
PATIENT PRESENTING CLINICAL SIGNS

Cindy Buchanan
SPECIES Canine
BREED Beagle
SEX Spayed Female
AGE 9 yrs
WEIGHT 16 kg

History: very dull mentally regurgiting Acute vomiting Gastric distention, concern for outflow obstruction Hypoglycemia - corrected Hypotension (BP normal today at 120 mmHg systolic) Suspect pancreatic/gastric disease Heart murmur Previous hx of partial pancreatectomy due to nodule pancreas, biopsy came back benign; splenectomy at time of sx Meds: Cerenia 1mg/kg IV q24 (due at 11pm) Protonix 1mg/kg IV q12 Ondansetron 0.5mg/kg IV q12 Buprenorphine 0.01mg/kg IV q
 Abnormal PE/Chem/CBC/UA Results: HR/RR - 100/28 ALKP 480 U/L AMYL 402 U/L K 3.2 mmol/L RBC 4.92 HCT 32.3 % HGB 11.8 g/dL RETIC-HGB 19.0 WBC 18.37 NEU 13.34 MONO 2.92

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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. 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. **Pulmonic outflow** velocity was mildly excessive in this patient. 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

Veterinary Specialty
 Care Blue Pearl Mt
 Pleasant

REFERRING VET

Dr. Wall

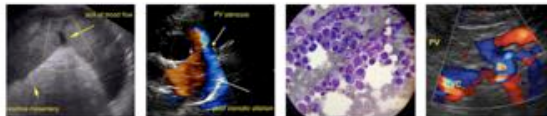
INVOICE

30197

DATE

5/6/22

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	<1.3	28-40	40-100	<0.6
PATIENT			1.1	1.2	45	90	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	2.2	16 kg	3.0	3.35	



PATIENT ULTRASONOGRAPHIC FINDINGS

Cindy Buchanan Minor excessive right ventricular outflow velocity, not clinically significant.

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of clinical cardiac disease.

