

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Chloe Foxworth
SPECIES Canine
BREED Chihuahua
SEX Spayed Female
AGE 13 yrs
WEIGHT 14 lbs
INTERPRETED BY Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

PRESENTING CLINICAL SIGNS
 History: -Presented on 4/1/22: Urinary incontinence, licking rear end, and having trouble walking - BAR and friendly -Ocular: lenticular sclerosis OU, -Aural: notable cerumenous debris AU with stenotic canal AS. -Integument: hair coat appears healthy with no alopecia, ectoparasites or masses noted - Musculoskeletal: mild muscle wasting in hind limbs -Cardiovascular: heart sounds auscultate wnl, no murmurs or arrhythmias noted, pss -Respiratory: increased bronchovesicular sounds through lung fields but no excessive crackles -Abdomen: abdomen is soft on palpation with no pain, masses or organomegaly noted -Urogenital: bladder soft on palpation, external genitalia appears wnl, right anal sac very full of thick material but expressed fully, mild debris AS with small mass noted on palpation - Neurologic: mentation appropriate, cranial nerves appear wnl, CPs wnl x4 -Lymphatics: lymph nodes palpate wnl -Oral: mm pink and moist, grade II-VI pd with moderate tartar on molars and canines BP: 85/61 MAP: 69 HR/RR/BP: 100/30/85/61 Radiographs revealed a slightly prominent right heart.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. Moderate filling of the left atrium was noted on color flow assessment. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable 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. Minor aortic insufficiency was noted at 4.5 m/sec. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. Minor **tricuspid** insufficiency was noted at 2.5 m/sec. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** 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. No echographically detectable evidence of infiltrative disease was visible. The cranial **mediastinum** and **pericardial regions** were free of masses in the visible window. Hepatic veins are not dilated.

IMAGING PERFORMED BY

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

HOSPITAL NAME

Foxbank VH

REFERRING VET

Dr. Winney

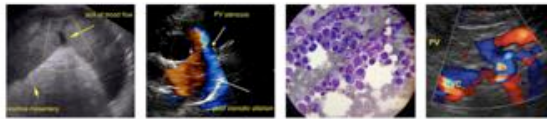
INVOICE

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DATE

4/4/22

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	5.2	2.5	NM	1.4	45	85	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		4.5	0.9	14 lbs	2.23 max	2.6	



PATIENT ULTRASONOGRAPHIC FINDINGS

Chloe Foxworth Stage B1 valvular disease.

