



PATIENT

Daisy Altmix

SPECIES

Canine

BREED

Miniature Poodle X

SEX

Spayed Female

AGE

15 Years 9 Months

WEIGHT

13 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Leon Anderson

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Leon Anderson

INVOICE

37174

DATE

4/26/22

PRESENTING CLINICAL SIGNS

Daisy has fought wheezing for years. She was diagnosed several years ago with radiographic cardiomegaly. Temaril P, Theophylline, and Doxycycline have all helped for short periods of time. Seen at Urgent care for check-up 5 weeks ago. X-ray of chest- cardiomegaly. Sent on apoquel and Benazepril. We saw her 2 weeks ago for coughing and owner elected to treat with antibiotic (convenia injection) and Temaril P. She has become lethargic and gone off food now.

Abnormal PE/Chem/CBC/UA Results: PE: Slight dehydration, I/V systolic murmur, Harsh lung sounds, tachypnea, dry cough, sclerosis normal for age, bilateral stifle osteoarthritis, Stage III Dental disease, Few cysts on skin, Coat is thin and hyperpigmented skin. UA: SG 1.039, pH 5.0, clear sediment Full panel pending today. Panel in October: WBC 23K, PLT 558K, HCT 53%, ALP 251U/L, ALT 241U/L, BUN 39mg/dL, Fecal Negative.

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	5.0	2.6	1.1	1.56	25	53	NM
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		1.4	0.75		1.98	1.73	

Cardiac Presentation

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. 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 or chamber overload. **Tricuspid** insufficiency noted. 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. Space occupying tissue was noted around the heart.



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ULTRASONOGRAPHIC FINDINGS

- Mitral insufficiency, no left atrial enlargement
- Space occupying tissue noted around the heart

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of volume overload. Chest radiographs recommended to assess for any masses versus fat, yet no primary cardiac disease noted.

BREED

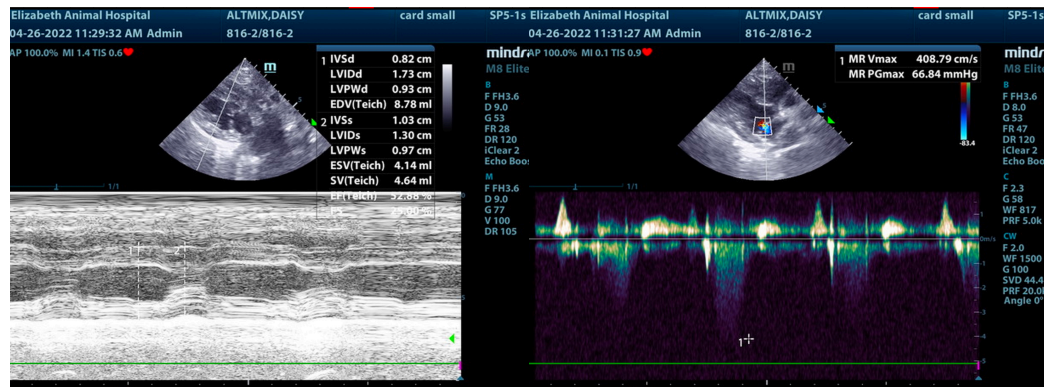
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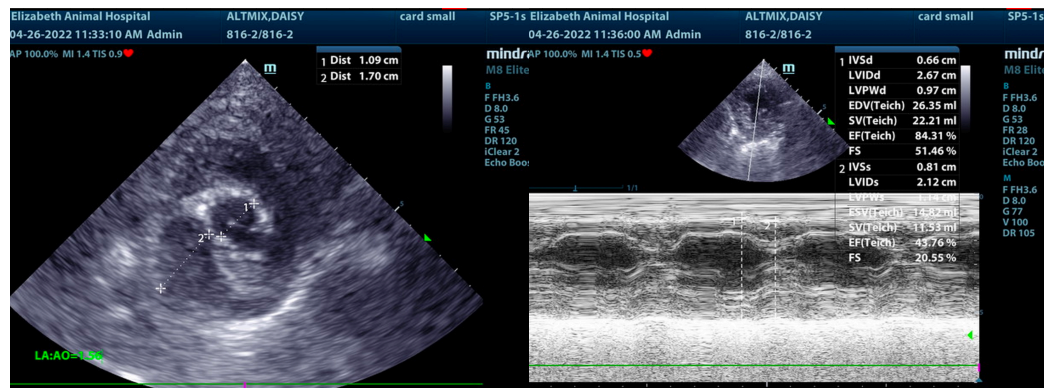
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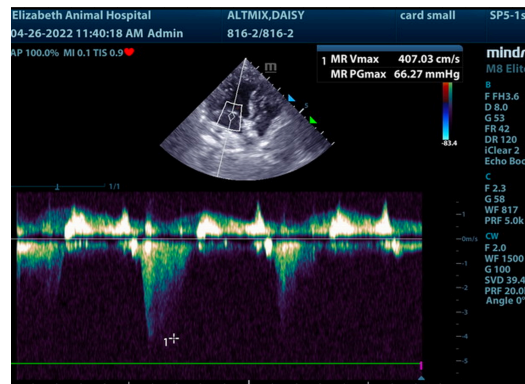
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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