



PATIENT

Cassie Goodfriend

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

12 Years

WEIGHT

8.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Vetco Total Care
Kinnelon

REFERRING VET

Dr. Rodriguez

INVOICE

39868

DATE

7/27/22

PRESENTING CLINICAL SIGNS

P presented yesterday for episodes of occasional non-productive cough, primarily occurs in AM. E/D normal, normal activity. PE findings: mild crackles R ventral lung field, dyspneic, Grade 3-4/6 murmur. No current meds.

Abnormal PE/Chem/CBC/UA Results: Mildly elevated RBCs and HCT, Moderately elevated Retics

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

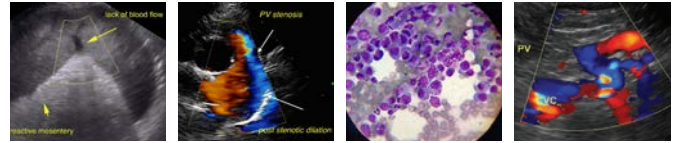
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	5.4		1.3	1.55	50	96	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LA 2D short 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		1.2	0.77		2.49	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. 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** was enlarged with a 1.3:1.0 ratio with the left atrium on four chamber long axis. Tricuspid insufficiency was present on color flow assessment. Velocity was excessive, consistent with pulmonary hypertension. 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.

ULTRASONOGRAPHIC FINDINGS

- Mitral and tricuspid insufficiency with left atrial and right ventricular dilation and pulmonary hypertension



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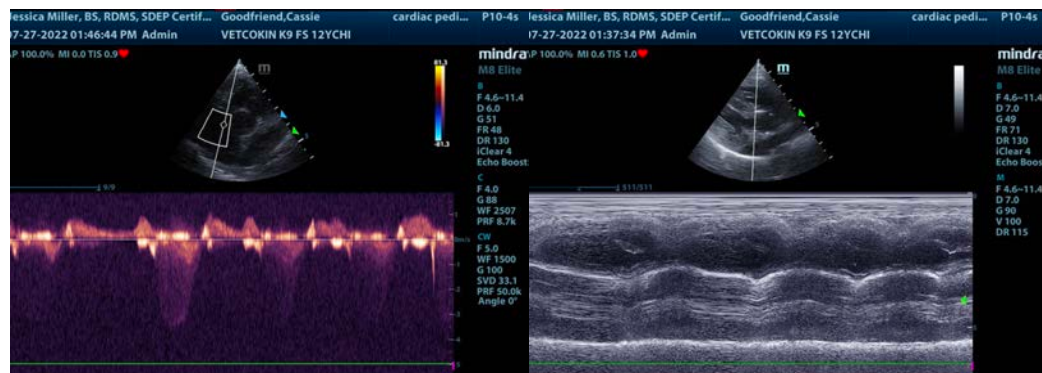
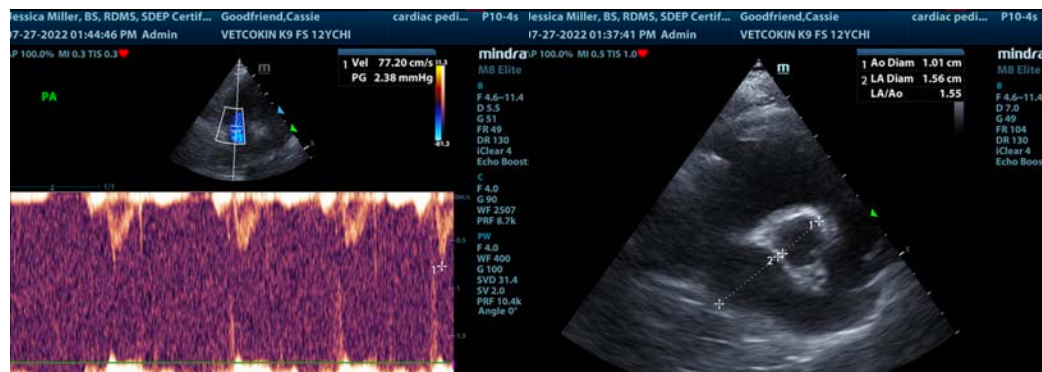
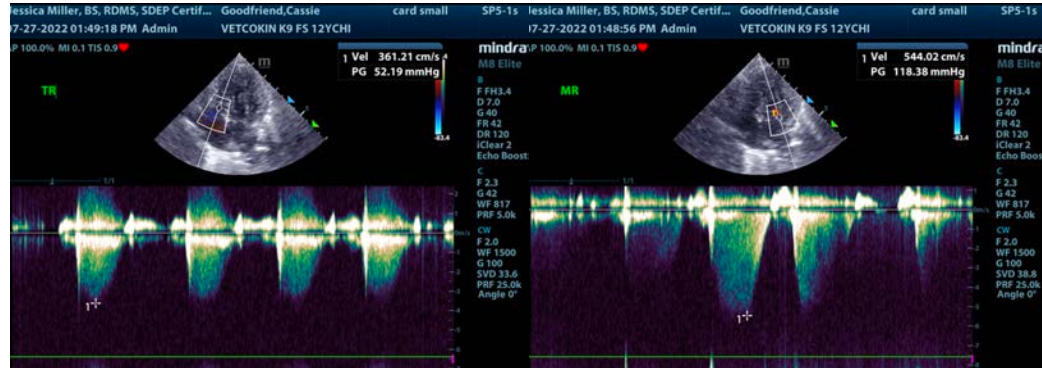
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cough is non-cardiogenic in this patient. The heart is likely secondary to primary pulmonary disease. However, pulmonary hypertension is present. If exercise intolerance becomes an issue, then Sildenafil could be considered, yet not likely necessary at this time. No primary cardiac therapy warranted. Primary respiratory protocol indicated, as the left-sided heart is well contained.



