
PATIENT PRESENTING CLINICAL SIGNS

Isaac Rabb
SPECIES Canine
BREED Cocker Spaniel Cross

History: Presented 6/22 for wellness, but O reports intermittent diarrhea. Diarrhea improved with FortiFlora/Endosorb, but as soon as medications stop diarrhea returns. On PE dental disease/lick staining paws x4; Abdomen slightly tense but comfortable on palpation, NSF on rectal exam. Ambulatory x4, weaker on hindend. Tenses moderately on TL palpation. Meds: Metronidazole, FortiFlora, Endosorb, Galliprant, Gabapentin

Abnormal PE/Chem/CBC/UA Results: Hx slightly low albumin 6/22 Albumin 2.1 TP 3.9 Ca 8.6 (corrected Ca 10) Fecal NEG Resting Cortisol 3.6 (normal) TAMU: Cobalamin Fasting 284 (low end of reference interval); Pancreatic Lipase Immunoreactivity Fasting 417 (consistent with pancreatitis), TLI fasting >50 (increased cTLI) Chest rads -emailed separately To do a BP on a different day

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

SEX Neutered male
AGE 12 yrs
WEIGHT 31.5 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 mitral insufficiency jet was largely centralized and mild to moderate. 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.

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

Park West Veterinary
 Associates-

REFERRING VET

Dr. Harasin

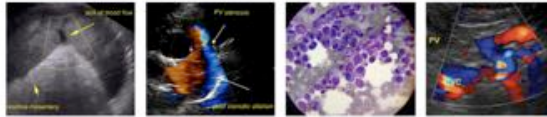
INVOICE

31345

DATE

6/29/22

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC PARAMETERS	VMAX (m/s)	VMAX (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
PATIENT	5.6		1.15	1.4	35	90	0.2
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC PARAMETERS	(BPM)	VMAX (m/s)	MAX (m/s)		2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	110	1.4	0.6	10 lbs	3.36	3.1	



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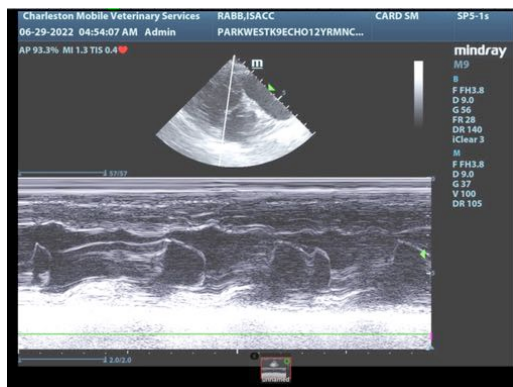
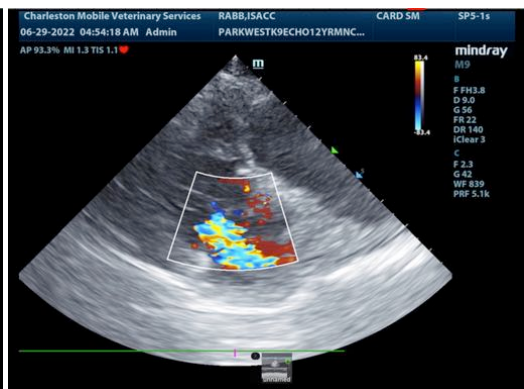
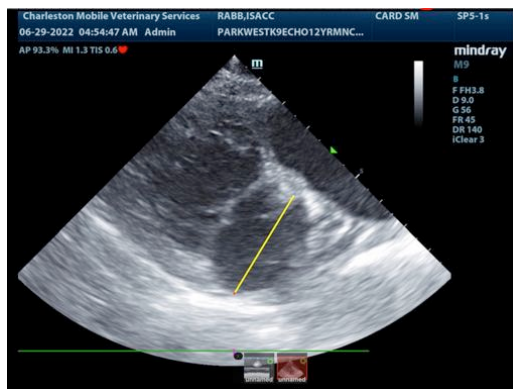
ULTRASONOGRAPHIC FINDINGS

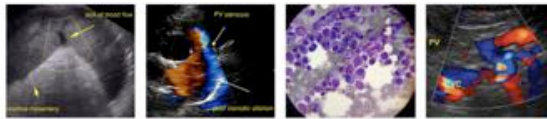
Stage B1 valvular disease.

No evidence of clinical disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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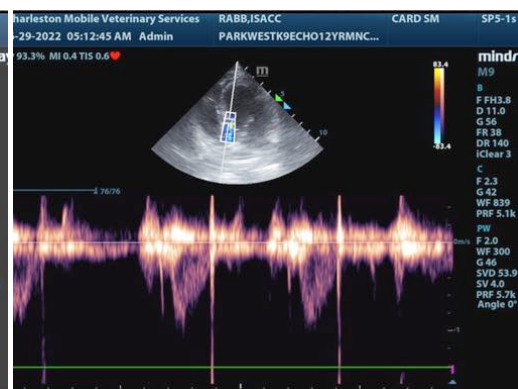
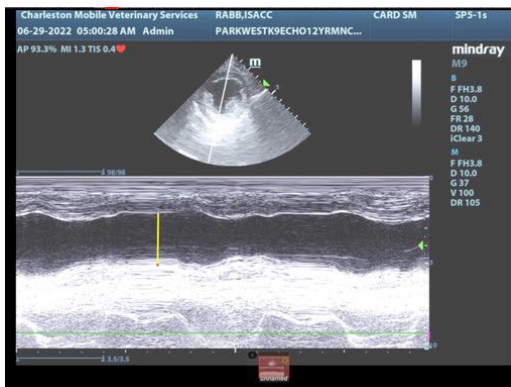
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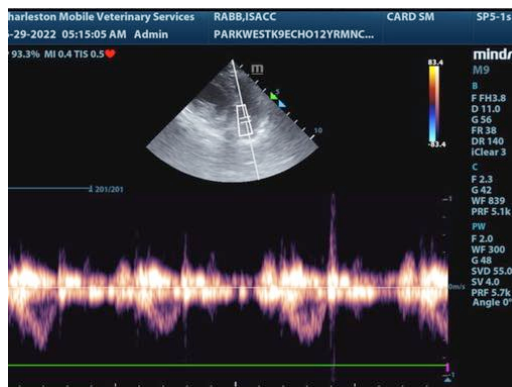
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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