

**PATIENT PRESENTING CLINICAL SIGNS**

Diego Gusz History: Pre-anesthetic CUS for dental. Current meds: Hydrocodone 1/4 T up to TID, Fluticasone 2 puffs daily  
 Abnormal PE/Chem/CBC/UA Results: Ca+ 11.5, Chol 326, MCV 81, MCH 28.7, PLT 568, Eos 1

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

**BREED**

Chihuahua Mix

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable insufficiency. 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. Mild aortic insufficiency was noted at 2.5 m/sec. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** insufficiency was noted at 3.0 m/sec. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** 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. No echographically detectable evidence of infiltrative disease was visible. The cranial **mediastinum and pericardial regions** were free of masses in the visible window.

**SEX**

Neutered male

**AGE**

13 years

**WEIGHT**

10.1 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
 DABVP, Cert. IVUSS

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>		3.0	1.3	1.38	34	65	NM
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>	138	2.18	0.9	10.1 lbs	2.26	2.28	

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Animal Care Center of Flanders

**REFERRING VET**

Dr. Villari

**INVOICE**

96897

**DATE**

3/15/22



**PATIENT** **ULTRASONOGRAPHIC FINDINGS**

Diego Gusz Stage B1 valvular disease.

**SPECIES** **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Canine

B1: The heart is stable without clinical disease. No overt contraindication for anesthesia of brief to moderate duration. I suggest Torbutrol premed, Propofol induction, Isoflurane maintenance or similar protocol if anesthesia is desired. Blood pressure recommended if not already performed and target white coat negative systolic pressure of < 160 mmHg. If higher than this ACE-inhibitor is suggested to reach this level. Recheck echocardiogram is recommended in 6 months, earlier if murmur grade increases or clinical signs initiate.

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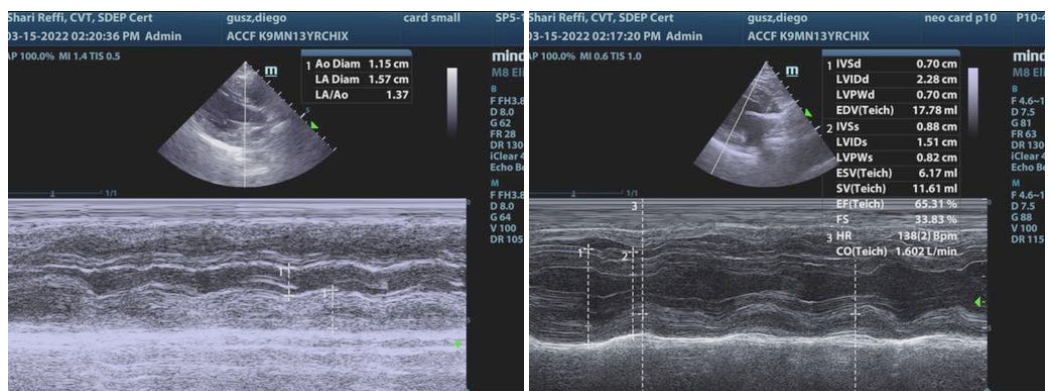
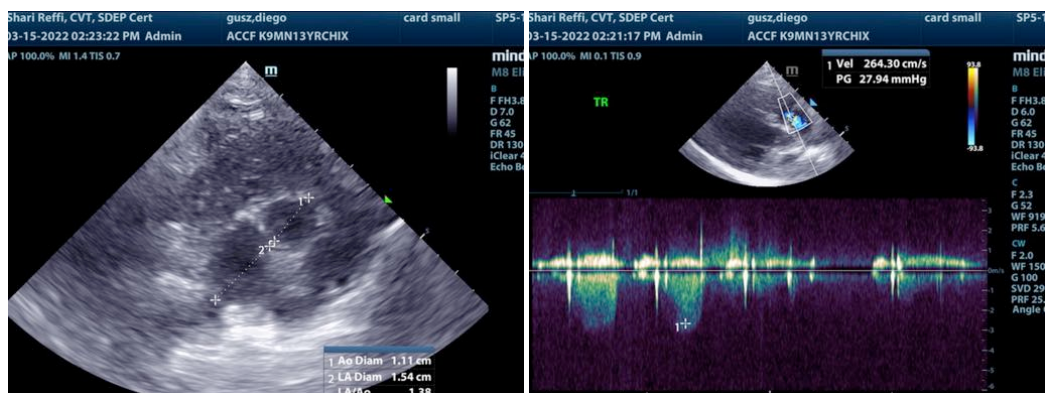
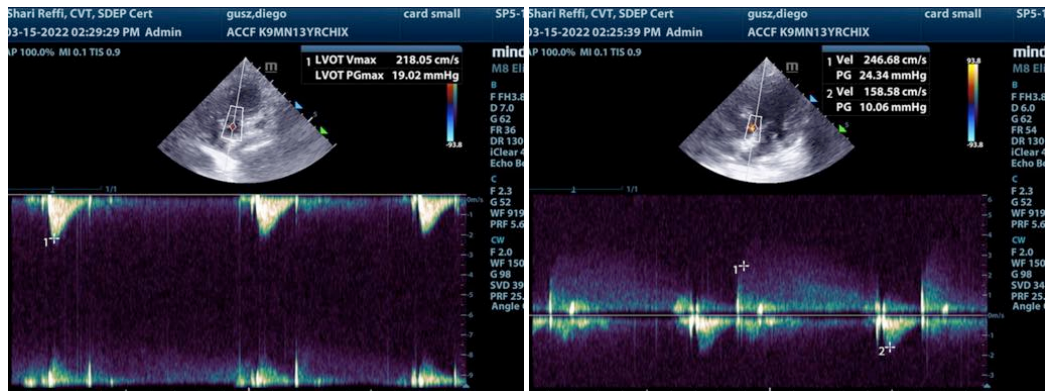
Dr. Villari

