



PATIENT PRESENTING CLINICAL SIGNS

Annie Balcerzak

History: Newly adopted. Severe, ulcerative stomatitis despite recent dental treatment (Did improve with clavamox and time). Suture reaction at spay incision. Murmur discovered on examination.
 Abnormal PE/Chem/CBC/UA Results: PE: Very odiferous, ulcerative stomatitis. Gum separated from teeth over 108 and 208. Upper Carnassial's. Suture reaction on ventrum at spay surgery site. Line of pustules along both sides of the incision. Cardiac murmur, systolic, grade 2 out of 6, left heart apex. Sclerosis of lenses normal for age. Long nails. CBC: anemia of chronic disease, 750 bands /uL, 1.5 K/uL monocytes chemistry: glucose 59 mg/dL, creatinine .3 mg/dL, calcium 7.5 mg/dL, total protein 4.6 g/dL, albumin 1.7 g/dL, ALT 15 U/L, cholesterol 126 mg/dL, creatinine kinase 259 U/L spec cPL: Normal Pro BNP: normal Total T4 0.9 ug/dL, normal free T4 s. HELA: negative Fecal: negative

SPECIES

Canine

BREED

Toy Poodle

SEX

Spayed Female

AGE

8 years

WEIGHT

6.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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. Contained **tricuspid** insufficiency was noted at 3 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.

IMAGING PERFORMED BY

Dr. Anderson

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Anderson

INVOICE

31152

DATE

6/21/22

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	<1.3	28-40	40-100	<0.6
PATIENT	5.2	3.0	NM	1.23	39	72	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		1.73	0.88	6.6 lbs	1.8	2.16	



PATIENT ULTRASONOGRAPHIC FINDINGS

Annie Balcerzak Stage B1 valvular disease.
 Mitral and tricuspid insufficiency.
 Minor pulmonary hypertension, contained.

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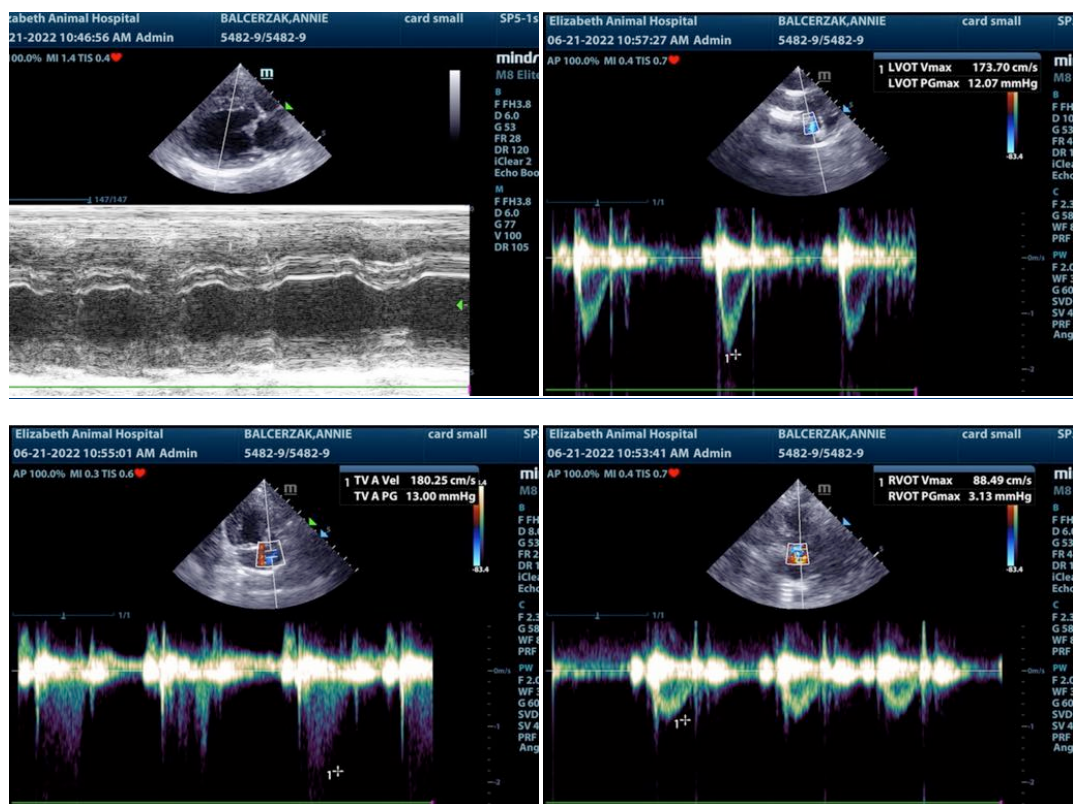
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient is minimal anesthetic risk.

