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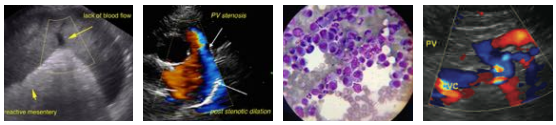

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Stewart Little Wetzell

SPECIES

Canine

BREED

Yorkshire

SEX

Neutered male

AGE

6 years

WEIGHT

12.5 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Companion AC

REFERRING VET

Dr. Casita

DATE

8/25/21

Invoice
91498

PRESENTING CLINICAL SIGNS

History: Increased respiratory effort and hacking cough since early June PE: No murmur auscultated, heavy dental calc Improved on Lasix and Vetmedin Heart Rate and Respiratory Rates HR: 130 RR: pant Blood Pressure Measurements not done Current Medications Lasix 12.5 mg BID, Vetmedin 1.25mg BID, Torb and Ace for sedation Radiographic Findings cardiac silhouette very enlarged and rounded liver appears enlarged no free fluid noted Primary Question/Differential to Be Answered in This Exam Safety for patient for anesthetic dental Nature of cardiac enlargement and any possible med changes needed
ALP 481 Monocytosis 869

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The **echocardiogram** presented a prominent **right heart** with mild **right ventricular** hypertrophy, without significant **tricuspid** regurgitation, and normal **right atrial** size. No evidence of neoplasia was noted in the right auricle, or elsewhere in the heart. The **pulmonary artery** was uniformly prominent with mildly depressed pulmonic velocity measured on PW Doppler. No overt heartworms were noted in the main or visible deep pulmonary arteries. Yet, theoretically heartworms could be present in the deep pulmonary vasculature out of visible sonographic range. More likely, however, this prominent right heart is due to excessive intra-thoracic pressures caused by chronic respiratory disease or potentially excessive intra-thoracic fat (Pickiwickian syndrome). The **left heart** demonstrated a linear **ventricular septum**. Contractility was functionally adequate demonstrated by the FS% measurement. The **mitral valve** was not significantly insufficient and no significant **left atrial** dilation was noted. The **left ventricular outflow** demonstrated normal flow patterns and velocities through the aortic valve. No evidence of tumor, pericardial or pleural effusion was noted. The visible **extra-cardiac** tissues were uniformly linear without evidence of masses, infiltrative or inflammatory mediastinal tissue. No evident arrhythmic activity was noted during the exam.

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			1.14	1.38			
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT**	**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		1.99	1.3	12.5 lbs	2.28 max	2.32	

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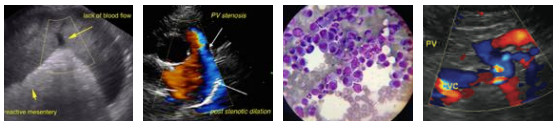

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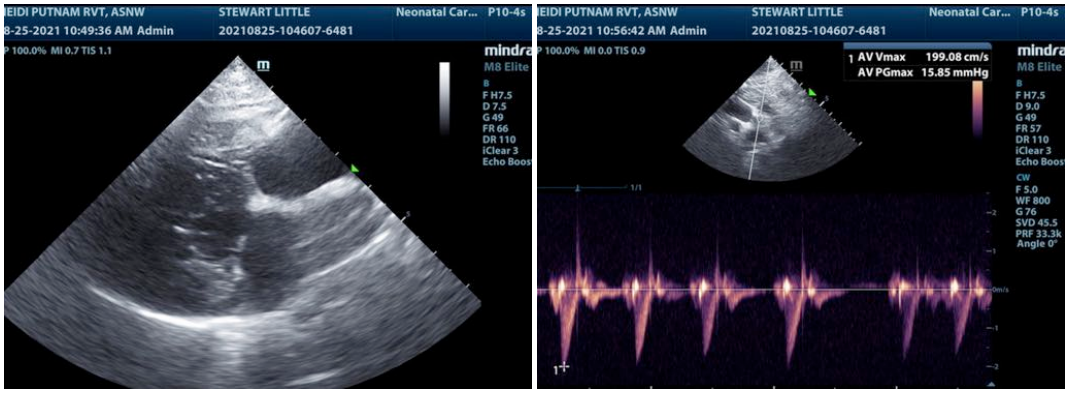
ULTRASONOGRAPHIC FINDINGS

Cor pulmonale.

