



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Bandit Baker

SPECIES
Canine

BREED
Mix

SEX
Neutered male

AGE
13 years

WEIGHT
59 lbs

History: Chronic coughing > 1year. Coughing fits last up to 15 mins and result in white phlegm production, worst after waking up in mornings and after playing. No cardiovascular abnormalities appreciated, bronchovesicular sounds WNL. No improvement on doxycycline. Very slight improvement with temaril-P. ~50% improvement with hydrocodone Current Medications Hydrocodone Radiographic Findings Diffuse bronchial pulmonary pattern suggestive of chronic airway inflammation. Primary Question/Differential to Be Answered in This Exam Etiology of chronic cough

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. Trivial **mitral** valve insufficiency. 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. Minor **tricuspid** insufficiency was noted at 1.6 m/sec. 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. Areas of lung consolidation were noted in the left thorax; however, these were nebulous changes and mixed with thoracic fat. No definitive acoustic window was noted to potentially sample the region. The hepatic veins were not dilated.

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Albany AH

REFERRING VET

Dr. Spangler

DATE

4/13/23

Invoice

43846

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC PARAMETERS	VMAX (m/s)	VMAX (m/s)	(Boon method)	(Heart Base;)	(%)	(%)	(cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT			1.14	1.15	49	81	0.1
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC PARAMETERS	(BPM)	VMAX (m/s)	MAX (m/s)		2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	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	129	2.08	1.16	59 lbs	3.69	3.55	



PATIENT ULTRASONOGRAPHIC FINDINGS

Bandit Baker Essentially normal echocardiogram with trivial mitral and tricuspid insufficiency.

SPECIES INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Canine If not already performed chest radiographs are warranted to assess for any distribution of lung pathology and/or chest CT. There was no evidence of cardiac disease. Primary respiratory protocol is warranted.

BREED

Mix

SEX

Neutered male

AGE

13 years

WEIGHT

59 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Albany AH

REFERRING VET

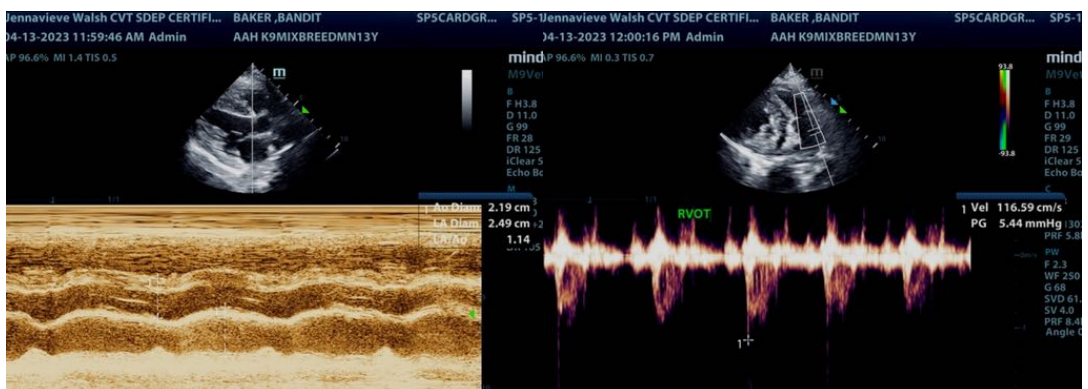
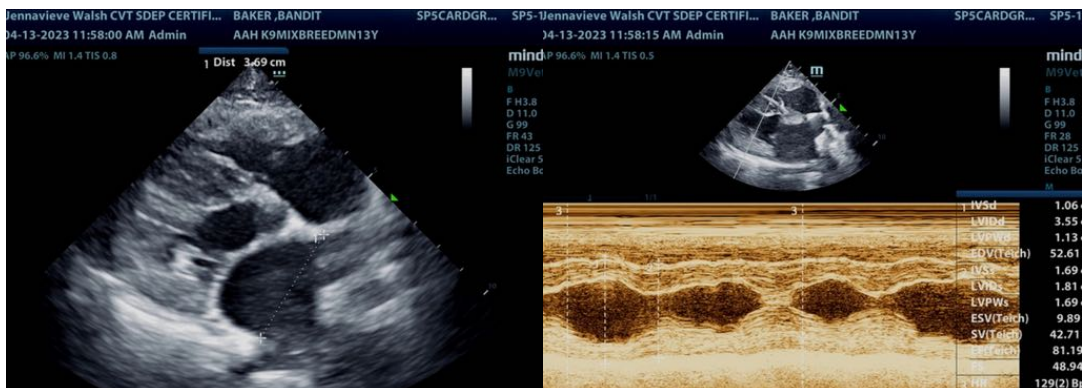
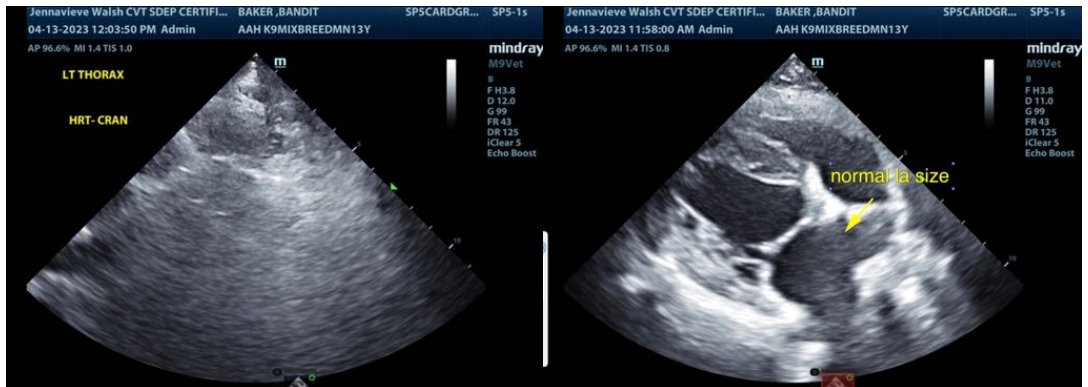
Dr. Spangler