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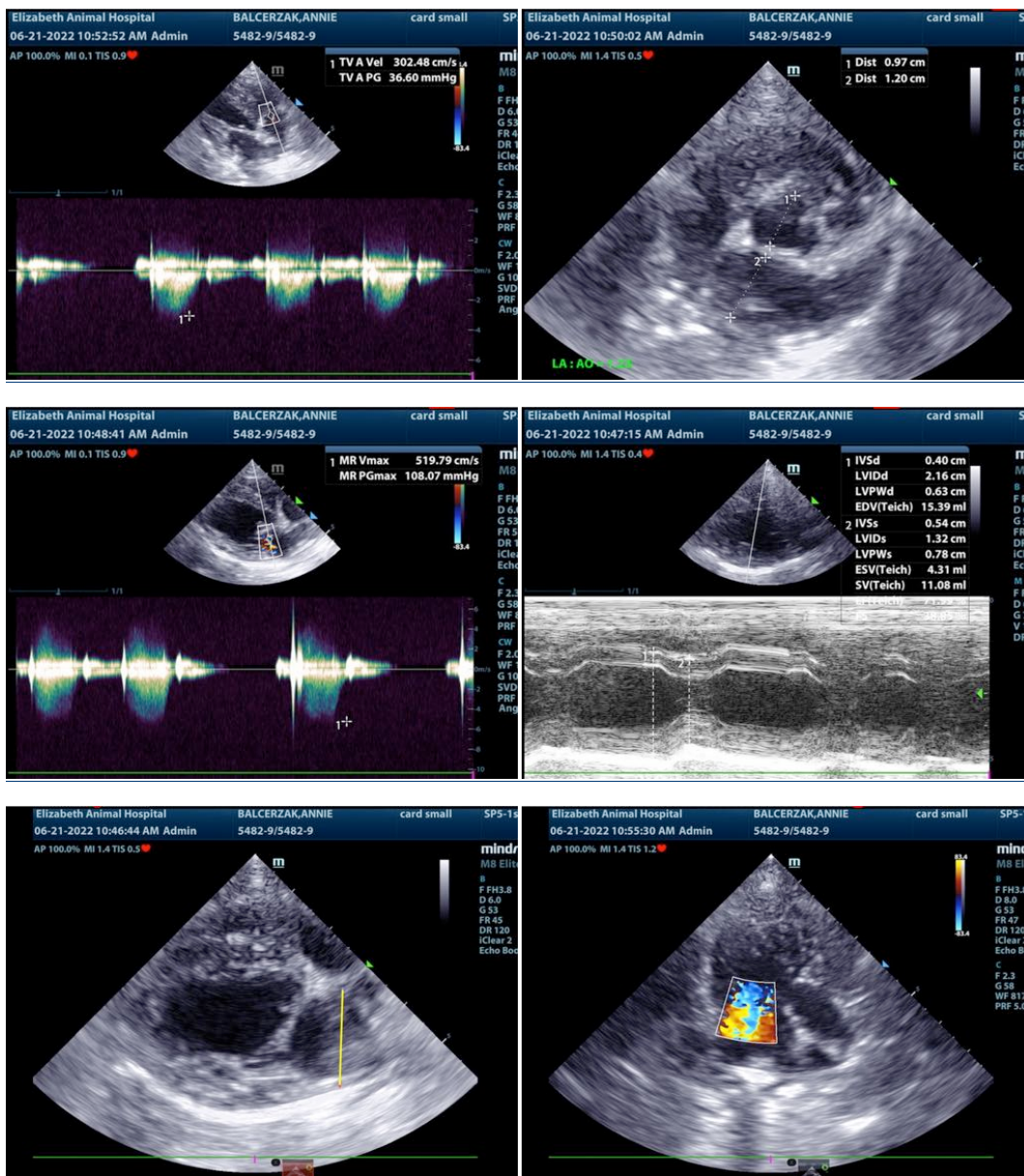
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



PATIENT

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

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