
PATIENT PRESENTING CLINICAL SIGNS

Dog 53727a

SPECIES

Canine

BREED

Chihuahua

Physical Exam findings Abnormals: 4/6 heart murmur, mod dental tartar HW+ ASA#: III HR and RR WNL, MM: pink CRT: less than 2 sec Attitude: BAR BCS: 5/9 Pain Scale: 0 EENT/oral: corneas clear, ears free of debris, no evidence of nasal discharge, throat palpates normally, 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 HW+ HR/RR - 132/30 No BP obtained Rads: Difficult to obtain proper positioning w/o sedation. Moderate bronchointerstitial infiltrates consistent w/ HW disease. Elongated / tortuous pulmonary vessels.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART
SEX
 Intact female

AGE

1 yrs

WEIGHT

10.6 lbs

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. Flattening of the left ventricular septum was also noted owing to the right-sided volume overload. 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** was enlarged with a 1.5:1 to the left atrium. **Tricuspid** insufficiency was noted. The **right ventricle** was enlarged as well. **Pulmonic outflow velocity** is mildly excessive owing to compensatory mechanisms measuring 3.0 m/sec. The pulmonary artery was dilated owing to large worm burden in the right ventricular outflow tract. The worm burden occupied the right atrium, right ventricle and pulmonary arteries. 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. The hepatic veins are not dilated at this time. Therefore, right-sided heart failure is not currently present, but could emerge in the near future.

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. Fuller

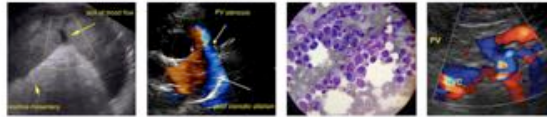
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CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
PATIENT		3.4	1.15	1.2	30		0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (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		1.0	2.9	10.6 lbs	2.0 max	1.8	



PATIENT ULTRASONOGRAPHIC FINDINGS

Dog 53727a Extensive worm burden, occupying the right atrium, right ventricle and pulmonary arteries.

SPECIES Volume overload of the right heart.

Canine Secondary pulmonary hypertension.

BREED INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chihuahua Interventional cardiology referral for basket retrieval is recommended in this patient. Slow kill technique could be considered; however, it does carry some risk.

