



**PATIENT PRESENTING CLINICAL SIGNS**

Dash Flannigan

Severe periodontal disease, painful mouth, audible click left-sided auscultation. Chest rads unremarkable. Pre-screen for extensive dental with extractions. Current meds: Convenia (unable to medicate) - declined oral meds. R/O endocarditis vs. other. Anesthetic protocol.

**SPECIES**

Abnormal PE/Chem/CBC/UA Results: 12/27/21 CBC: WNL. Superchem: Alk.Phos. 253.

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Basset Mix

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. 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. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. The pulmonary artery was mildly prominent. Trivial **pulmonic** insufficiency was noted. 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.

**SEX**

Neutered male

**AGE**

15 years

**WEIGHT**

43.5 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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			NM	1.2	27	53	0.2
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	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	95	1.1	0.79	43.5 lbs	3.12 max	3.57	

**IMAGING  
PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Westwood Regional  
VH

**REFERRING VET**

Dr. Hartwick

**ULTRASONOGRAPHIC FINDINGS**

**INVOICE**

Normal geriatric heart, normal function and volume.

95772

Mildly prominent pulmonary pathology.

Minor pulmonic insufficiency.

**DATE**

2/2/22



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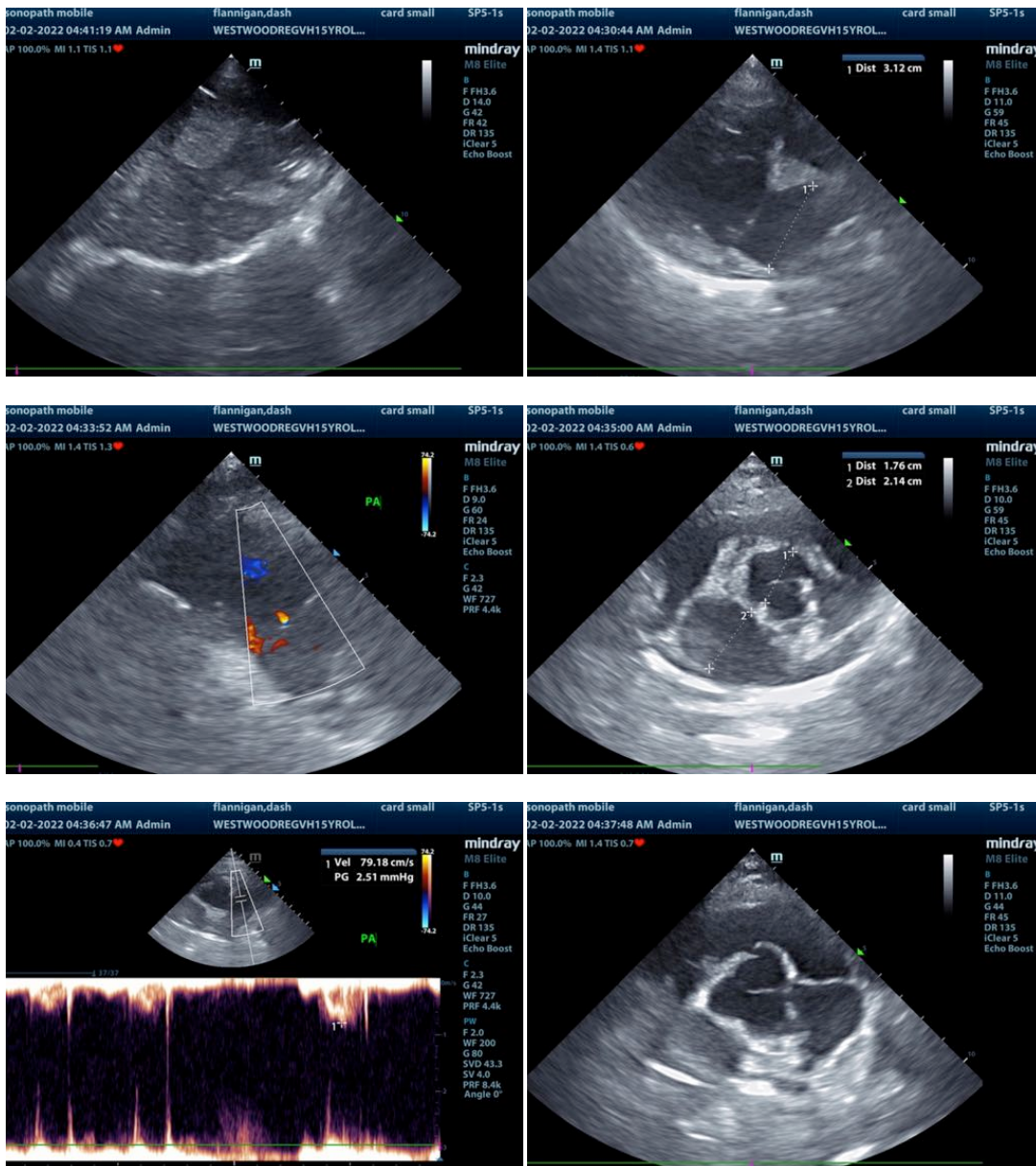
Westwood Regional  
VH

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Dr. Hartwick

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no overt contraindication to anesthetic procedure. The transdiaphragmatic view revealed a large amount of hepatic remodeling and nodular changes. I recommend abdominal sonogram with focus on the liver to assess for underlying pathology. Torbutrol premed, Propofol induction, and Isoflurane maintenance is recommended.



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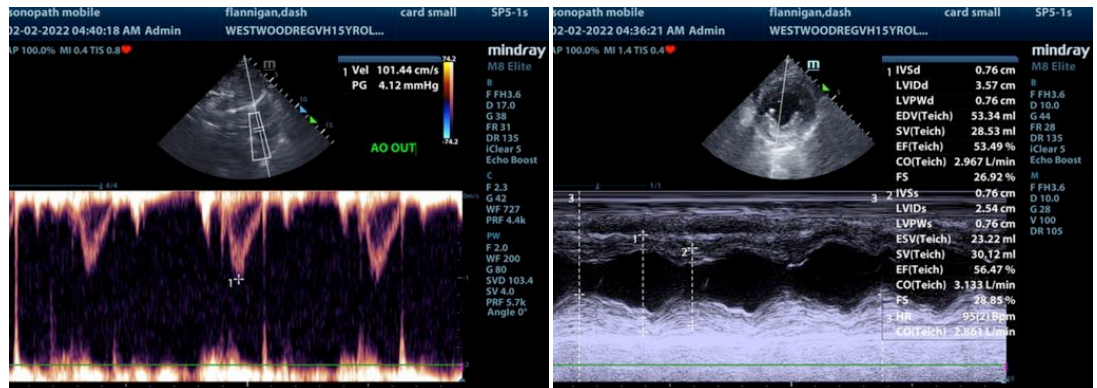
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**DATE**

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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