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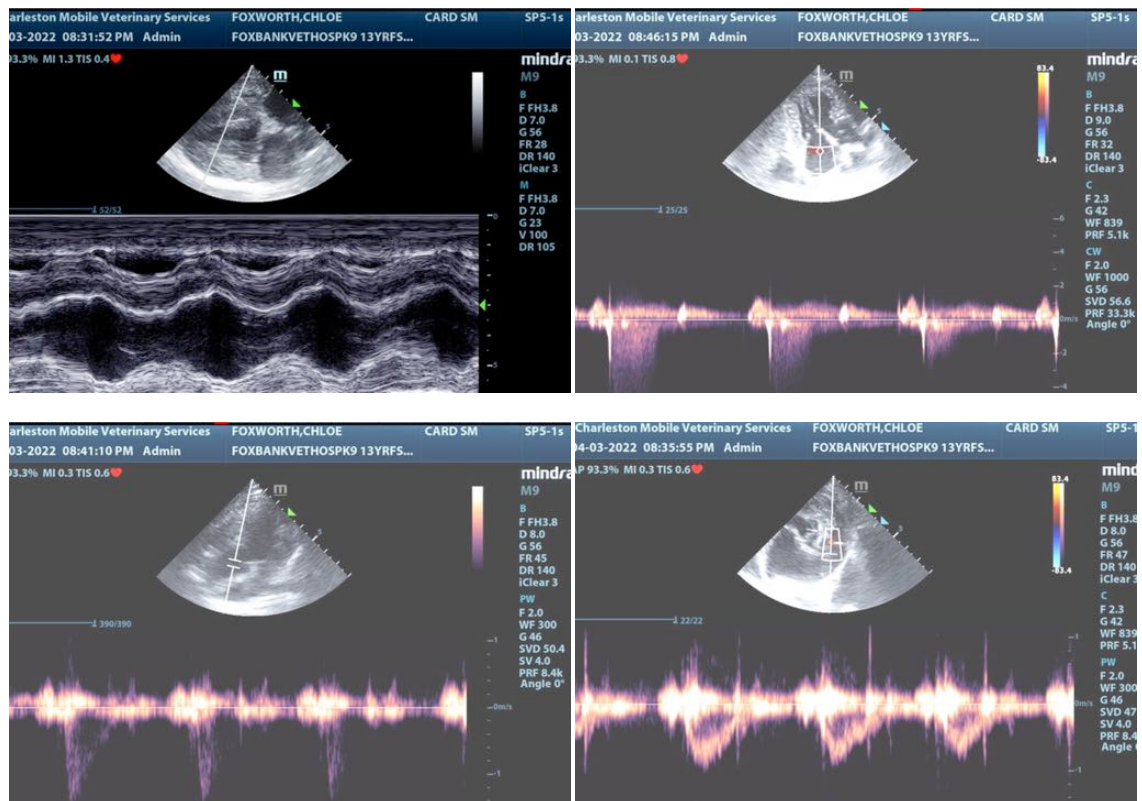
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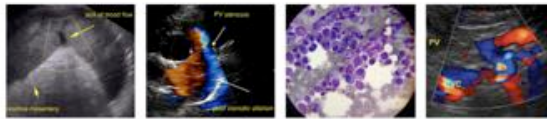
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No therapy is recommended at this time. There is no evidence of congestive heart failure.

B1: The heart is stable without clinical disease. No overt contraindication for anesthesia of brief to moderate duration. I suggest Torbutrol premed, Propofol induction, Isoflurane maintenance or similar protocol if anesthesia is desired. Blood pressure recommended if not already performed and target white coat negative systolic pressure of < 160 mmHg. If higher than this ACE-inhibitor is suggested to reach this level. Recheck echocardiogram is recommended in 6 months, earlier if murmur grade increases or clinical signs initiate.





