



PATIENT PRESENTING CLINICAL SIGNS

Katie Burns

History: Clinical Signs: initially presented for seizures but after further hx taking, it does sound more like collapse than seizures has been ongoing since at least april no improvement on kepra TID collapse episodes happen after excitement and exercise

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Significant/ relevant exam findings: grade 3/6 holosystolic murmur, strong synch femoral pulses, HR WNL resp - panting on exam, dry cough elicited on tracheal palpation Lab work performed: Y Date: april 7 Findings: mild inflammation mild glob elevation mod ALP elevation at 660 Radiographs: N Current Medications: kepra 250 mg tabs 1.5 tabs q8 hrs (also trazodone and gabapentin pre US)

BREED

Dachshund Cross Shih Tzu

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

SEX

Spayed female

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The **mitral** valve was slightly thickened, yet minor insufficiency is suspected, but cannot be confirmed on Doppler assessment. 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** insufficiency was noted. 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. Comet tail lung pattern was noted through the lung fields, but is non-cardiogenic. Hepatic veins were not dilated in this patient.

AGE

10 years

WEIGHT

24.2 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kaitlyn Varga

HOSPITAL NAME

Shuswap VC

REFERRING VET

Dr. Stevenson

INVOICE

32078

DATE

7/29/22

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	<1.6	28-40	40-100	<0.6
PATIENT		2.0	1.15		41	74	NM
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	BELOW	BELOW	BELOW	BELOW
PATIENT		1.0	0.7	24.2 lbs	2.4 max	2.24	



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ULTRASONOGRAPHIC FINDINGS

Tricuspid insufficiency, compensated at this time.
Mitral insufficiency.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of pulmonary hypertension at this time. Primary respiratory disease should be considered given the comet tail lung pattern. Paroxysmal arrhythmia is a potential. Holter monitor is indicated. Blood pressure measurements are indicated. The tricuspid insufficiency velocity may be underestimated. Pulmonary hypertension may be present, yet the right heart is not failing and there is no hepatic vein or vena cava dilation noted. I do not recommend treatment for pulmonary hypertension at this time.

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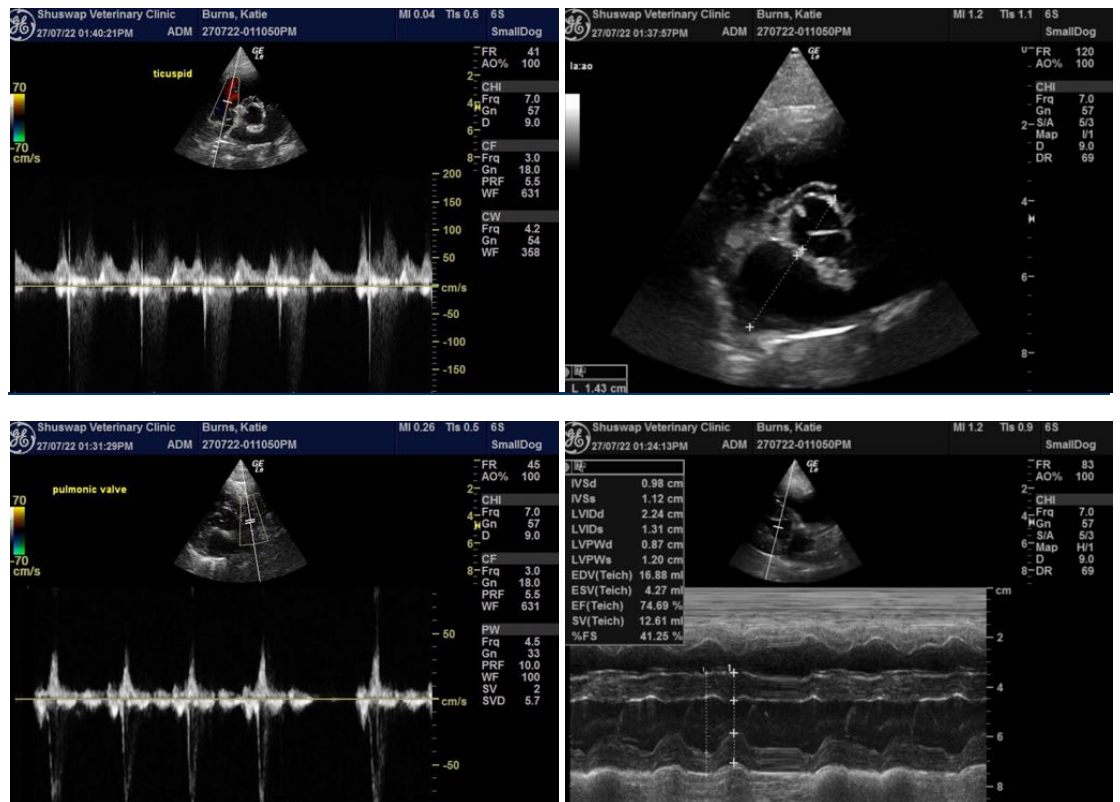
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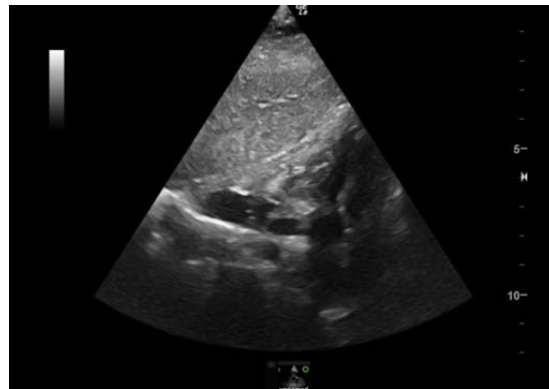
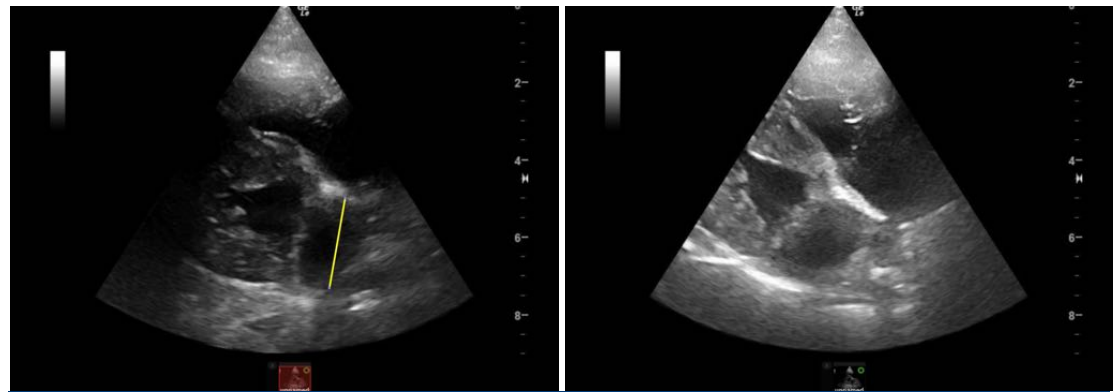
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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