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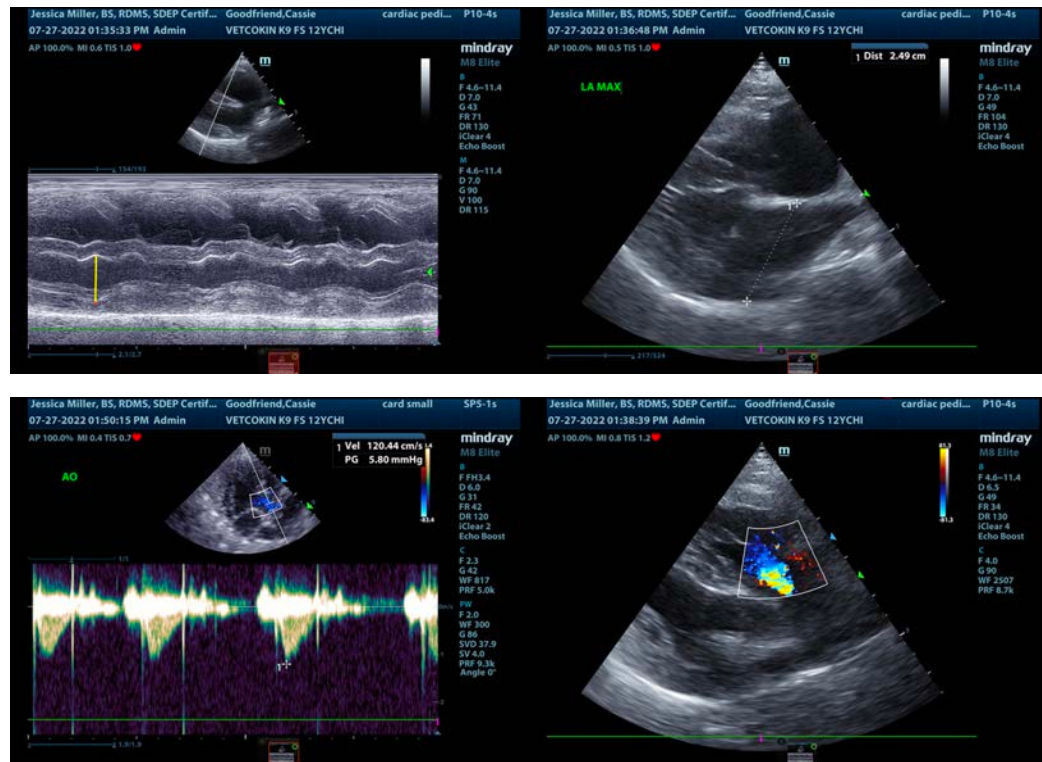
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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