Normal left heart.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cardiac enlargement in this patient is completely right-sided, there is no evidence of mitral insufficiency or left-sided disease. Primary respiratory protocol is recommended in this patient. I do not see a need for Pimobendan at this time. Lasix may be helping as a bronchodilator, anti-inflammatory and relief of respiratory secretions. There was no overt indication for Lasix for cardiac based therapy. The hepatic veins were not dilated. There was no evidence of right-sided heart failure. Primary respiratory protocol is warranted. Chest CT would be ideal, inspiratory and excretory radiographs of the trachea. Radiology review of the lung fields are recommended +/- bronchoalveolar lavage if necessary.



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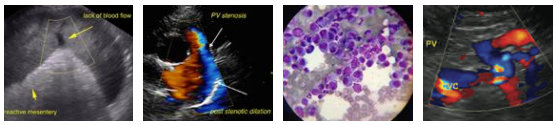

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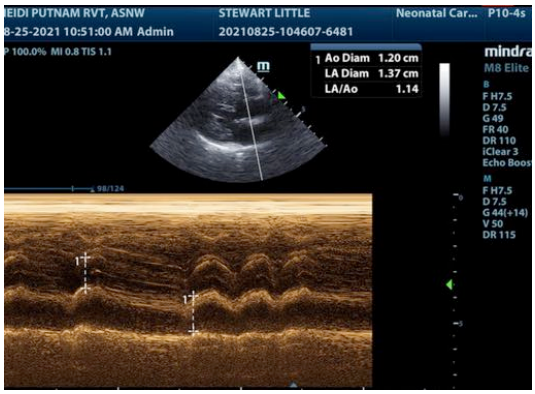

