

PATIENT

BeeBee Richter

SPECIES

Canine

BREED

Mountain Cur Mix

SEX

Intact female

AGE

3 years

WEIGHT

54.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Krell

HOSPITAL NAME

Paws and Prairie AC

REFERRING VET

Dr. Krell

INVOICE

98029

DATE

4/4/22

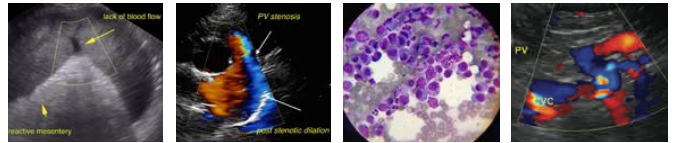
PRESENTING CLINICAL SIGNS

History: Adopted last fall, humane society did know she was HW positive, on Advantage Multi each month since then. Doing well until recently, she has been acting like she is pregnant, nesting, protective of her bed, acting aggressive towards their other dog. Owner discussed that she is licking her vulva a lot but not observed to have any discharge. Eating less, drinking some, passing stool okay, no vomiting. Abnormal PE/Chem/CBC/UA Results: PE: prominent/developed mammary tissue, slightly swollen vulva, grade 1/4 periodontal disease. OWNL, Temp 102.6F. Chem - NSF CBC - eosinophilia 1.97K/uL, ownl 4Dx - HW + Chest X-rays show a possible tortuous pulmonary structure on the right side, increased bronchial pattern/mineralization. Brief US of Uterus: distended and fluid filled, no evidence of pregnancy - suspect pyometra/hydrometra/etc. Bladder wall thickened, ownl.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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. **Pulmonary outflow** 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. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window.

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC PARAMETERS	VMAX (m/s)	VMAX (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT			1.1	1.3	30	80	0.48
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC PARAMETERS	(BPM)	VMAX (m/s)	MAX (m/s)		2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT		1.6	1.3	54.6 lbs	3.45	3.5	



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ULTRASONOGRAPHIC FINDINGS

Normal echocardiogram.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of pathology and no contraindication to anesthetic procedure.

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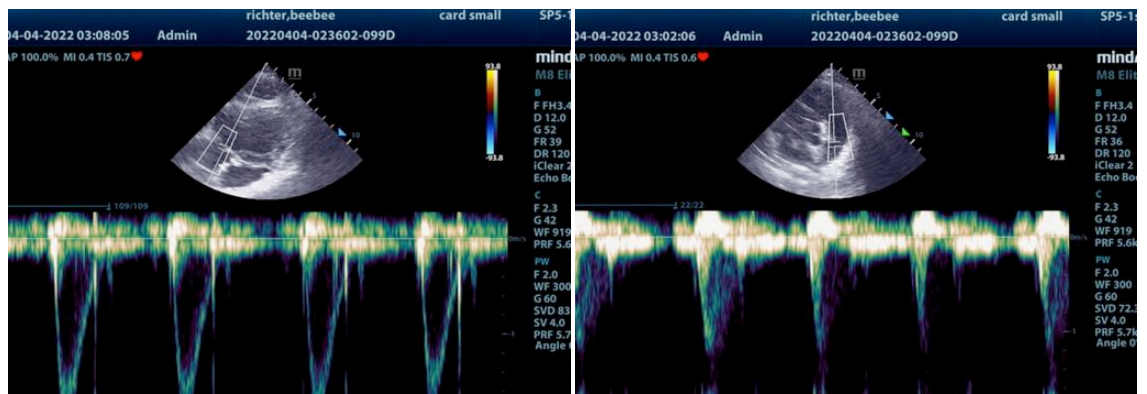
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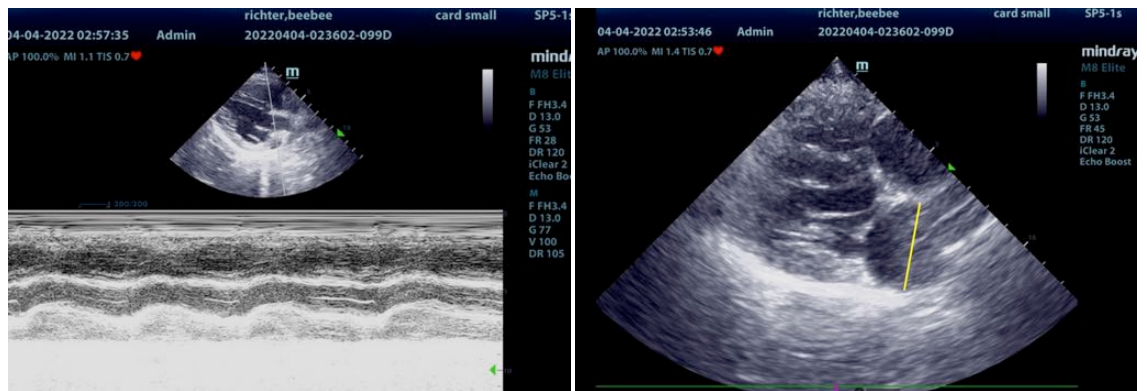
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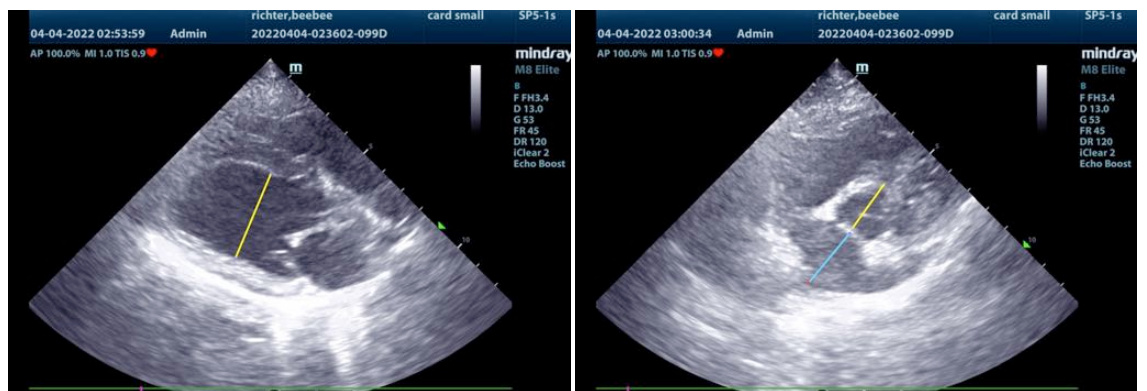
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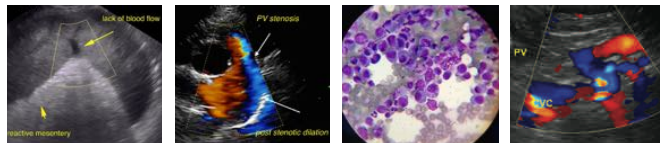


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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com