



PATIENT PRESENTING CLINICAL SIGNS

Dog 57756a

SPECIES

Canine

BREED

American
Staffordshire

SEX

Neutered Male

AGE

1 Year

WEIGHT

47 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (Canine &
Feline), Cert. IVUSS

IMAGING PERFORMED BY

Andrea Nicastro,
DVM, Diplomate
ACVIM (Small Animal)

HOSPITAL NAME

Charleston Animal
Society

REFERRING VET

Dr. Leigh Jameson

INVOICE

17369

DATE

9/19/22

History: Physical Exam findings Exam behavior: Fear scale: 1. high energy, excessive humping of handler. No aggression noted Abnormals: loud grade 4 heart murmur on left side. ASA#: 1 H and L WNL, HR and RR WNL, MM: pink CRT: less than 2 sec Attitude: BAR BCS: 4/9 Pain Scale: 0 EENT/oral: corneas clear, ears free of debris, no evidence of nasal discharge, throat palpates normally, no dental tartar, no evidence of oral masses or foreign bodies Integument: no lesions noted CVR: Strong, synchronous femoral pulses. Normal lung sounds bilaterally. PLN: Lymph nodes palpate soft, symmetrical, and of a normal size. GI/GU: soft, non-painful on abdominal palpation. No organomegaly palpated. MS: ambulatory x 4, muscling adequate and symmetric

Abnormal PE/Chem/CBC/UA Results: HW test negative. No other diagnostics performed HR/RR - 126/24 No BP or chest rads

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	<1.3	28-40	40-100	<0.6
PATIENT	--	2.0	1.15	1.2	40	--	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	--	2.1	1.0	--	3.3	3.1	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. Minor mitral insufficiency was noted. The **left ventricle** presented normal in thickness 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. Aortic velocity was slightly elevated. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. Minor 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



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cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window.

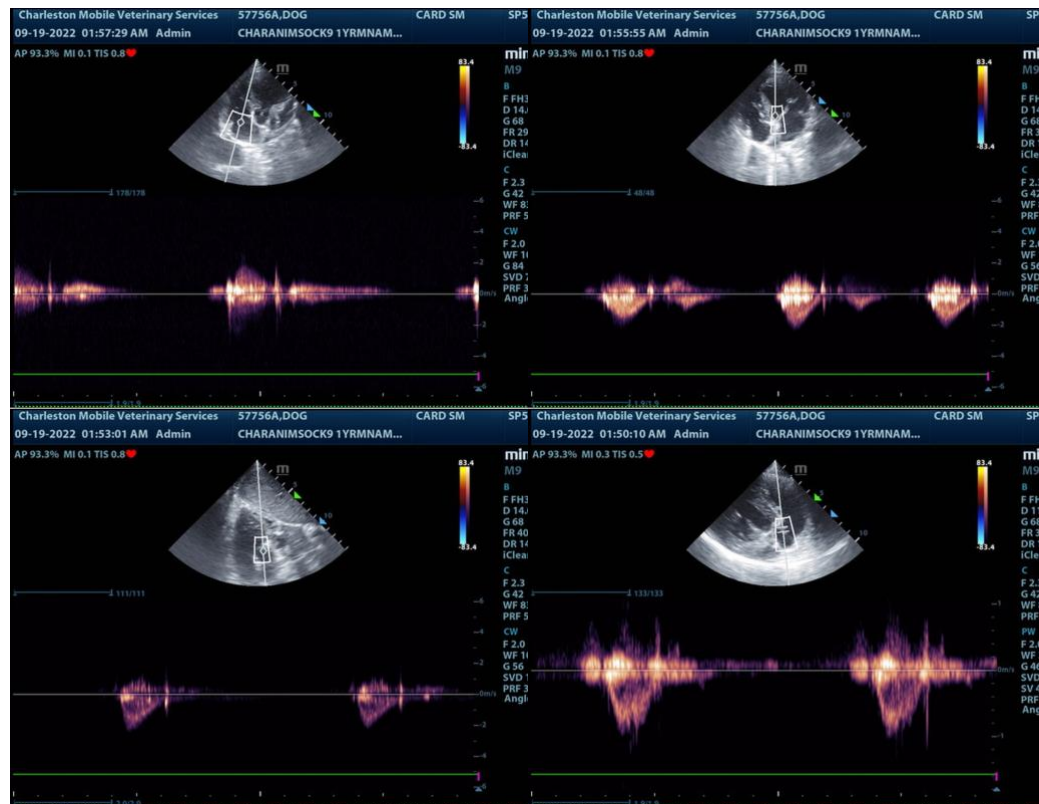
ULTRASONOGRAPHIC FINDINGS

- Trivial valvular insufficiencies, mitral and tricuspid and aortic
- Increased left ventricular outflow velocity

*These changes are benign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant clinical disease. The murmurs detected are fairly minor and none of which correspond to a 4/6. Underlying history of infectious disease should be considered in this patient. A history of endocarditis may be present in this patient, yet this appears to be compensated and the valvular insufficiencies appear to be minor. No contraindication to anesthetic procedure. A Doxycycline/Clindamycin trial could be considered and reassess the echocardiogram in 4 weeks.