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Intact female

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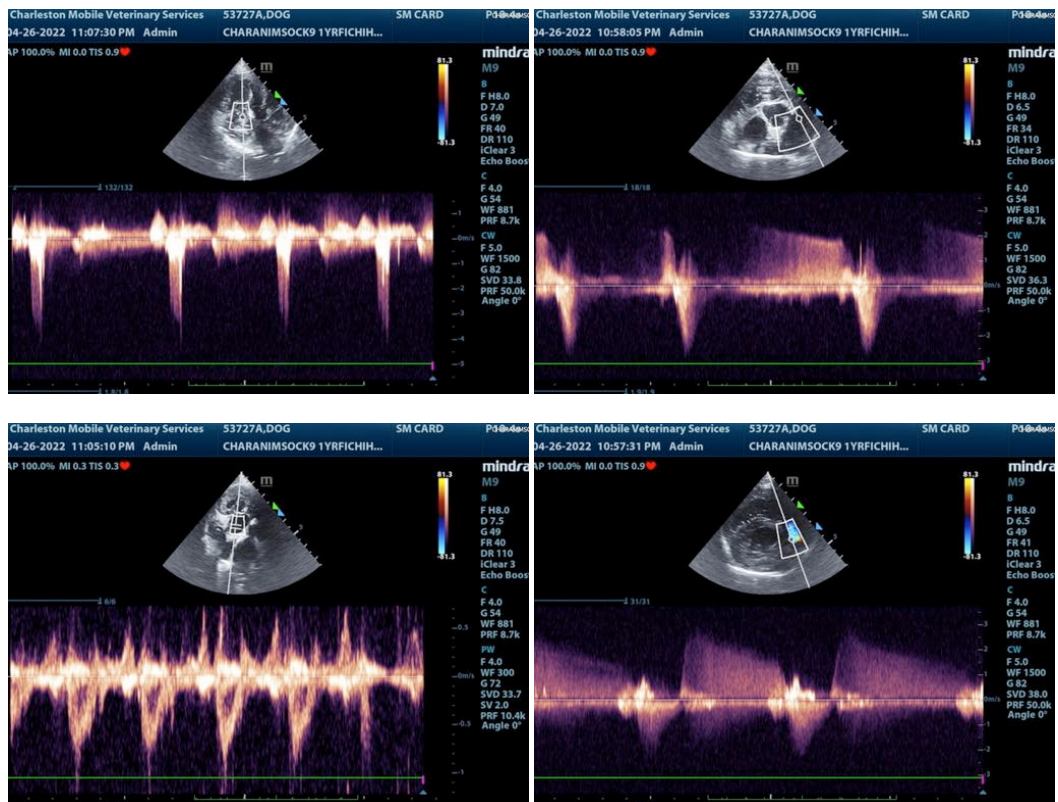
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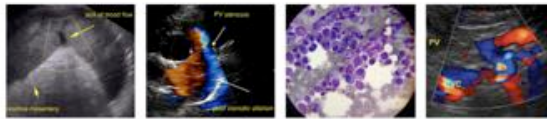
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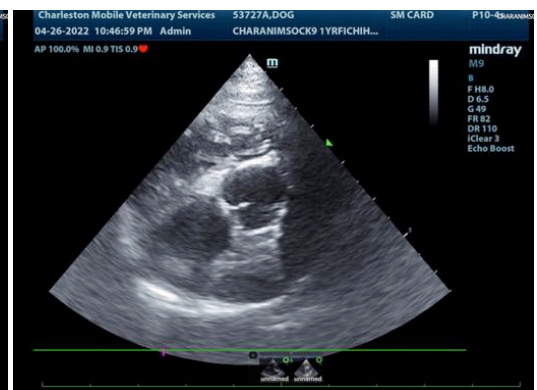
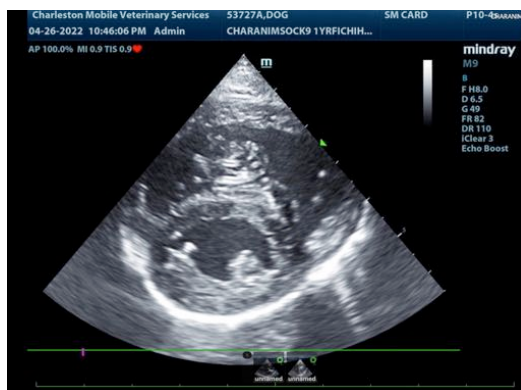
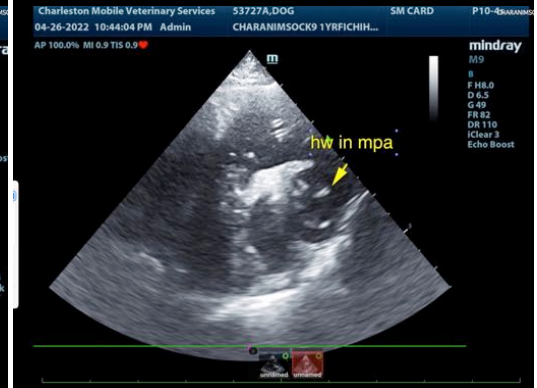
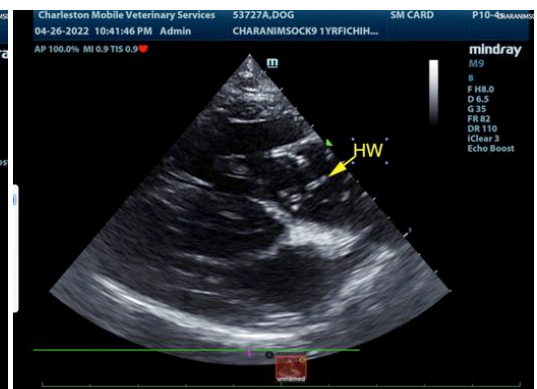
