

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Savannah Riser

SPECIES Canine

BREED Cocker Spaniel

SEX Spayed female

AGE 14 yrs

WEIGHT 13.2 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 Specialty Care Blue Pearl Mt. Pleasant

REFERRING VET Dr Graham

INVOICE 32166

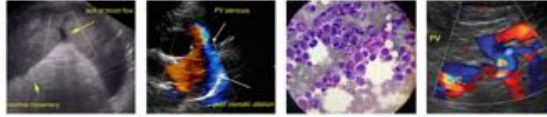
DATE 8/4/22

HISTORY: Yesterday p stated having very soft stools. O said that its a very dark brown sometimes orange ting to it. Savanna stopped eating today but is still drinking water. She ate dinner last night. O said that when she postures to defecate she becomes wobbly and collapses. O said she almost goes limp. Savanna's diet has not changed much, o started giving her some soft chew milk bones twice a day for the last two weeks. O said that she sometimes ingests feces when she's outside. Has cataracts, but other than that she has been doing well with no previous health concerns. She is UTD on vaccines and coming up due for boosters. PE: pale pink/slightly icteric & mildly tacky mm, cataract OD, mildly icteric sclera, 5% dehydrated, QAR, mildly increased RR, eupnea, Grade II/VI left heart murmur, soft abdomen, orange brown sticky soft non-formed stool

Abnormal PE/Chem/CBC/UA Results: 156 bpm, 52 brpm, NA grade 2/6 left apical PCV/TS: 19%/7.8 G/DL, BG 133 MG/DL, LACT 3.0 CBC: HCT 19%, RETIC 138.6 K/UL, PLT 83 K/UL PLATELET ESTIMATE: 162,000 CHEM 17: BUN 37 MG/DL, GLOB 4.8 G/DL, TBILI 2.2 MG/DL, AMYL 1,826 U/L, K 3.4 MMOL/L 3 VIEW CHEST & ABDOMINAL RADIOGRAPHS: REPORT PENDING SLIDE AGGLUT, 4DX, PT/APTT, BLOOD TYPE, FECAL, UA- PENDING

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The **left atrium** in this patient appeared volume contracted. 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** was slightly enlarged in this patient, ye not clinically significant. No evidence of masses was noted. Minor **tricuspid** insufficiency was noted at 2.2 m/sec. 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.



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CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC	VMAX	VMAX	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
PARAMETERS	(m/s)	(m/s)					
NORMAL	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PARAMETER							
PATIENT			1.15		45	80	NM
CANINE	HR	AV	PV	BODY	LA	LVIDd	LVIDs
CARDIAC	(BPM)	VMAX	MAX	WEIGHT	2D short axis	Avg; 2D and m-	Avg; 2D and m-
PARAMETERS		(m/s)	(m/s)	(kg)	Base view	mode short axis	m-mode short axis
NORMAL	50-100	0.7-1.7	0.7-1.6	BELOW	(cm)	(cm)	(cm)
PARAMETER							
PATIENT		1.8	1.1	13.2 kg	2.36 max	2.65	

WEIGHT

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ULTRASONOGRAPHIC FINDINGS

Essentially normal echocardiogram with mild tricuspid insufficiency.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of cardiac disease.

IMAGING PERFORMED BY

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Medicine)

