

PATIENT PRESENTING CLINICAL SIGNS

Pepe Church

SPECIES

Canine

BREED

Miniature Poodle

SEX

Neutered Male

AGE

14 Yrs

WEIGHT

5.8 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Andrea Nicastro,
DVM, Diplomate
ACVIM (Small Animal)

HOSPITAL NAME

Veterinary Specialty

REFERRING VET

Dr. Walter

INVOICE

16595

DATE

7/12/22

History: Respiratory distress Mentation: anxious Hydration: euhydrated Oral/Digestive: Missing several incisors, molars and premolars. No signs of periodontal disease. No significant gingivitis. Pink and moist oral mucus membranes. Turns purple if not in oxygen. Normal CRT. No masses observed. Ophthalmic: Both eyes clear with no obvious ocular discharge or gross lesions. Otic: Ears clean and clear AU. No inflammation or abnormal exudate noted. No abnormal odor. Upper respiratory: No nasal discharge. Upper airway auscultated harshly with some wheezing. Cardiovascular: No obvious arrhythmias or murmurs heard on auscultation. Difficult to auscultate due to respiratory status. Femoral pulses strong and synchronous. Lower respiratory: Harsh breath sounds bilaterally in all 4 quadrants. Increased respiratory rate and effort. Slight crackles with no wheezes. Neurological: Mentation was BAR, but anxious. No head tilt, circling or ataxia noted. No CP deficits. PLR and menace responses intact OU. Other cranial nerves appear intact. Musculoskeletal: Ambulatory x4. Symmetrical musculature with no muscle atrophy. No pain or weakness noted. Integument: Clean coat, no obvious skin lesions or abrasions. No ectoparasites found. Lymphatic: No noticeable enlargement of peripheral lymph nodes. LNs all palpate soft, smooth and symmetrical. Abdominal Palpation: No evidence of pain on palpation. No palpable masses or organomegaly. Urogenital/Rectal: Grossly normal external genitalia. Meds: Veteryl, Hydrocodone, Trazodone

Abnormal PE/Chem/CBC/UA Results: HR: 140/RR: pant/BP: 265 Rads: Report from 7/2/22: Three-view thorax. Images are dated 7/2/2022. There are no previous images. There is marked narrowing of the cervical and particularly intrathoracic tracheal lumen on the right lateral view consistent with dynamic tracheal collapse. Major bronchi are significantly collapsed on the right lateral radiographic view. Tracheal lumen is mildly narrowed on the left lateral radiographic view and there is soft tissue opacity along the dorsal ligament of the cervical and intrathoracic trachea consistent with a pendulous trachealis membrane. Increased cardiac sternal contact and right heart enlargement is suspected. Peripheral pulmonary vasculature is unremarkable. No nodules are observed within the pulmonary parenchyma. There is no mediastinal, esophageal or pleural space abnormality. Gastric axis is normal. Caudoventral hepatic margin extends mildly caudal to the costal arch in has a slightly rounded margin. Moderate amount of heterogenous opacity and gas is observed within the gastric lumen. Other included abdominal organs are unremarkable. High body condition is indicated by subcutaneous and intracavitary fat. Assessment: Severe collapsing trachea and major bronchi. Clinically correlate. Consider fluoroscopy and/or endoscopy/bronchoscopy including bronchoalveolar lavage for further evaluation if there is a poor response to medical management. Right heart enlargement. Suspicious for concurrent pulmonary hypertension. Ddx: Tricuspid valve degeneration and regurgitation or other right sided cardiac disease, cardiomyopathy or heartworm disease. Consider echocardiography including Doppler. Borderline hepatomegaly. Nonspecific finding. Might be a normal variant. DdX; exogenous steroid, barbiturates or other medications, endocrine disorders (hyperadrenocorticism, diabetes mellitus), benign hyperplasia, inflammatory hepatopathy, hepatitis, congestion and neoplasia. Rounded hepatic margin could be indicative of nodular hyperplasia or other hepatic tumor, granuloma, cyst. Correlate to hepatic enzymes

ULTRASONOGRAPHIC EXAMINATION OF THE HEART



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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	2.4	NM	1.4	35	80	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				
PATIENT	110	1.20	.90	--	1.8	2.1	--

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. Trivial mitral insufficiency was noted. 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 right ventricle were mildly enlarged yet this is secondary to primary respiratory pressures and cor pulmonale. No evidence of pulmonary hypertension at this time. **Tricuspid** valvular assessment demonstrated adequate linear morphology. Minor tricuspid insufficiency was noted, not clinically significant. **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. Hepatic veins were not dilated. No evidence of right sided failure.

