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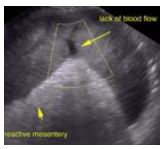
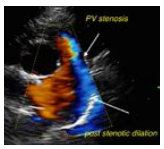
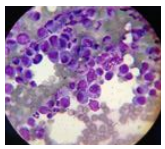
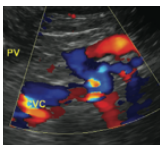

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1-800-838-4268 info@sonopath.com

PATIENT

Gracie Terpak

SPECIES

Canine

BREED

West Highland White Terrier

SEX

Spayed female

AGE

16 years

WEIGHT

17.6 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. McFeely

HOSPITAL NAME

Straley VA

REFERRING VET

Dr. McFeely

INVOICE

32473

DATE

8/23/22

PRESENTING CLINICAL SIGNS

History: Gracie has a history of chronic bronchitis and atopy for several years. However, yesterday she had to visit the ER vet, as initially her owners thought she was straining to defecate, but then became tachypneic and dyspneic, restless and uncomfortable. Based upon rads taken, Idexx rad consultant (telemedicine) suspected lower airway disease and differential included: PTE, pulmonary fibrosis, and ruled out HW disease (but ruled out with neg test). ECG showed sinus arrhythmia. SHE HAS AN INFLAMMATORY LEUKOGRAM WITH A LEFT SHIFT on CBC. Due to suspected mild right sided cardiomegaly and pulmonary hypertension, cardiac u/s was recommended. She has been in the oxygen cage for past day (ER vet then here) and flow-by O2 was given during u/s exam. Her pulse ox decreases into 70s and 80s when not on supplemental O2. Patient is not stable.
Abnormal PE/Chem/CBC/UA Results: Inflammatory leukogram with left shift on cbc, mildly elevated AlkP of 398 and ALT of 630. 4Dx = POS for Lyme, neg for HW, Ehrlichia and Anaplasma. She has been positive for Lyme in previous years. BP was normal today, from 102/77 (85) to 129/60 (83) mmHg syst/diast (MAP).

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Subjectively the **left atrium** was subnormal in size for this size patient. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. The **left ventricle** was volume contracted. 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). Comet tail lung pattern was noted in the peripheral lung fields. This is indicative of pulmonary microconsolidations.

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			1.1		45	80	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	BELOW	BELOW	BELOW	BELOW
PATIENT				17.6 lbs	2.3 max	1.9	

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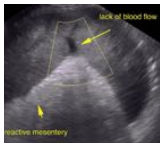
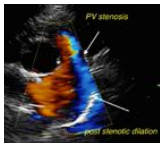
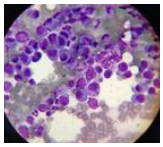
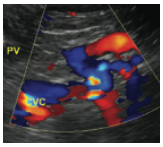