BREED

Beagle

SEX

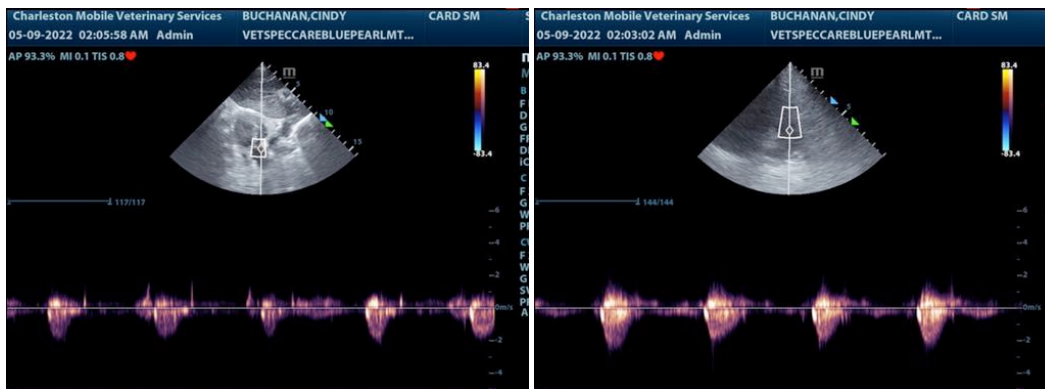
Spayed Female

AGE

9 yrs

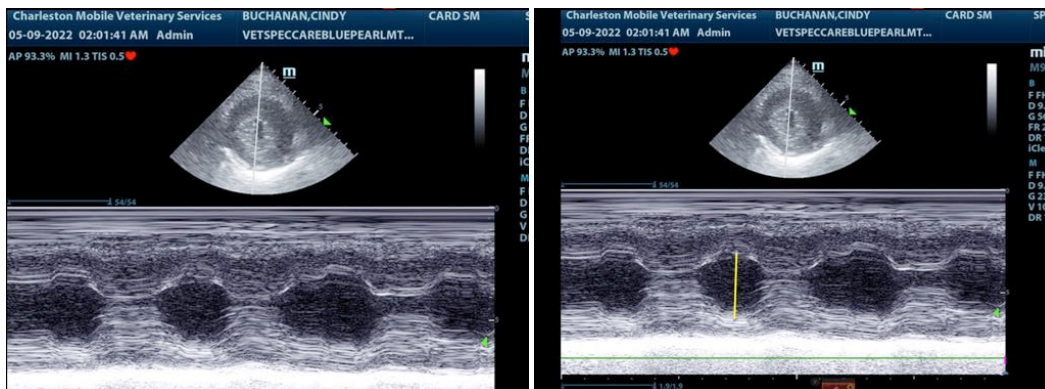
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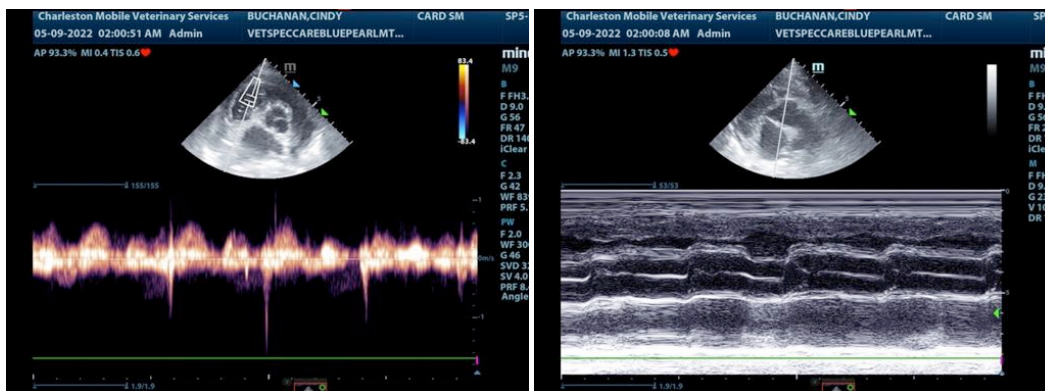


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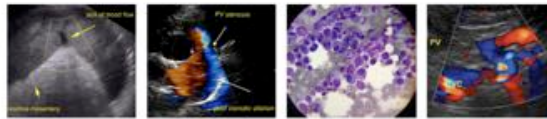
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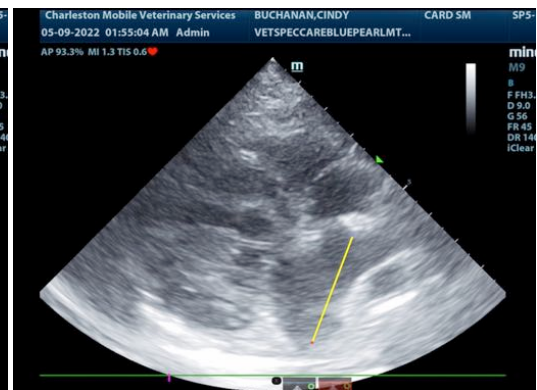
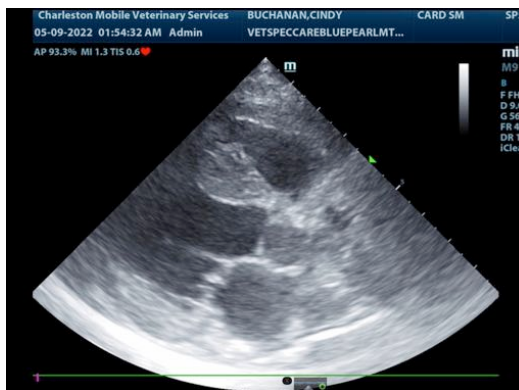
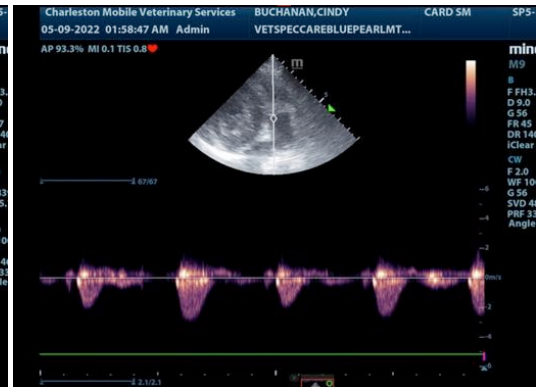
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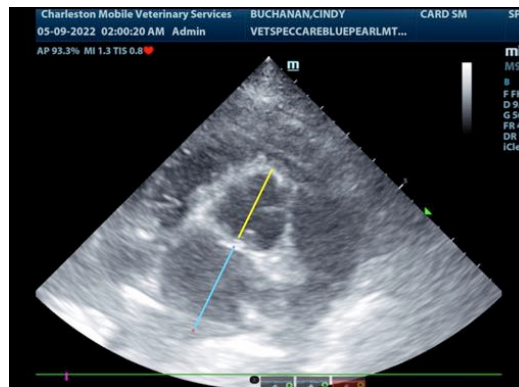
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Info@SonoPath.com