



PATIENT

Legend 48366a
Charleston Animal Society

SPECIES

Canine

BREED

Chihuahua

SEX

Intact Male

AGE

4 yrs

WEIGHT

5.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Andrea Nicastro,
DVM, Diplomate
ACVIM (Small Animal)

HOSPITAL NAME

Charleston Animal Society

REFERRING VET

Dr. Lucy Fuller

INVOICE

13034

DATE

12/13/21

PRESENTING CLINICAL SIGNS

History: significant (described as 3/6 on 10/21 and 5/6 on 12/21) heart murmur; unsure of PMI right inguinal cryptorchid no known history of exercise intolerance, but dog was presented to shelter as a stray Would like evaluation for neuter surgery and adoption planning purposes No BP due to patient temperament - bites! HR/RR - 130/20 Heart murmur grade: 5/6 on 12/21 No current meds

Abnormal PE/Chem/CBC/UA Results: N/A

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	<1.6	28-40	40-100	<0.6
PATIENT	--	--	1.3	1.5	35		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	BELOW	BELOW	BELOW	BELOW
PATIENT	--	1.20	2.10	--	2.7	2.8	--

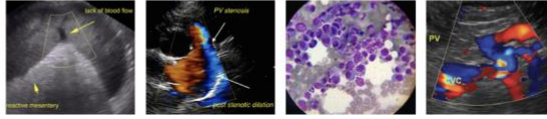
Cardiac Presentation

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 right ventricle were unremarkable. No evidence of right sided failure. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. The **pulmonic** valve was thickened in this patient and domed vegetative posterior leaflet noted. Pulmonic insufficiency noted at 3.5 m/s. No visible **pericardial** or free pleura fluid was noted. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Pulmonic valve dysplasia with insufficiency, compensated at this time



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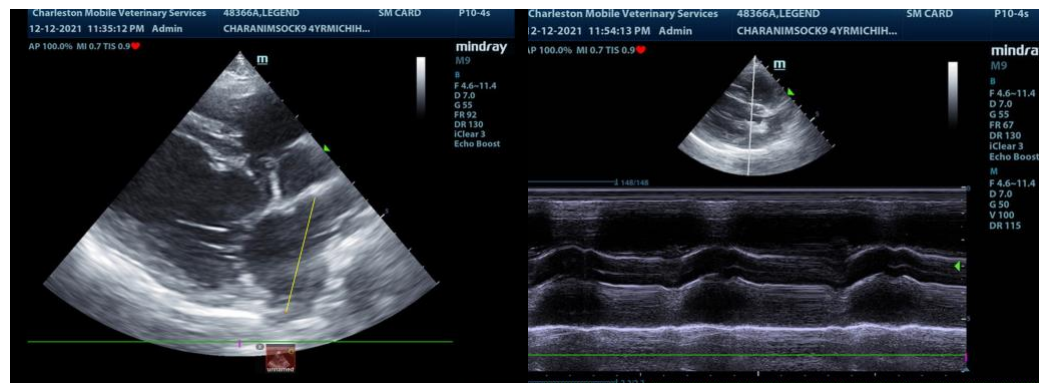
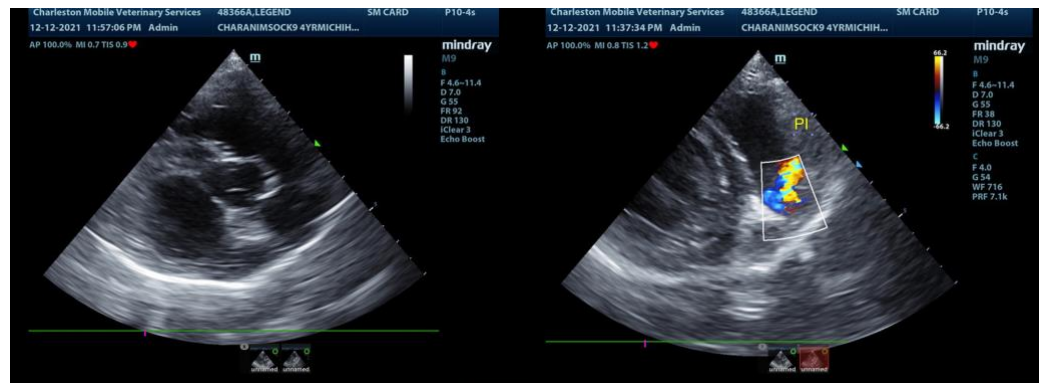
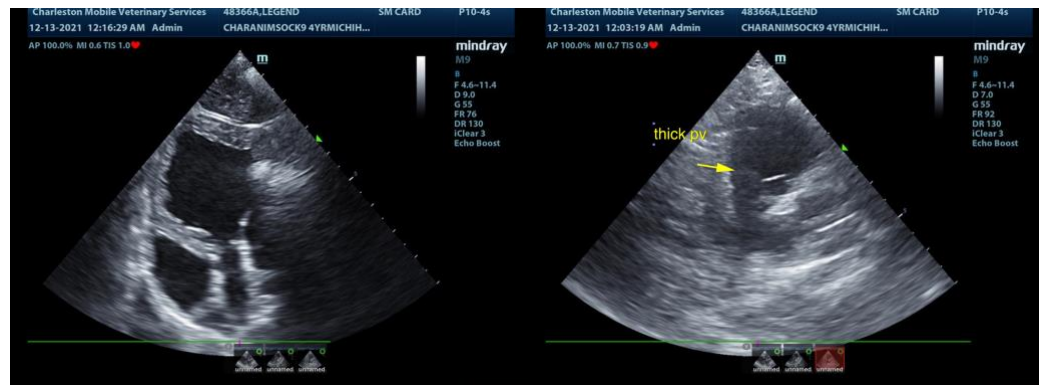
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt contraindication to anesthetic procedure. However, prophylactic antibiotic 3 days prior and 5 days post intervention recommended. As long as underlying endocarditis does not develop, it's unlikely that this patient will have any significant long term clinical issue owing to the pulmonic valve. However, I do recommend recheck in 6 months. The patient was sedated with tobuterol prior to the sonogram.