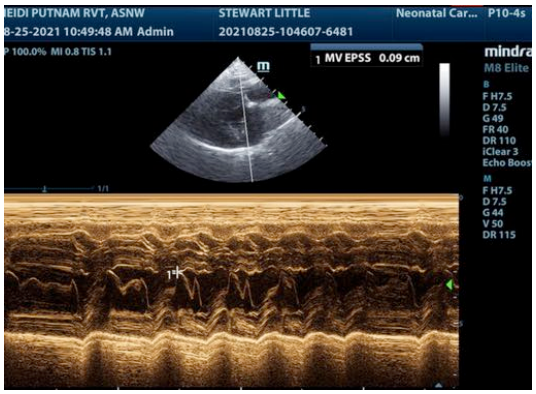

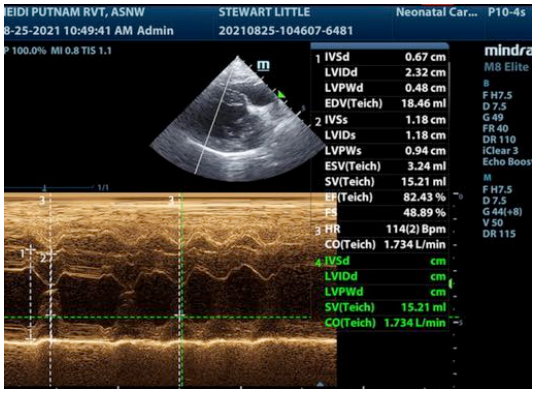

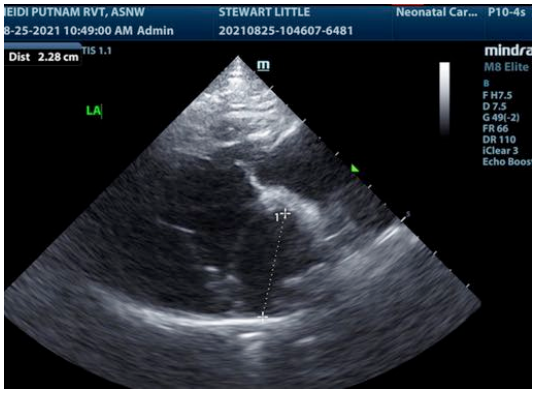

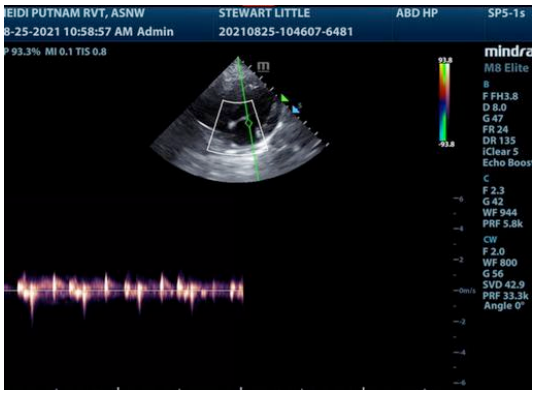

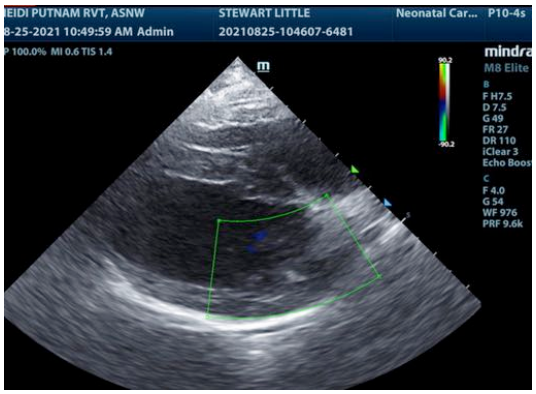

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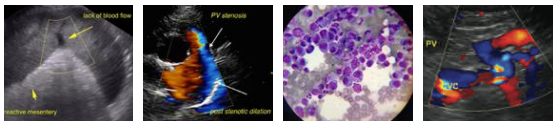

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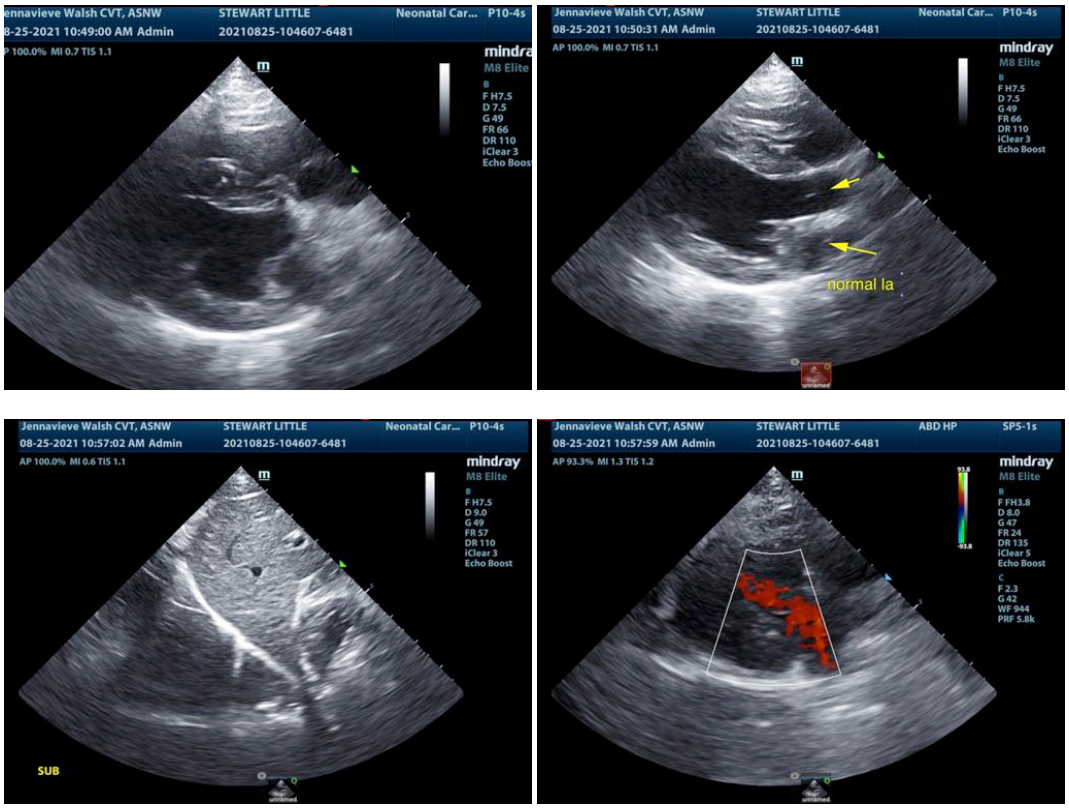

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Eric.Lindquist@SonoPath.com