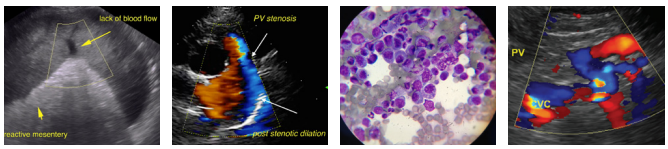
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Missy Negri

SPECIES
Canine

BREED
Chihuahua

SEX
Spayed Female

AGE
11 Years

WEIGHT
20 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Jenn

HOSPITAL NAME
Rockaway

REFERRING VET
Dr. Maniar

INVOICE
35865

DATE
2/24/22

PRESENTING CLINICAL SIGNS

coughing and wheezing after Doxy

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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			1.1	1.0	30		0.2
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	BELOW	BELOW	BELOW	BELOW
PATIENT	100	1.0	1.0			2.4	

Cardiac Presentation

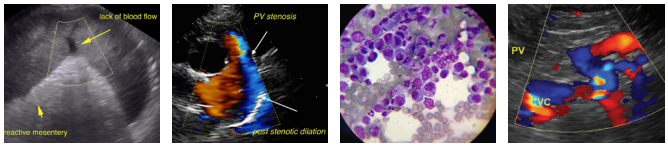
The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. The **left ventricle** presented 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** was mildly enlarged. Minor **tricuspid** insufficiency noted at 3.0 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). Mild pericardial effusion noted, not to the level of tamponade effect. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window. Arrhythmogenic activity noted.

ULTRASONOGRAPHIC FINDINGS

- Arrhythmia
- Idiopathic pericardial effusion
- Minor right-sided cardiac enlargement
- Minor tricuspid insufficiency, not clinically significant

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

**Note that the tricuspid insufficiency velocity may be underestimated in this patient owing to respiratory interference. No obvious masses. However, an occult neoplasia cannot be ruled out. Recommend an EKG and blood pressure in this patient. Abdominal sonogram recommended to assess



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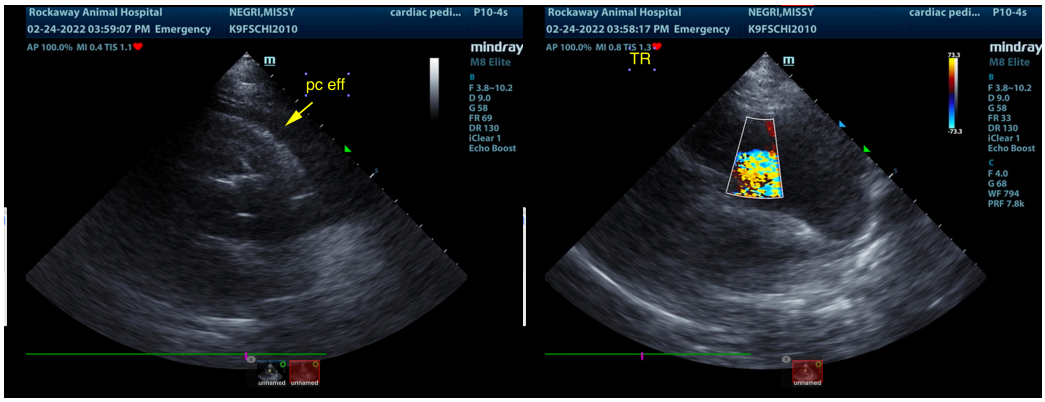
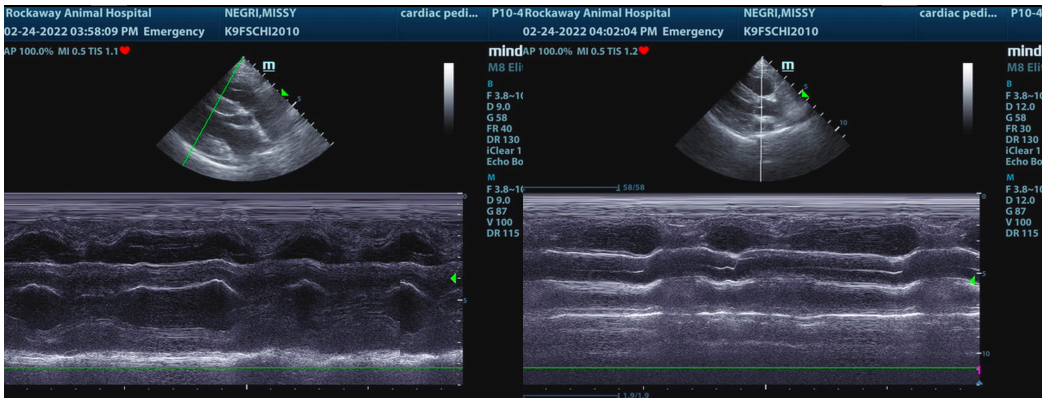
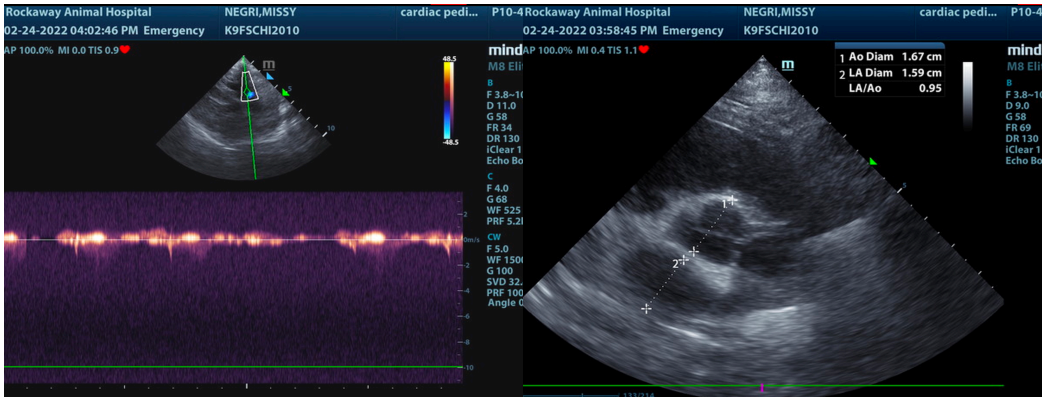
for primary disease such as splenic masses. No specific treatment at this time. Further imaging in one week of the right auricle particularly recommended to assess for emerging neoplasia.







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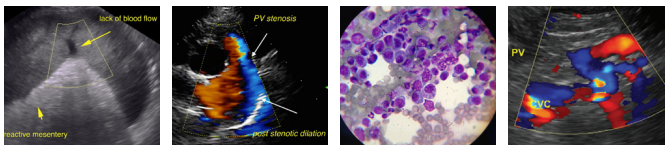

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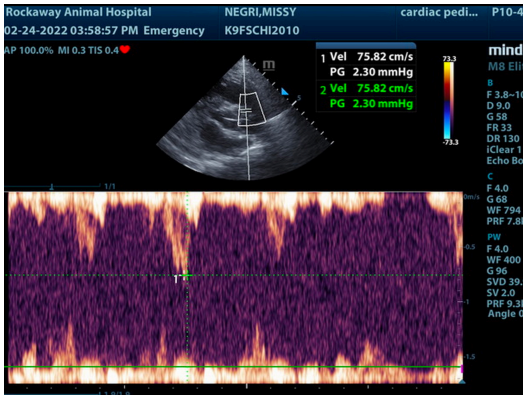

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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