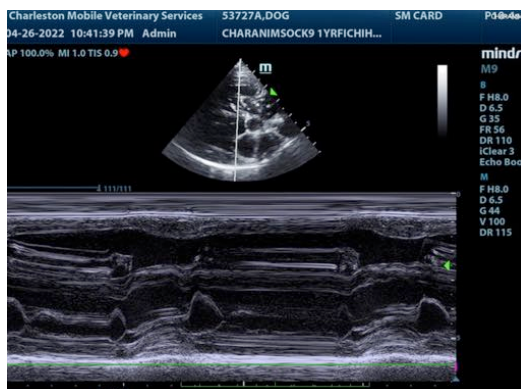
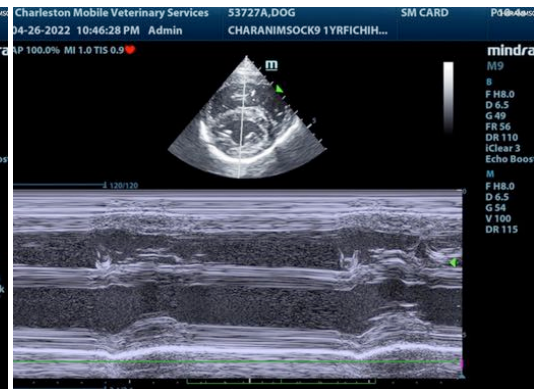
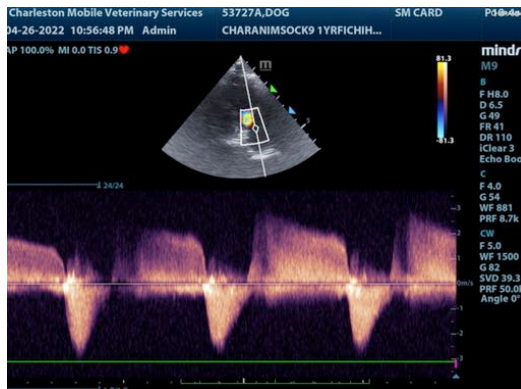
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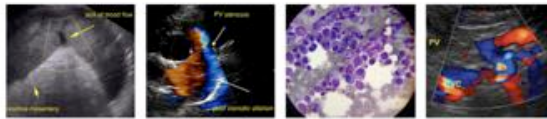
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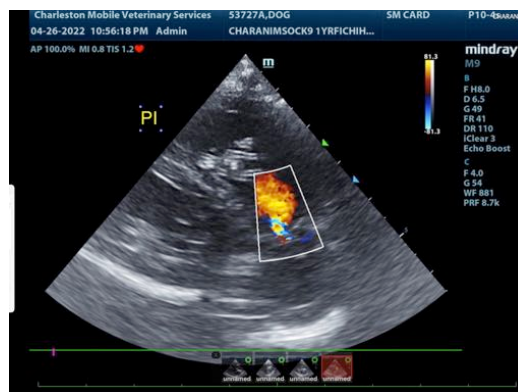
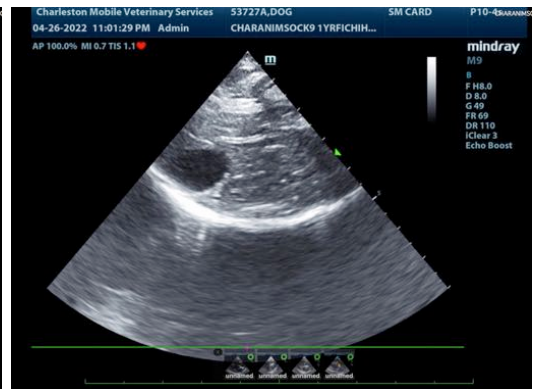
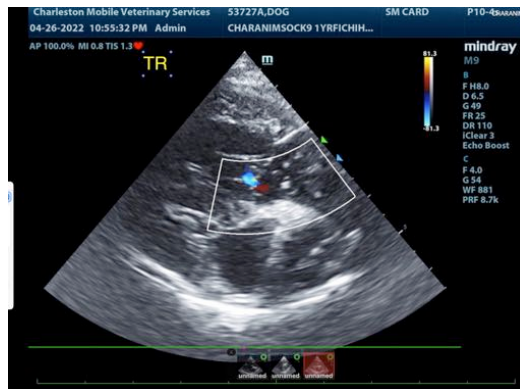
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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