

PATIENT

Padre The Priest
Ragusa

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Neutered male

AGE

12 yrs

WEIGHT

10.6 kg

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

Veterinary Speciality
Care Blue Pearl Mt.
Pleasant

REFERRING VET

Dr. Cook

INVOICE

30177

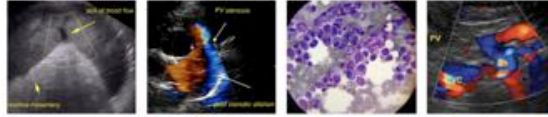
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PRESENTING CLINICAL SIGNS

Padre is an 11yo MN Miniature Schnauzer presenting for suspected pancreatitis. Seen On 5/1/22 at our other location for v/d, anorexia, and lethargy. P ate a cheeseburger Friday. OP treatments did not help, and v/d has continued. Padre has been dull, and O brought him to rDVM today after he "rolled on his back and started paddling". Previous pet died after being diagnosed with a neurological disorder, and O thinks it is because her neighbor poisoned both dogs years ago. She believes the "poison" caused neurological disorder in the other pet, and may be related to this illness in Padre. rDVM took rads and gave buprenex before sending Padre here for suspected pancreatitis. O now thinks groomer must've given Padre some sort of fatty treat when he was groomed on 5/1/22. O has metronidazole and proviable kit at home. Tx: IVF, cerenia, protonix, buprenex, metronidazole, trazadone
Abnormal PE/Chem/CBC/UA Results: PE: HR/RR - 110/32 No BP obtained 5% dehydrated, pink mm, mildly tacky, grade 3/6 left apical heart murmur, clear lungs/eupnea, tense and painful cranial abdomen, soft yellow/brown stool on rectal CBC, chem, UA- Mildly increased WBC and neut, ALP 370, Glob 4.6
Rads: 3 view abdomen rads w/ rldvm- mildly decreased detail in the cranial abdomen, no evidence of FB or complete obstruction

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. 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. 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 or chamber overload. Minor **tricuspid** insufficiency is noted. 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.


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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	5.2		1.15	1.4	45	80	0.1
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				
PATIENT		1.9	0.8	10.6	3.0 max	2.9	

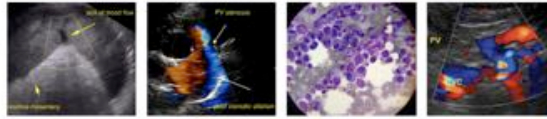
ULTRASONOGRAPHIC FINDINGS

Mitral and tricuspid insufficiency, stage B1 valvular disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No therapy is recommended. Judicious use of fluid therapy up to 1.5 maintenance should be ok; however, monitoring respiratory rates along with fluid therapy is indicated.

