
PATIENT PRESENTING CLINICAL SIGNS

PATIENT Nyla Washington
SPECIES Canine
BREED Retriever Cross
SEX Spayed Female
AGE 1 yrs
WEIGHT 15 lbs

PRESENTING CLINICAL SIGNS
 History: Presented 2/22/22 for vomiting/ diarrhea, a grade 2/6 left systolic murmur was noted at that time. Patient was dehydrated and no murmur had been noted previously, so sent patient home after treatment and asked owner to return for follow up on murmur. 3/21/22: puppy presents for recheck exam; murmur is noted to be as loud as 4/6 left apical. No other clinical signs noted. HR/RR/BP: 130/20/na No meds or rads

BREED 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 was noted. The mitral insufficiency revealed a septally directed jet. 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. The **pulmonic valve** is likely thickened in this patient, yet there was no evidence of stenosis present. Outflow velocities appeared to be normal. Turbulent flow was noted in the deep pulmonary artery in this patient. Spectral Doppler assessment of the deep pulmonary artery is warranted to rule out the potential for PDA. 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.

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP, Cert. IVUSS,
 CEO of SonoPath.com

IMAGING PERFORMED BY

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

HOSPITAL NAME

Charleston Animal
 Society

REFERRING VET

Dr. Pelletier

INVOICE

94450

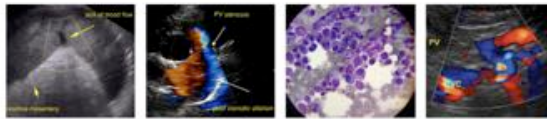
DATE

3/24/22

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			1.0	1.4	40		0.3
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		1.5	0.9	15 lbs	3.25	3.5	

ULTRASONOGRAPHIC FINDINGS

Trivial mitral, aortic and pulmonic insufficiency with undefined turbulence in the deep pulmonary artery.



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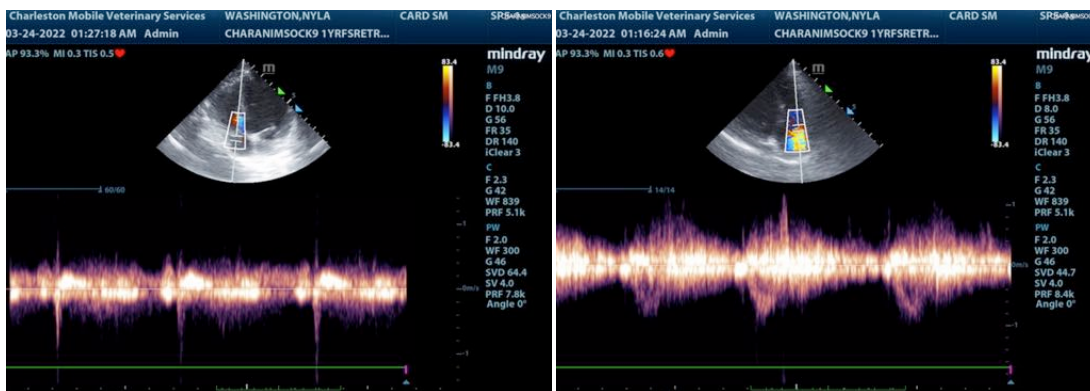
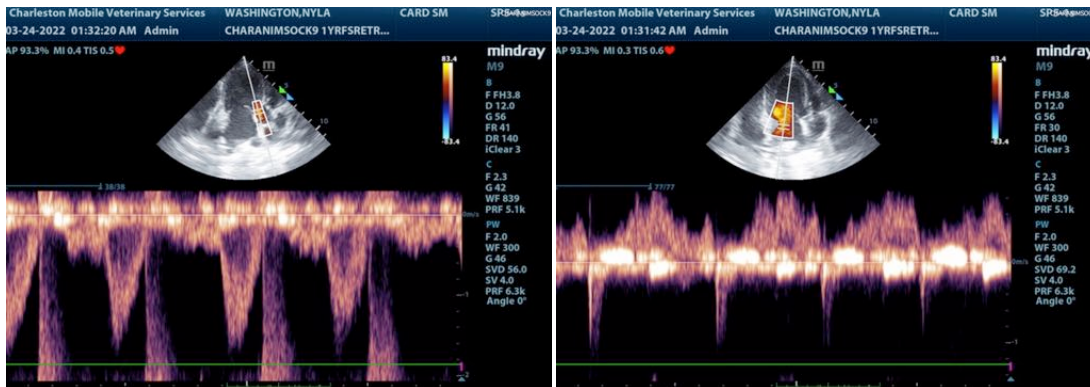
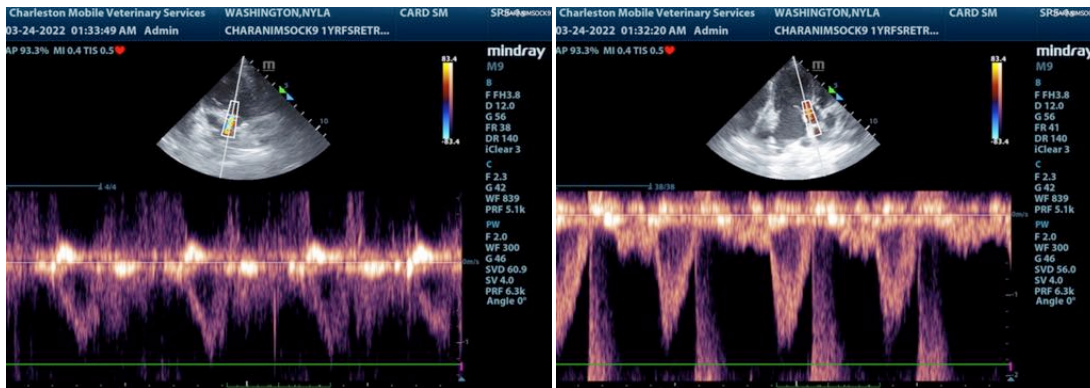
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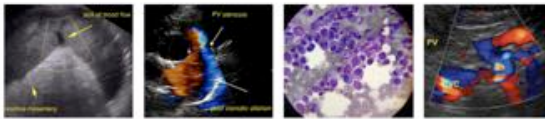
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Spectral Doppler of the deep pulmonary artery is recommended for further definition. In multiple, minor valvular insufficiency an antibiotic trial can be considered in this patient in case of occult endocarditis in this patient's history.