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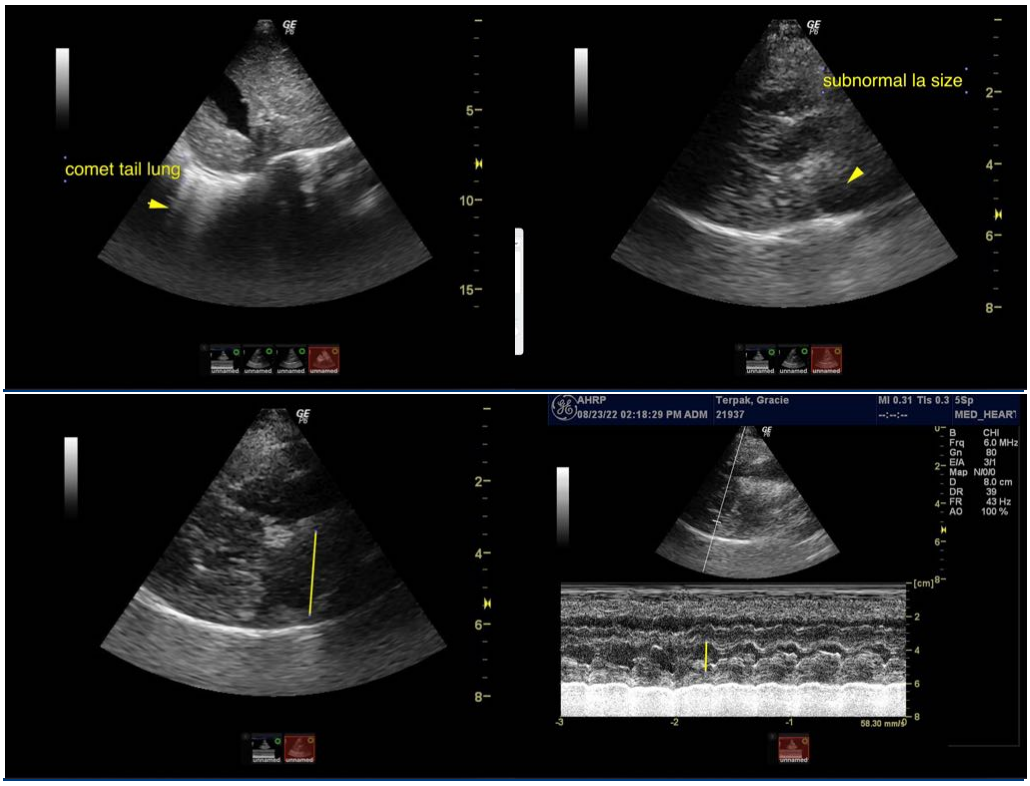
ULTRASONOGRAPHIC FINDINGS

Normal, volume contracted echocardiogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of primary cardiac disease. Treatment should be based on radiograph results. If diuretics are being utilized then I recommend diminishing a dose. Sudden tachypnea, thromboembolic disease and pain related disease is all possible or occult neoplasia.



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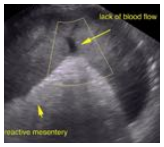
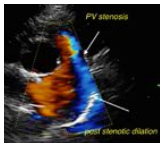
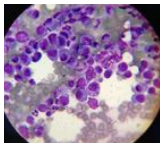
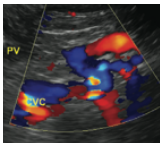

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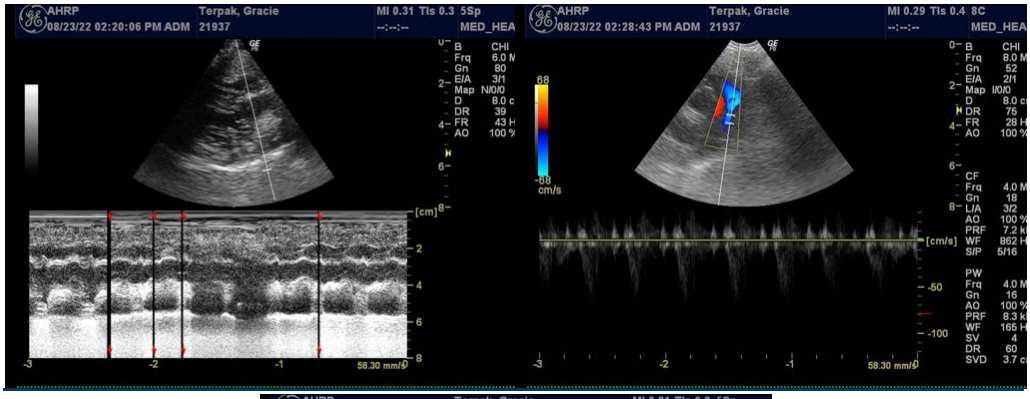

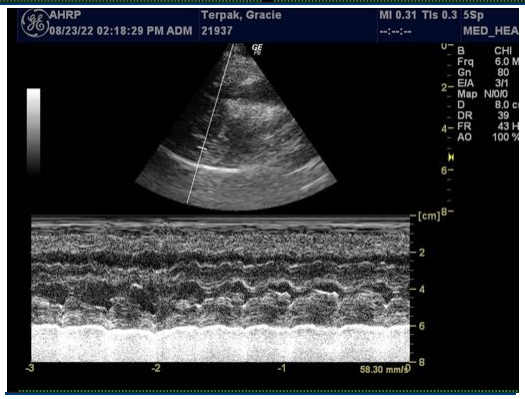

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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