



PATIENT

Angel Brust

SPECIES

Canine

BREED

Mini Dachshund

SEX

Spayed Female

AGE

8 Years

WEIGHT

12 Pounds

PRESENTING CLINICAL SIGNS

History: TF: 08-23-21 at 10:38a: Presents for: Problem exam- P has been favoring her front left leg, started a couple weeks ago, likes to jump off furniture. O also concerned about P's picky eating. Likes to eat cat food but not always her own wet food. BMs also abnormal color several times per week (black). E/D: Picky eater, does still have an appetite, loves the cat food U/D: WNL, some BMs are black in color 2-3 times per week C/S/V/D: none Diet: Cesars wet food Exercise: acts very tired all the time, seems like she is "jerking" around when she is asleep after taking deep breaths Prevention: none Rx: none RS: 08-23-21 at 10:53a: O has noted that she breathes heavy in her sleep and sometimes while she is awake,. No coughing. Not very active anymore. O thinks she is cold all of the time. Heat seeking but has always been like that. EENT: MM pink, moist. CRT <2 seconds. Clear OU, Clean AU. Nares free of any discharge. ORAL: No teeth remaining. Unremarkable oral cavity. INTEGUMENT: No external parasites observed. No evidence of skin disease at this time. LYMPH NODES: Lymph nodes are small and of normal texture CIRCULATORY: 3/6 heart murmur. No arrhythmia ausculted. Femoral pulses are strong and synchronous. RESPIRATORY: Eupneic at exam but has episodes of heavy breathing per O. Lungs clear bilaterally. No cough on tracheal palpation. DIGESTIVE: Abdomen soft/benign. No masses palpated. GENITOURINARY: No significant findings. MUSCULOSKELETAL: Ambulatory x all 4. No pain or altered ROM on L forelimb. Normal ambulations at exam. O states she is most favoring the L forelimb when she is jumping onto things. NEURO: No neurologic deficits noted at this time. Heart Rate and Respiratory Rates PR:140 and RR:40 Blood Pressure Measurements 161/104 (119) 148/94 (105) 146/47 (84) 140/117 (125) 98/78 (86) 150/92 (98)

Abnormal PE/Chem/CBC/UA Results: attached

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

The Ark Veterinary
Clinic

REFERRING VET

Dr. Sangl

INVOICE

12853

DATE

8/29/21

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	--	--	1.3	1.33	32	63	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				
PATIENT	118	1.08	.80	--	2.18	2.12	--

Cardiac Presentation



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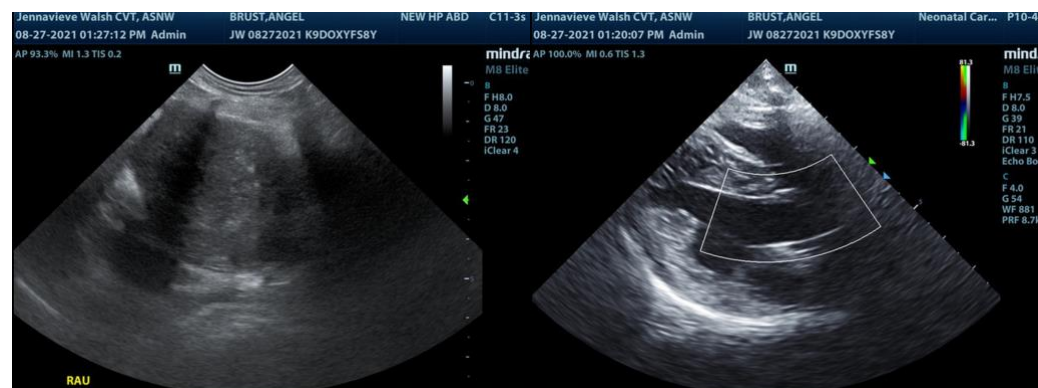
The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. The **left ventricle** presented 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. A cranial **mediastinal** mass was noted, measuring 5.3 cm x 3.8 cm with regional inflammation, appears to be separate from the heart. The mass impinges upon the right heart. There are areas of cavitation within the mass.

