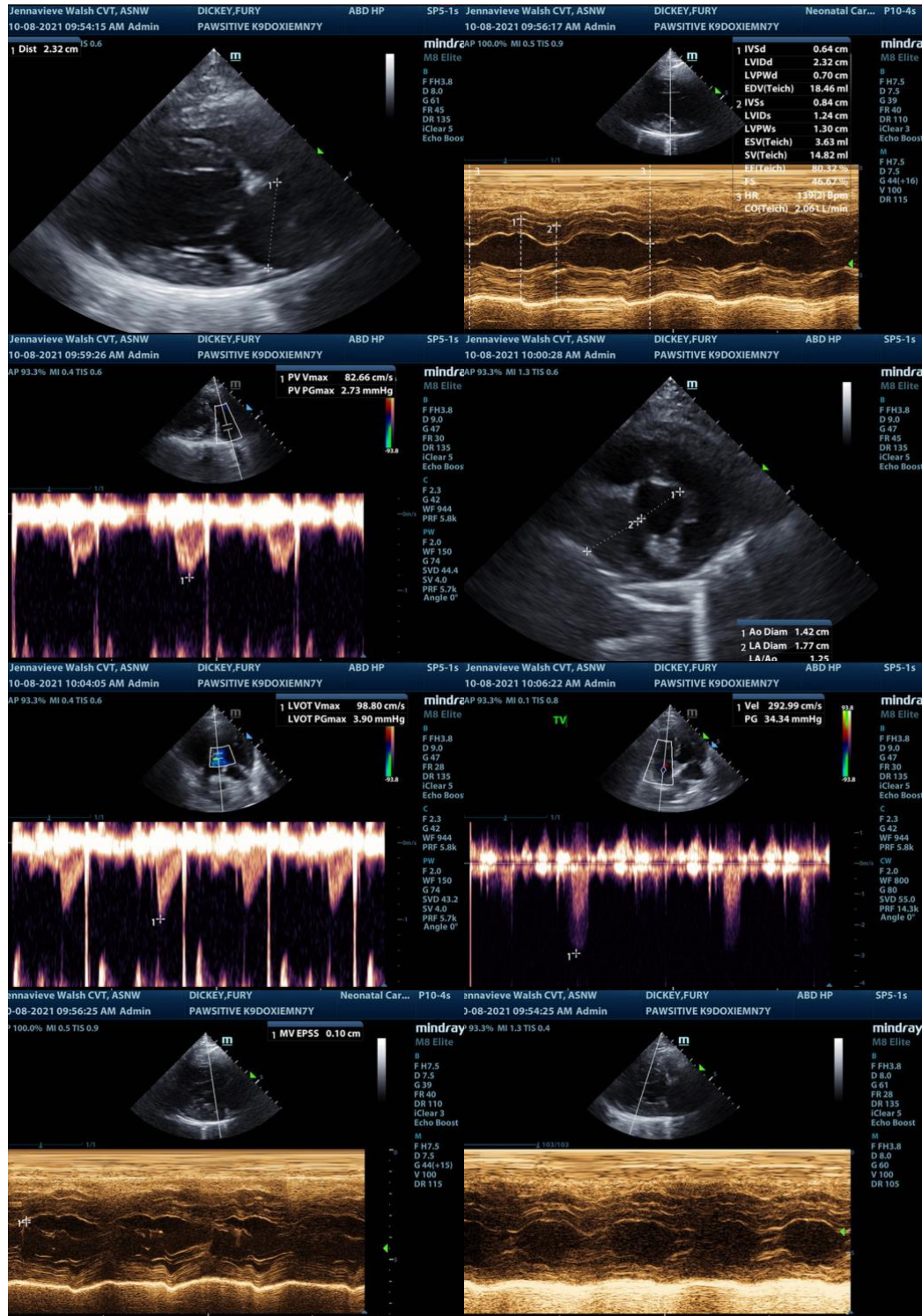
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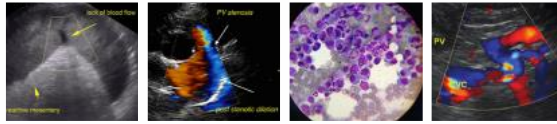
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology



**PATIENT** that was not visible in the image/video clips provided.

Fury Dickey 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.

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

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