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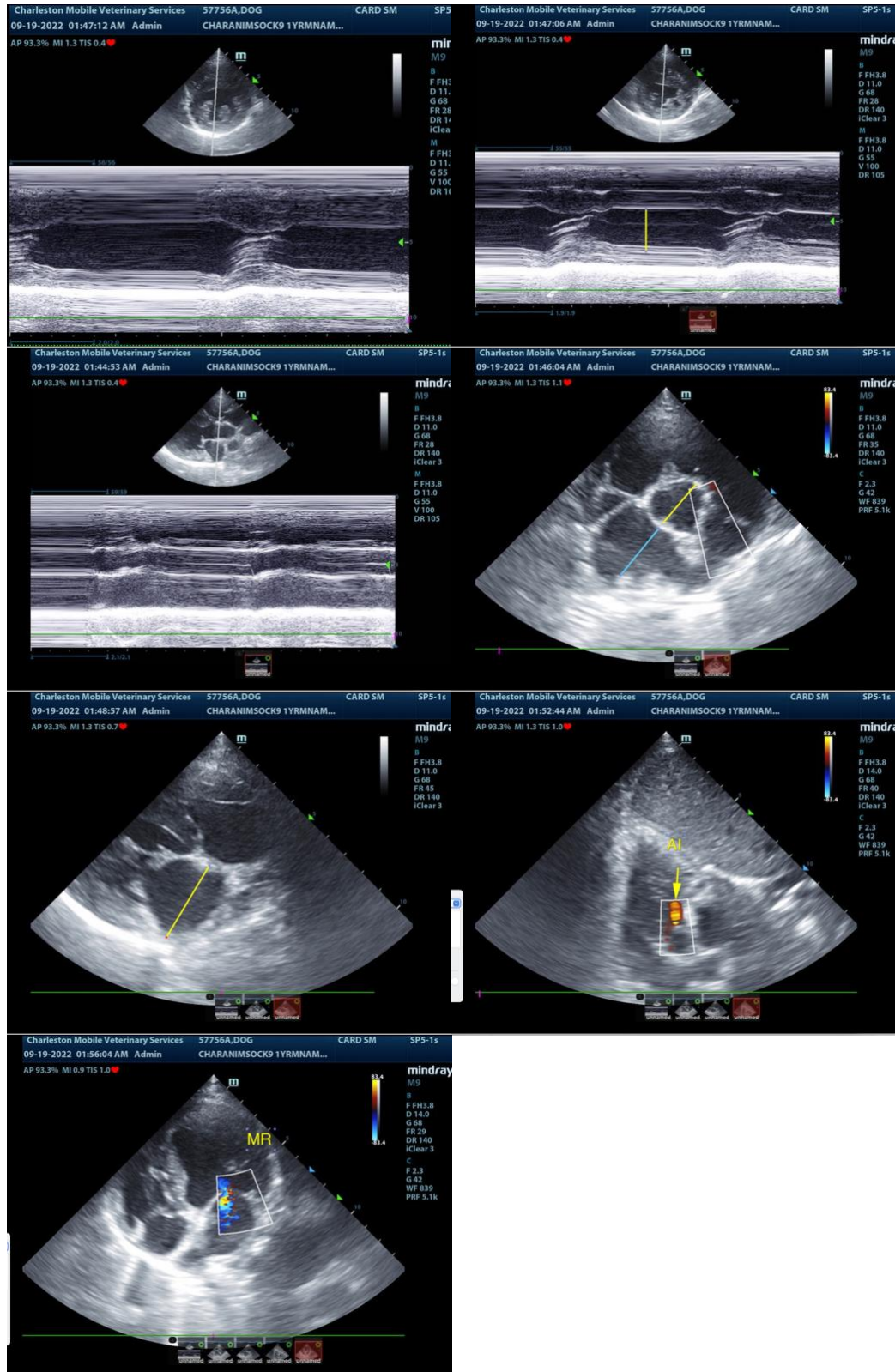
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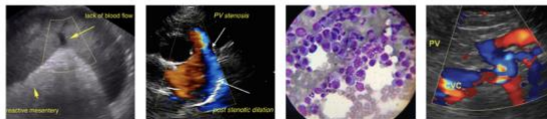
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The information and recommendations provided are based on the images presented by the



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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.

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

Andrea.Nicastro@CharlestonMobile.net