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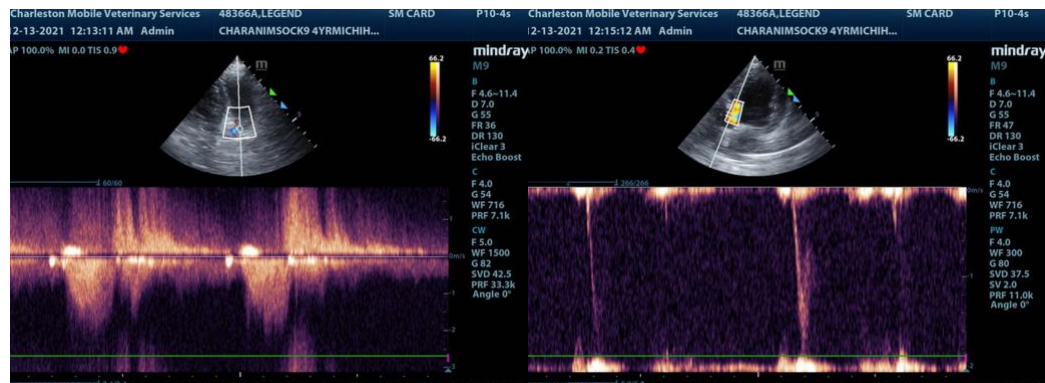
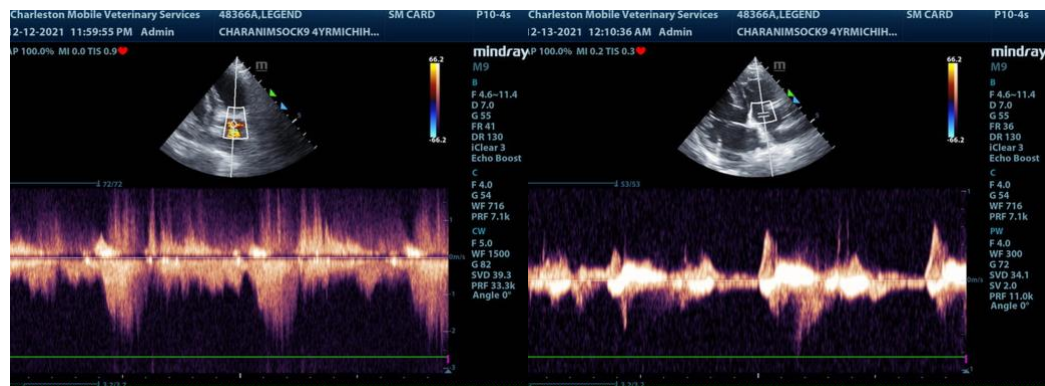
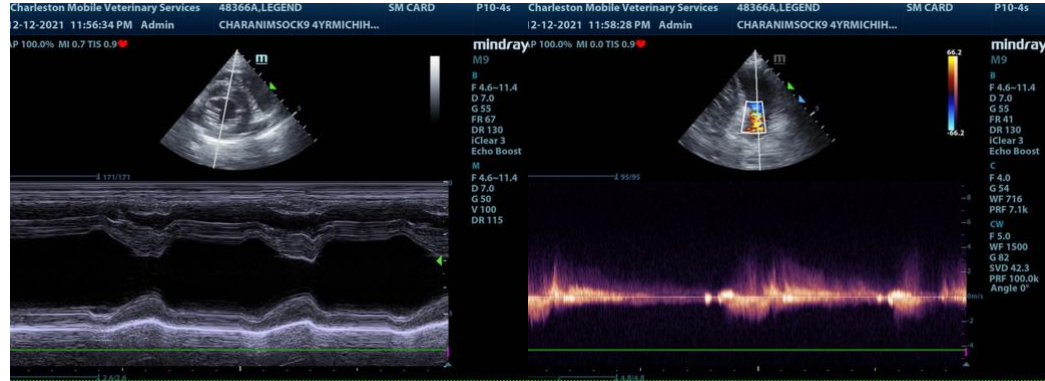
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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