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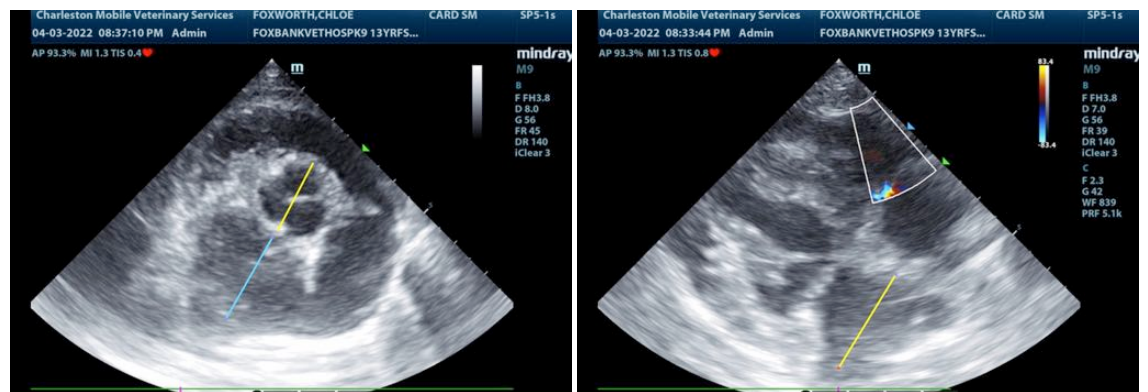
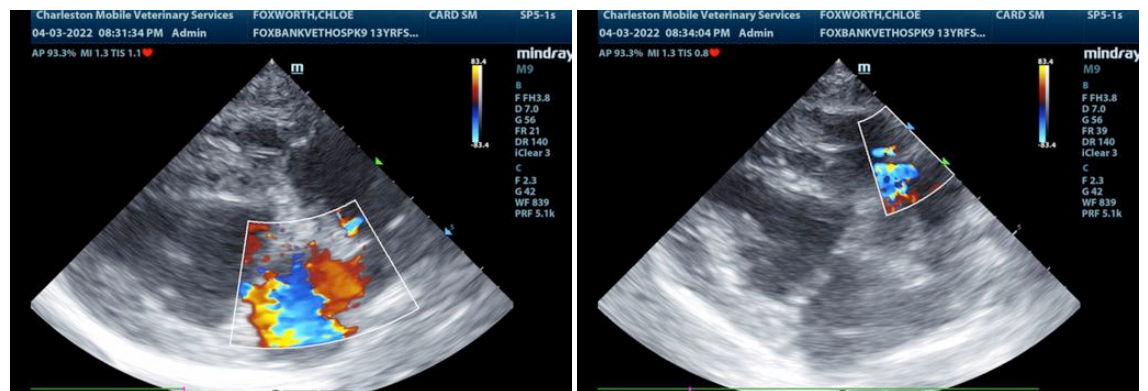
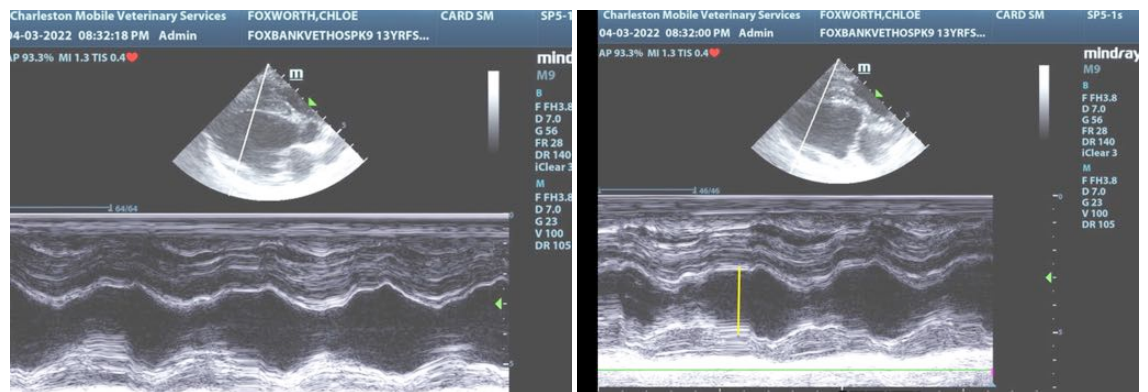
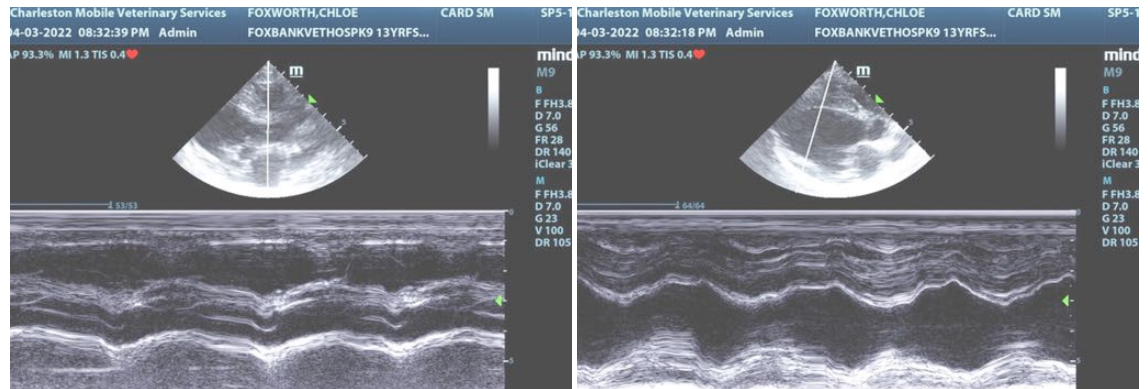
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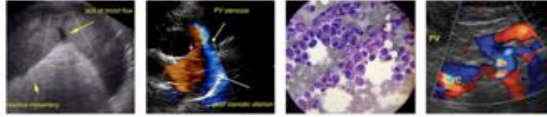
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

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