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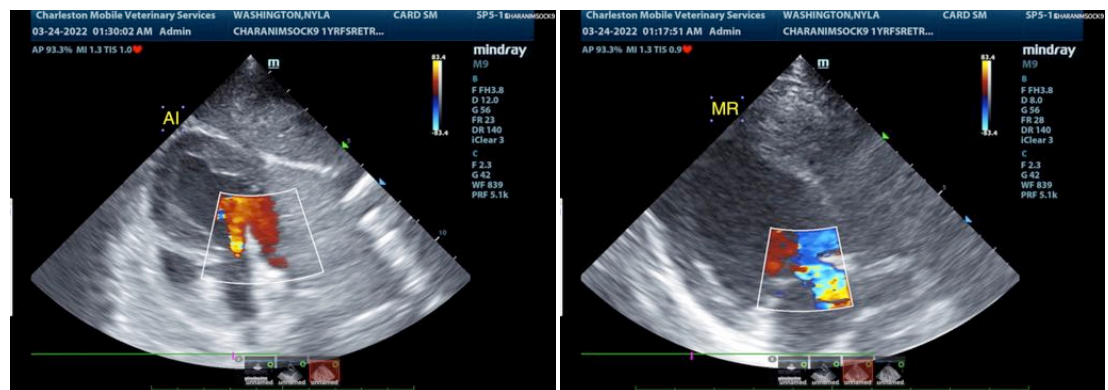
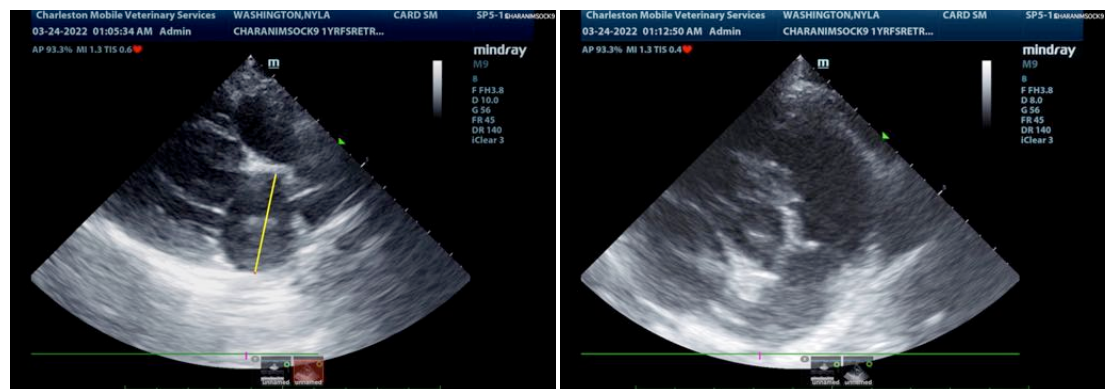
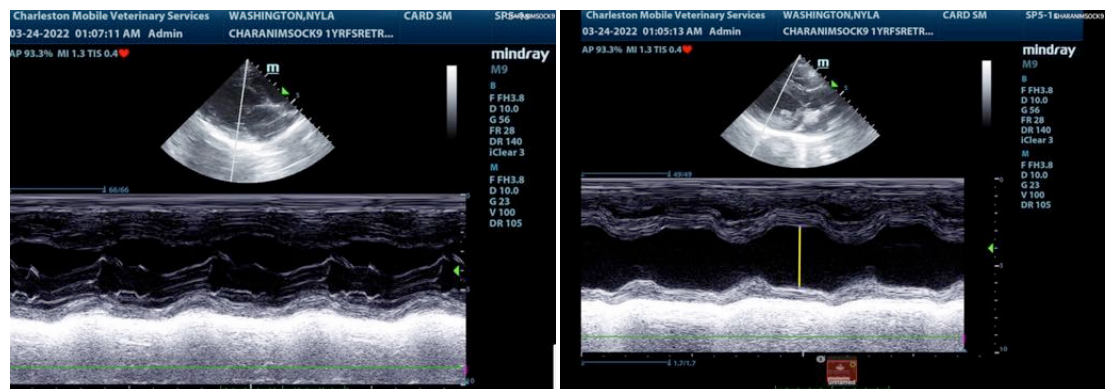
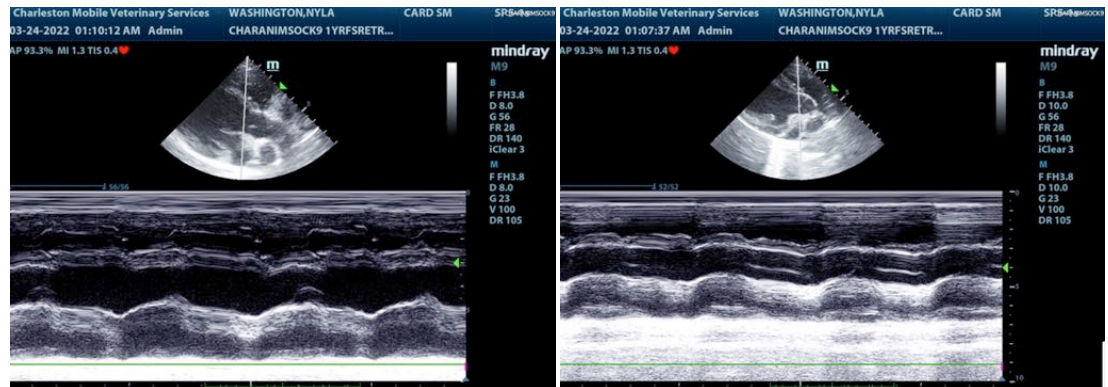
Dr. Pelletier

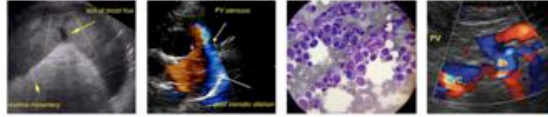
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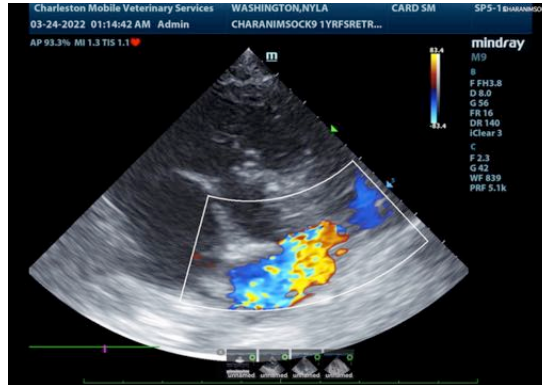
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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