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**PATIENT**

Diego Gusz

**SPECIES**

Canine

**BREED**

Chihuahua Mix

**SEX**

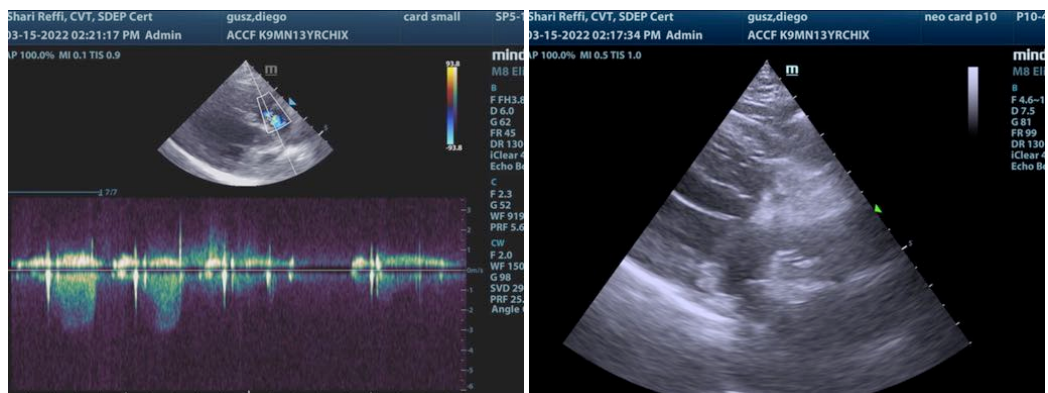
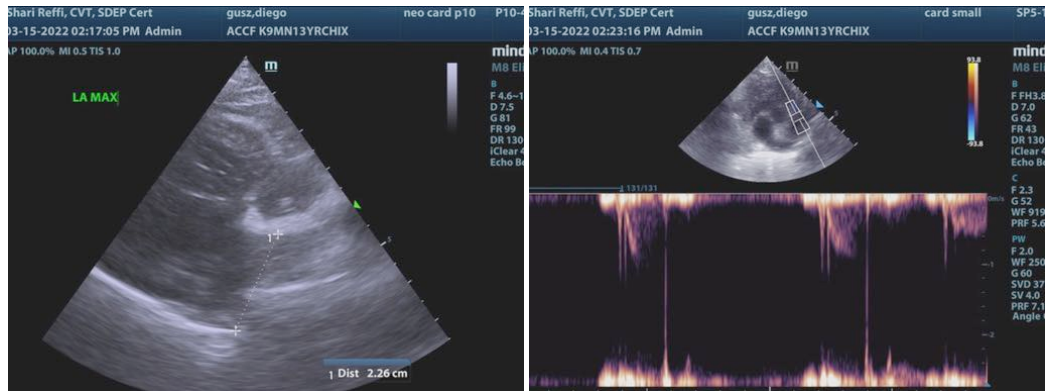
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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