

**PATIENT PRESENTING CLINICAL SIGNS**

Roxy Culbertson

**SPECIES**

Canine

**BREED**

Miniature Schnauzer

Presenting for dental 5/4 - recent increase in coughing and reverse sneezing over last few weeks Rads obtained on 5/4 prior to dental and R atrial enlargement appreciated w/ mild bronchointerstitial pattern  
Abnormal PE/Chem/CBC/UA Results: Hx of grade I-II/VI heart murmur HR/RR - 112/28 4/15/22  
Total Protein 7.6 5.0-7.4 g/dL HIGH hyperproteinemia - r/o dehydration Globulin 3.9 1.6-3.6 g/dL HIGH hyperglobulinemia - r/o antigenic stimulation/chronic inflammation ALT (SGPT) 202 12-118 IU/L HIGH Alk Phosphatase 169 5-131 IU/L HIGH Urea Nitrogen 25 6-31 mg/dL normal Creatinine 0.6 0.5-1.6 mg/dL normal BUN/Creatinine Ratio 42 4-27 HIGH Platelet Count 603 170-400 103/mL HIGH thrombocytosis Platelet EST Increased premeded so no BP obtained, concern midazolam/simbadol would effect BP

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

**SEX**

Spayed Female

**AGE**

11 yrs

**WEIGHT**

13.4 lbs

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. Trivial **mitral** valve insufficiency was noted in this patient. 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. **Pulmonary outflow** 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. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window. The hepatic veins were not dilated.

**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**

Sun Dog Cat Moon

**REFERRING VET**

Dr. Pruitt

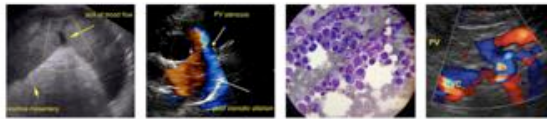
**INVOICE**

30128

**DATE**

5/4/22

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
<b>CARDIAC</b>	<b>VMAX</b>	<b>VMAX</b>	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
<b>PARAMETERS</b>	(m/s)	(m/s)					
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
<b>PATIENT</b>			1.15	1.6	30	85	0.2
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
<b>CARDIAC</b>	(BPM)	<b>VMAX</b>	<b>MAX</b>		2D short axis Base view	Avg; 2D and m-mode short axis	Avg; 2D and m-mode short axis
<b>PARAMETERS</b>		(m/s)	(m/s)		(cm)	(cm)	(cm)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6				
<b>PATIENT</b>		1.2	0.6	13.4 lbs	2.5 max	2.26	



**PATIENT      ULTRASONOGRAPHIC FINDINGS**

Roxy Culbertson      Trivial mitral insufficiency, not clinically significant.

**SPECIES**      Stage B1 valvular disease, minor. Not clinically significant.

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**BREED**      There is no contraindication to anesthetic procedure.

Miniature Schnauzer

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.

**SEX**

Spayed Female

**AGE**

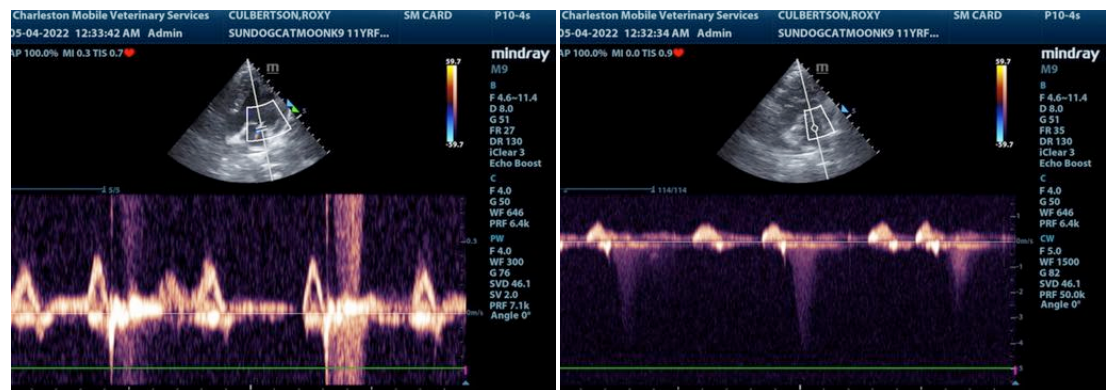
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**WEIGHT**