ULTRASONOGRAPHIC FINDINGS

- Stage B-1 valvular disease with cor pulmonale presentation (non-clinical cardiac presentation)
- Mitral and tricuspid insufficiency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of cardiac influence on the respiratory signs, however, secondary right sided cardiac enlargement appears to be present, likely owing to primary respiratory disease. Other causes of respiratory distress, such as SARDS, pneumonitis, pulmonary thromboembolic disease and neoplasia are all possible depending upon radiographic findings.



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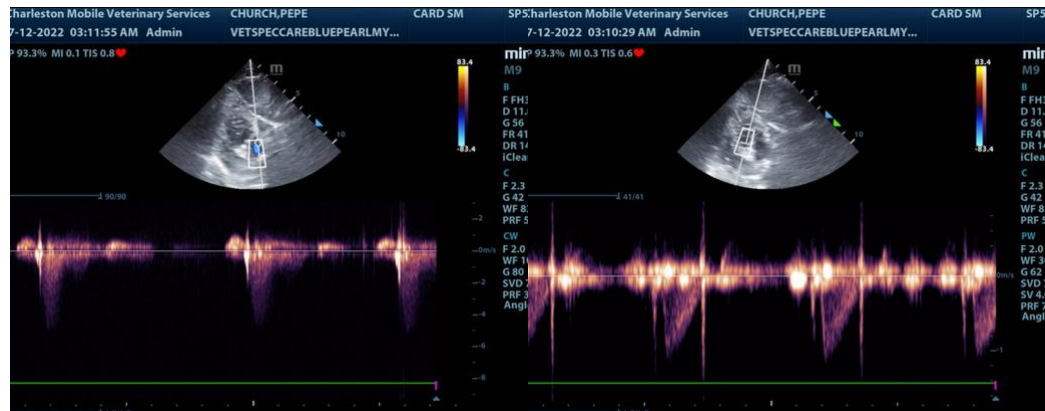
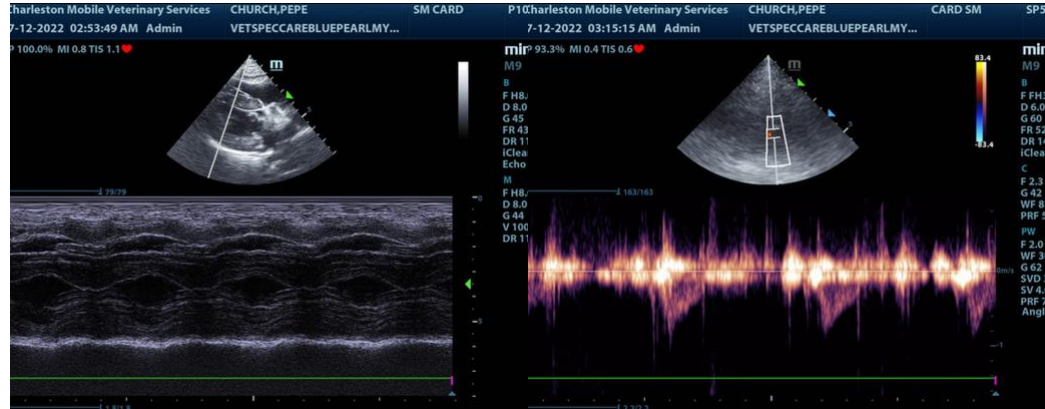
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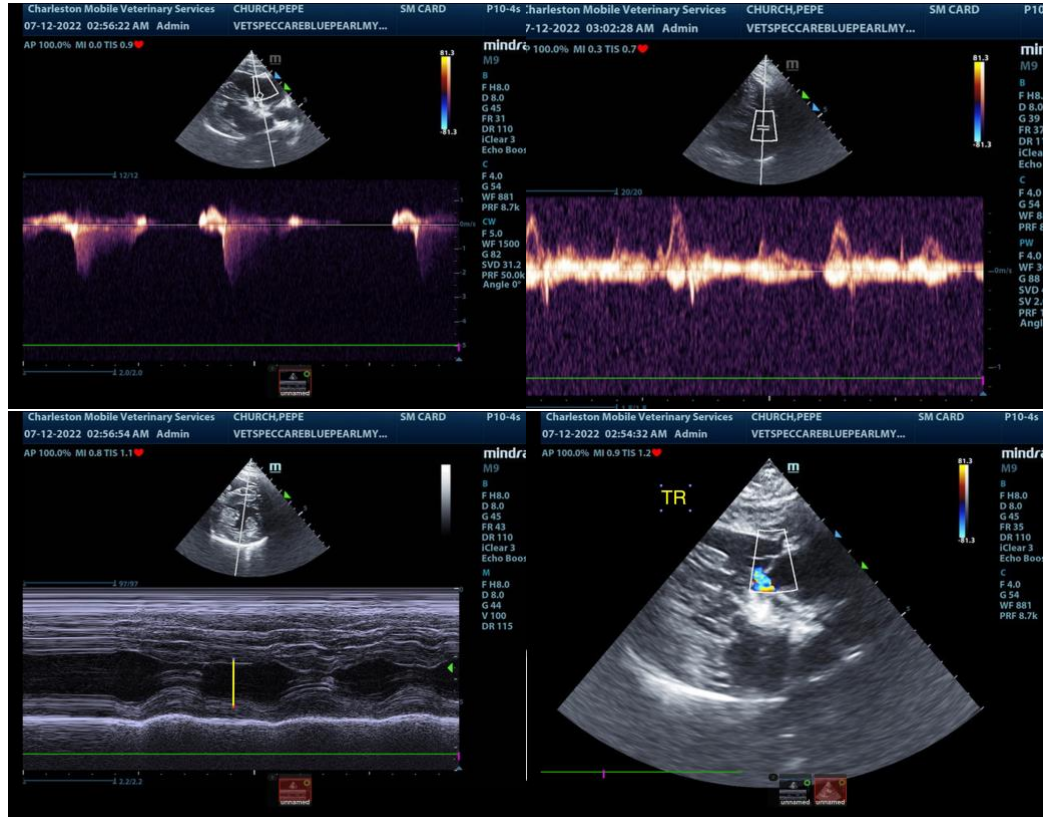
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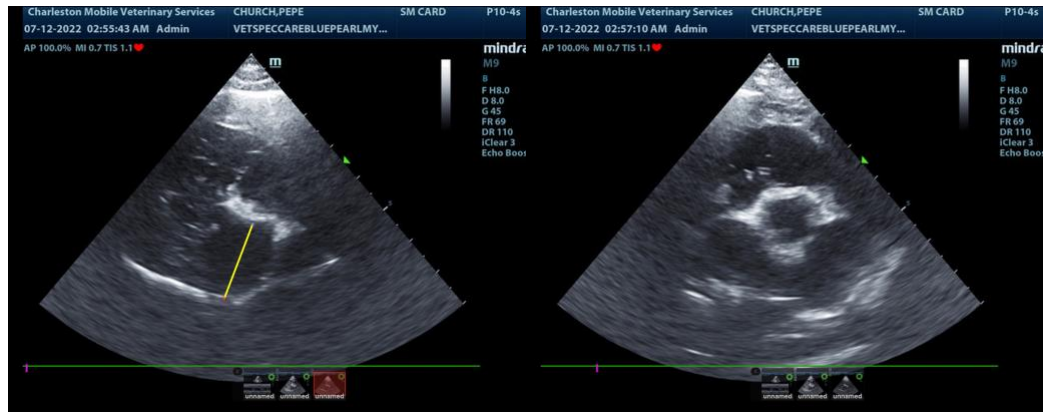