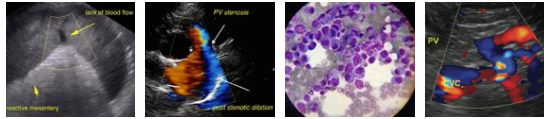
DATE

4/13/23

Invoice

43846





PATIENT

Bandit Baker

SPECIES

Canine

BREED

Mix

SEX

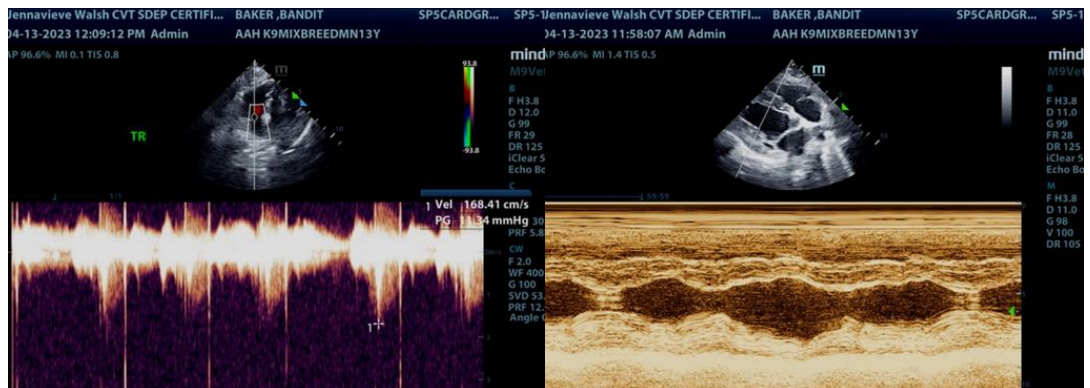
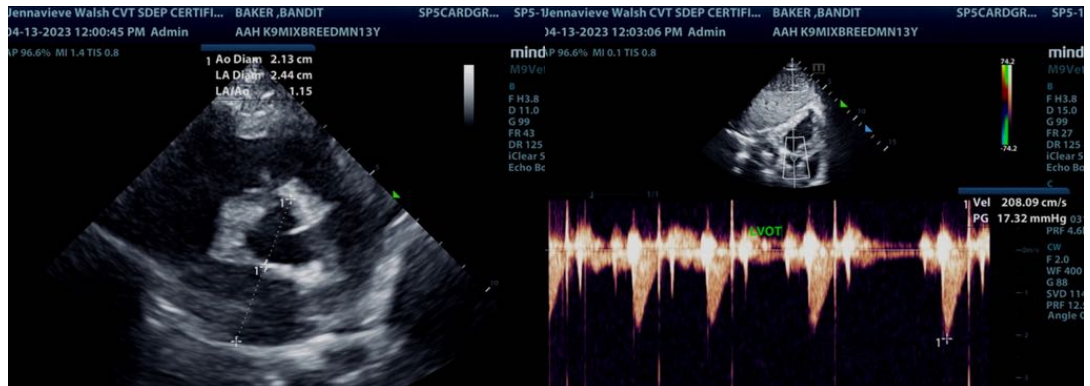
Neutered male

AGE

13 years

WEIGHT

59 lbs



INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Albany AH

REFERRING VET

Dr. Spangler

DATE

4/13/23

Invoice

43846

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

Eric.Lindquist@SonoPath.com