ULTRASONOGRAPHIC FINDINGS

- Cranial mediastinal mass, appears to be mineralizing

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Connection to the lung field could not be made. This may be lymph node origin; however, the mineralization would suggest lung origin. I recommend assessment FNA. CT of the chest is warranted for potential surgical intervention and abdominal sonogram to assess for primary disease.





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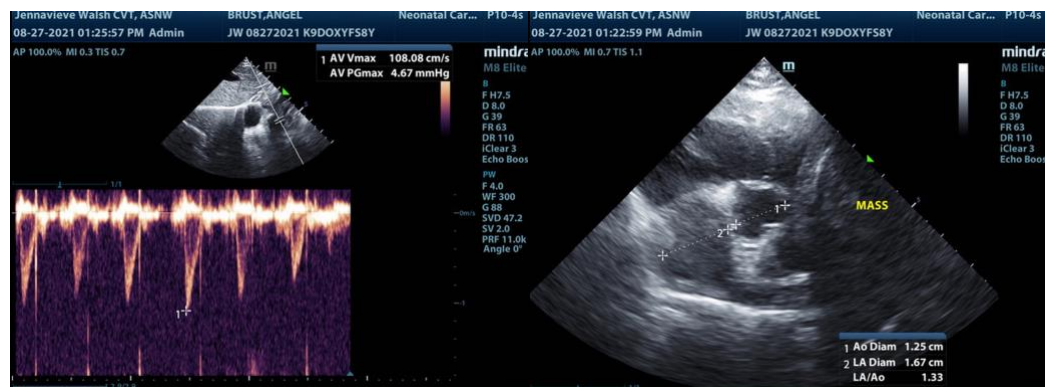
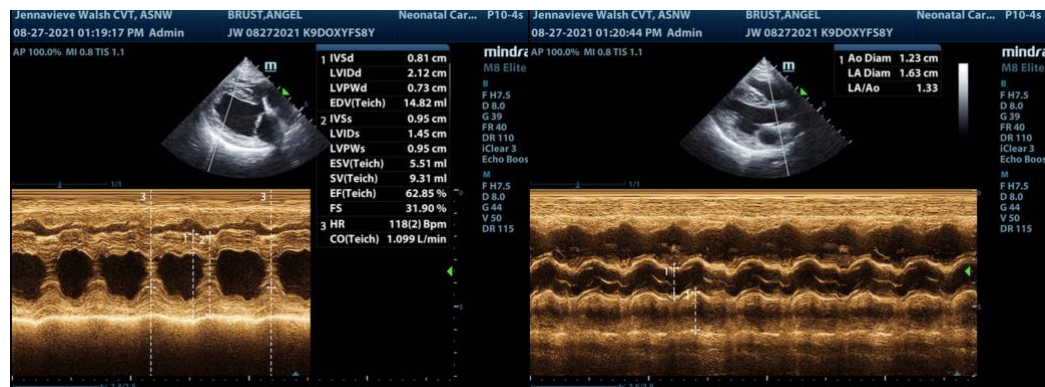
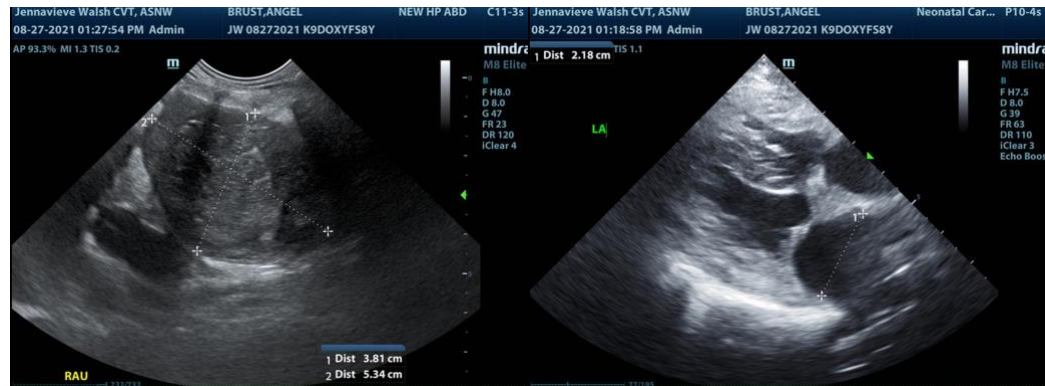
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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