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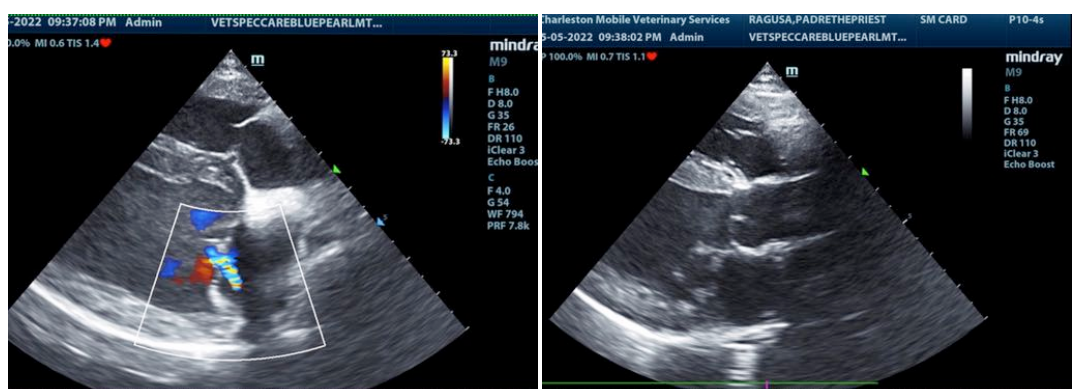
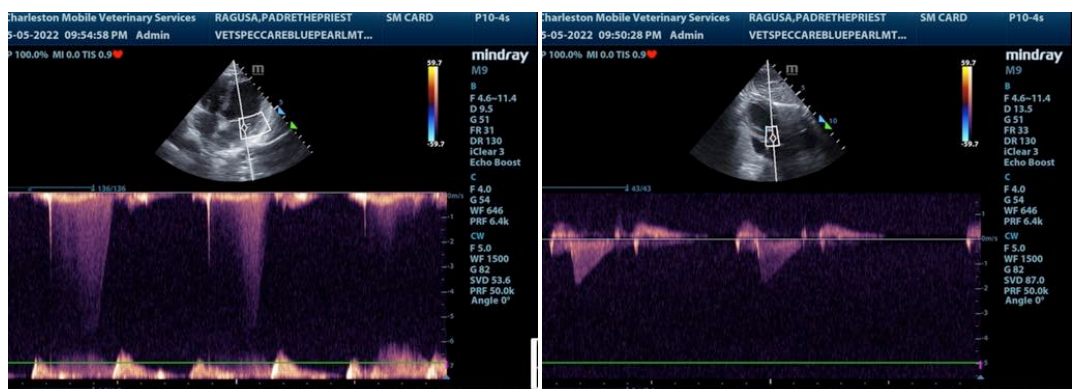
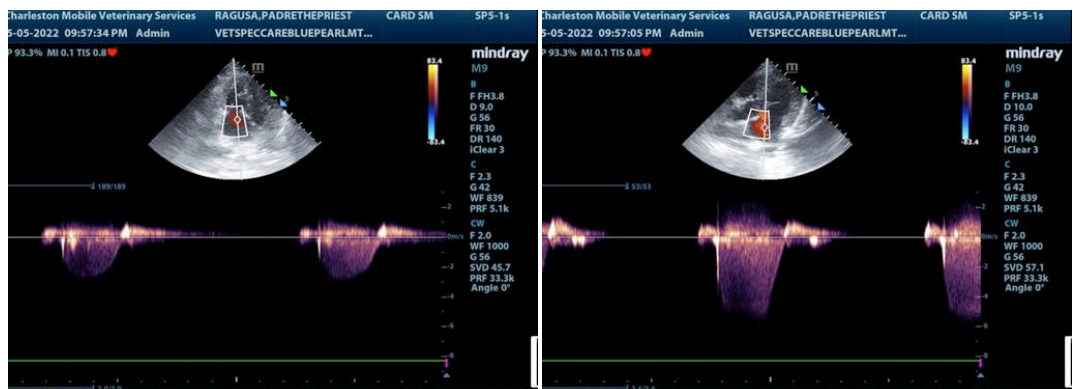
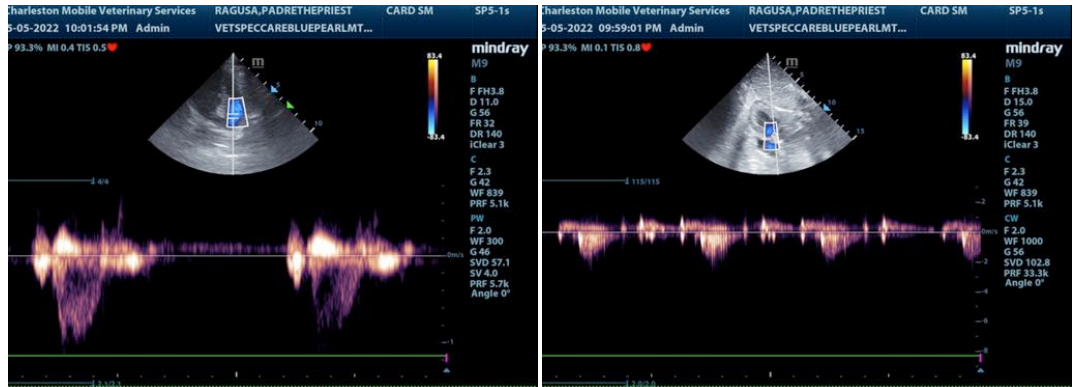
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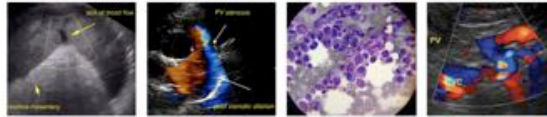
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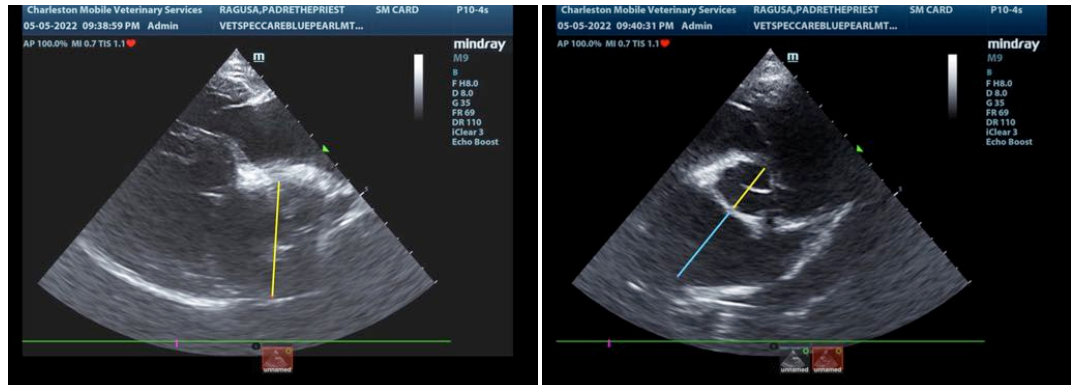
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

Andrea.Nicastro@CharlestonMobile.net