



## PATIENT

Lily Laden

## SPECIES

Canine

## BREED

King Charles Spaniel

## SEX

Spayed Female

## AGE

8 Years

## WEIGHT

11 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Valentina

## HOSPITAL NAME

The Veterinary Surgery

## REFERRING VET

Valentina Fresta

## INVOICE

23910

## DATE

8/11/23

## PRESENTING CLINICAL SIGNS

Presented for being unwell; te dog is temporary with the dog sitter who reports that in the last few days Lily is unwilling to socialize ,preferring instead to stay in the darkness of the room. Otherwise eating and drinking normal. A the Clinical presentation Lily is alert and responsive .Retropharyngeal lymph nodes are quite enlarged. Offensive breath with hard tartar and inflamed gums. Heart reveals a very flebile heart murmur and the lung sound is clear. HR 140,RR 35. Abdomen is soft. Body temperature 38.2.No others findings.

Abnormal PE/Chem/CBC/UA Results: The CBC reveals a very low platelet counts ,the MCHC is slightly lower. The biochemistry reveals parameters in the normal range . The intubation of the patient during the dental procedure reveals two big ulcer on the throat area. Quite inflamed area. The xray provided in lateral projection reveals an old fracture of the last sternebra .The larynx area reveals a marked opacity with a similar nodular pattern,however at the palpation no nodules are obvious.

## 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	--	--	1.0	1.0	45	--	0.1
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	--	--	--	--	2.4	2.2	--

## Cardiac Presentation

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



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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. The hepatic veins were dilated.

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**ULTRASONOGRAPHIC FINDINGS**

- Normal echocardiogram
- Dilated hepatic veins

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of cardiac disease. The clinical signs are not cardiogenic in this patient. Assessment for thoracic, CNS disease or orthopedic pain or visceral disease in the abdomen. Abdominal sonogram is indicated. The heart is normal in structure and function.

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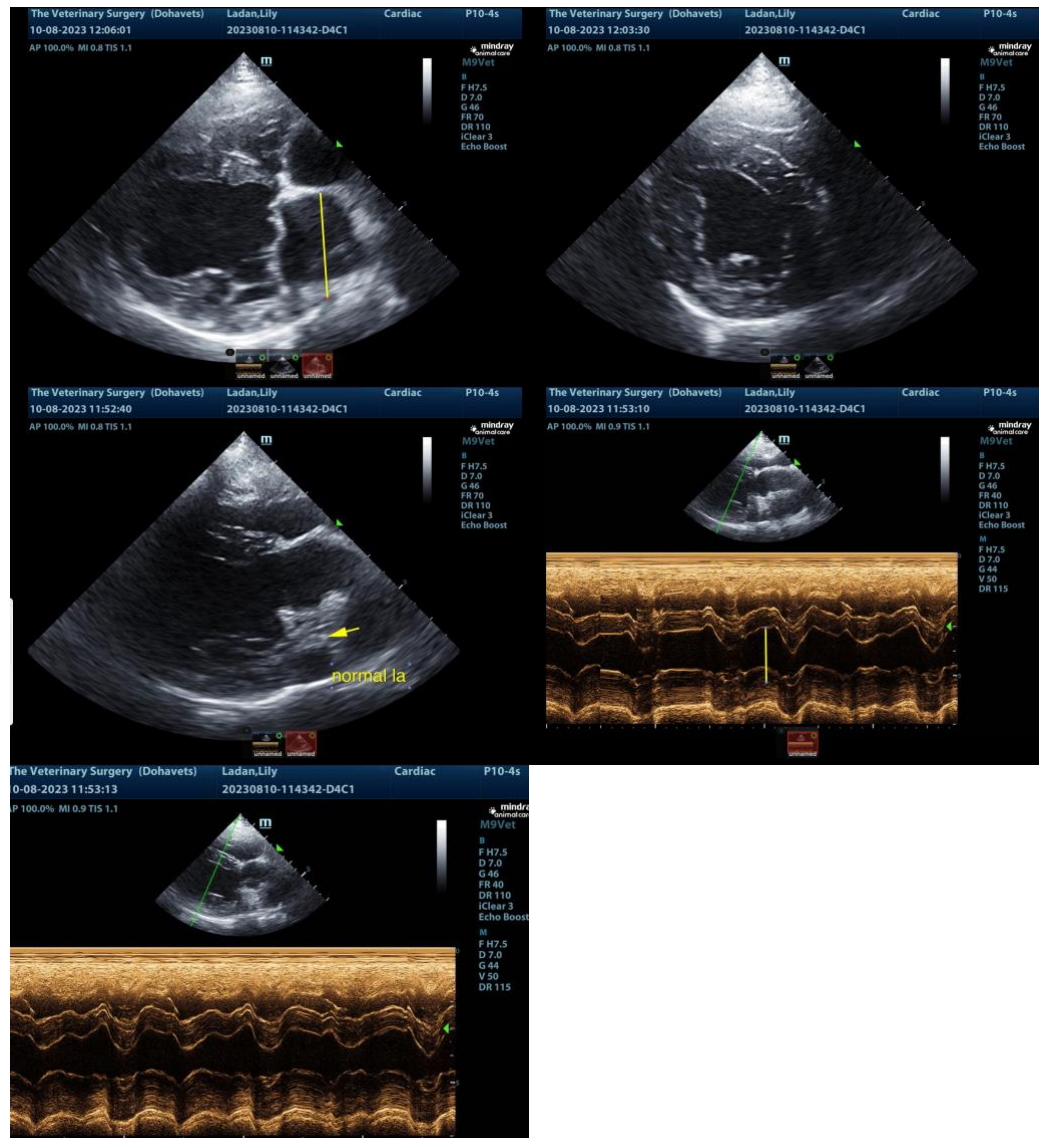
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The information and recommendations provided are based on the images presented by the



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**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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King Charles Spaniel

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

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