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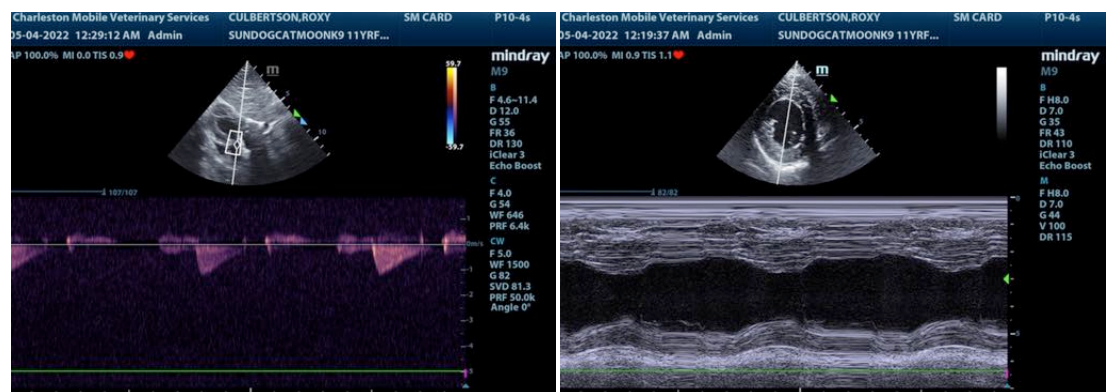
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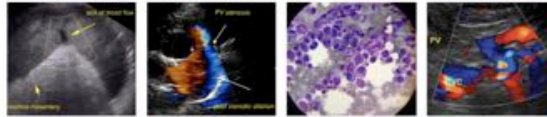
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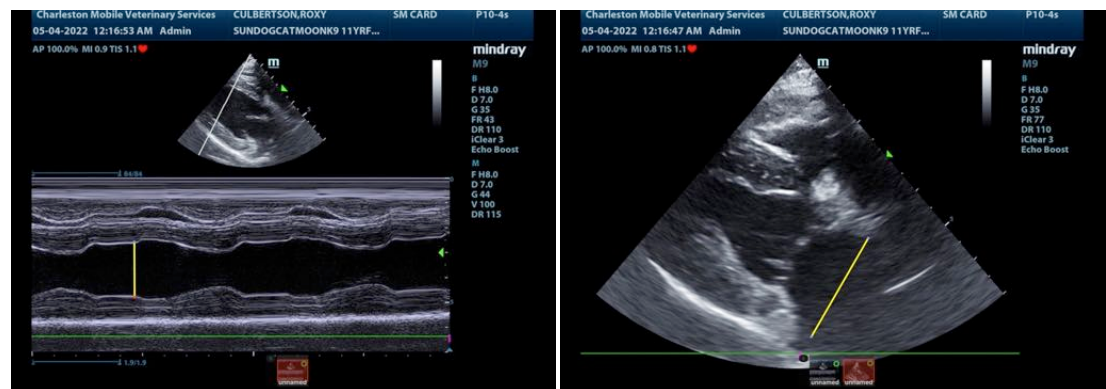
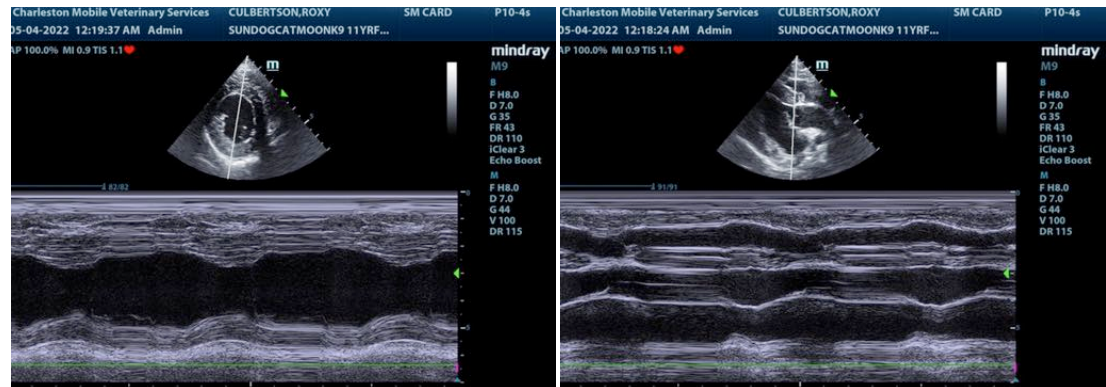
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(Small Animal Internal  
Medicine)

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

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