



PATIENT PRESENTING CLINICAL SIGNS

Elf Speulda

History: Hx of asystole under anesthesia 1 month ago; different anesthetic protocol attempted 2 weeks ago and patient did better but did experience brief episodes of asystole -mostly atropine responsive. No heart murmur, no respiratory concerns. 1 week ago had an episode of collapse/weakness - ECG attached and one episode of asystole confirmed which spontaneously resolved - see attached record.
 Abnormal PE/Chem/CBC/UA Results: NSF on exam - no heart murmur, cannot hear arrhythmia on exam.

SPECIES

Canine

BREED

Chihuahua

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

SEX

Neutered male

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 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. Arrhythmogenic activity was noted.

AGE

14 years

WEIGHT

10.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Bailes

HOSPITAL NAME

All Creatures Great
and Small Corvallis

REFERRING VET

Dr. Bailes

INVOICE

91180

DATE

8/12/21

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			1.18	1.2	41	88	0.25
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		1.5		10.8 lbs	1.8	2.22	



PATIENT

ULTRASONOGRAPHIC FINDINGS

Elf Speulda

Normal echocardiogram.

Arrhythmogenic activity.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend submission of EKG to cardiology +/- Holter monitor would be ideal.

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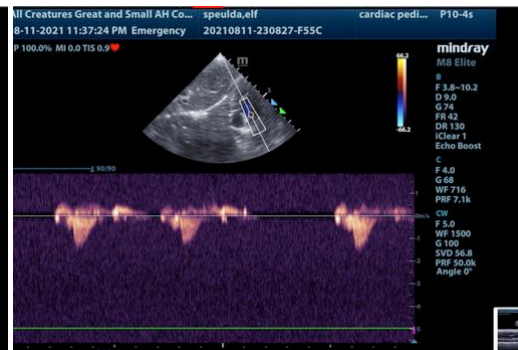
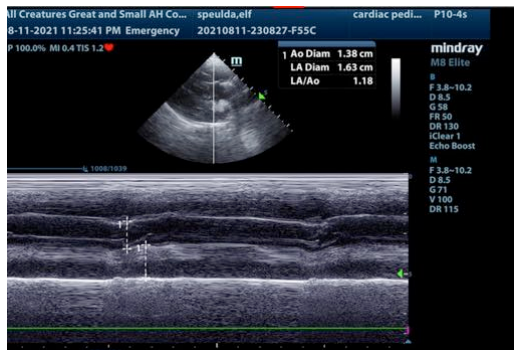
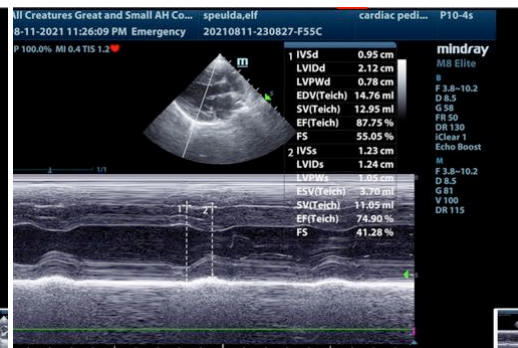
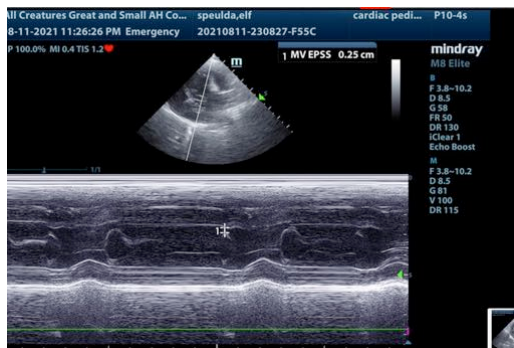
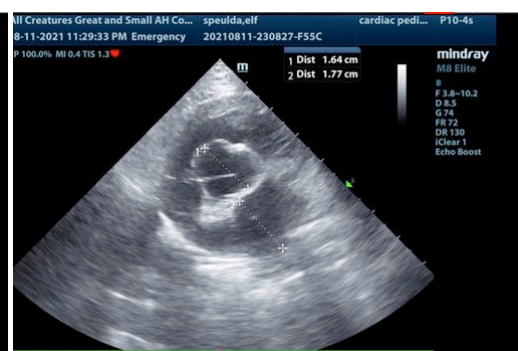
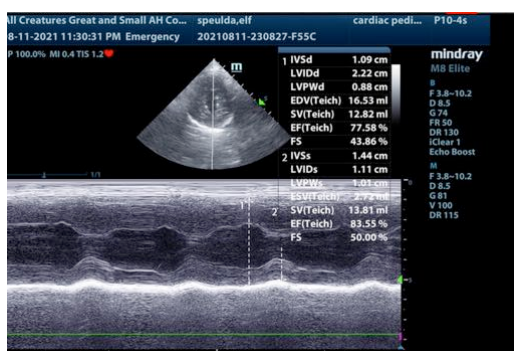
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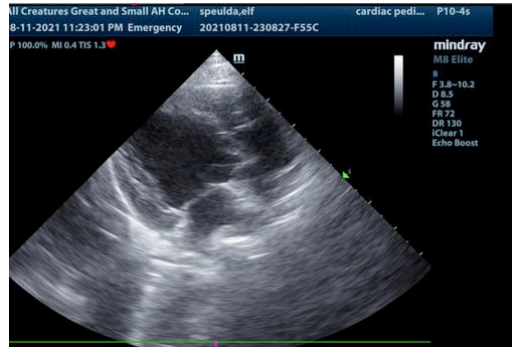
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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