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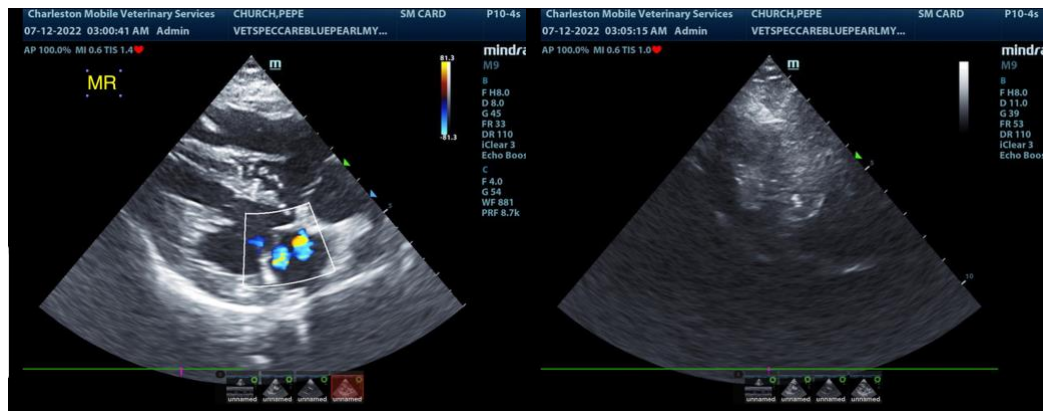
Dr. Walter

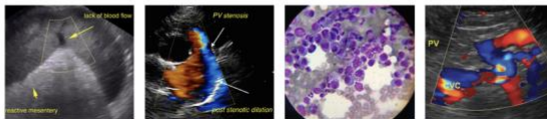
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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