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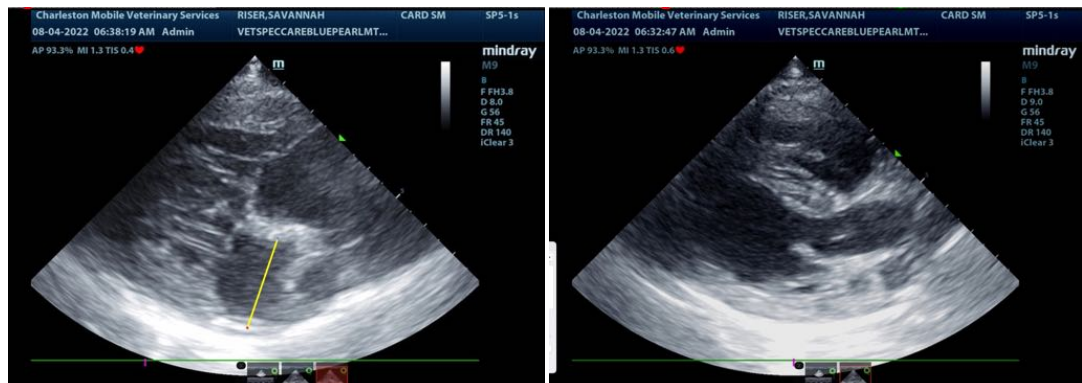
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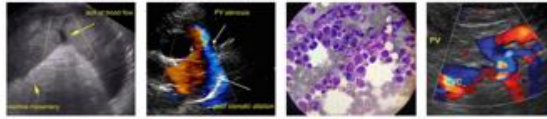
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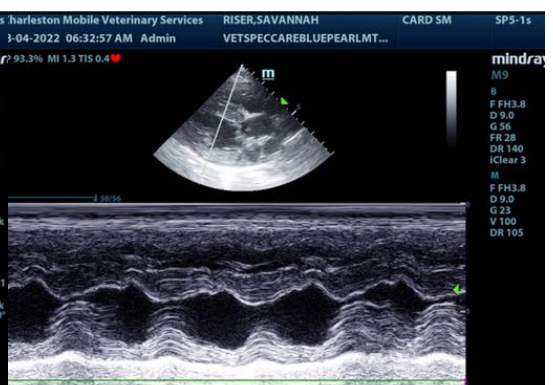
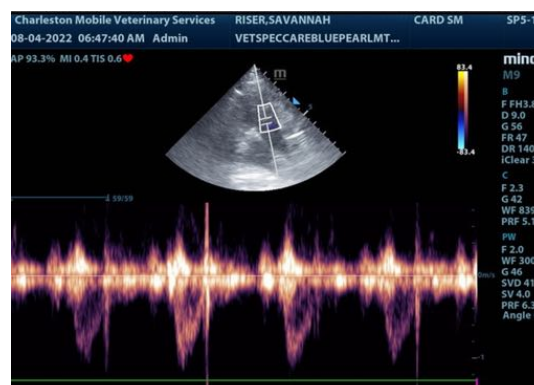
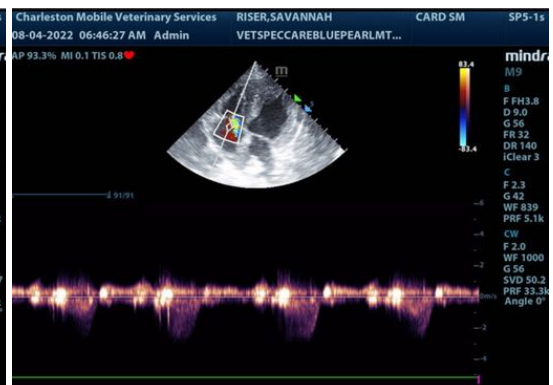
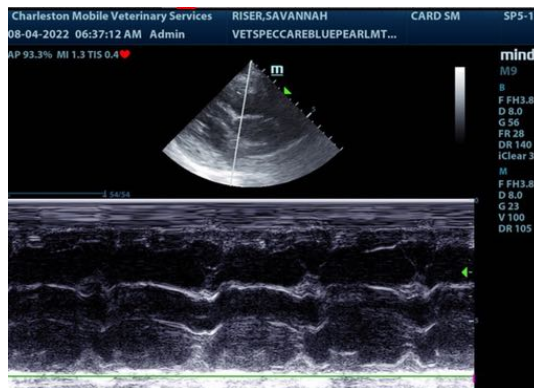
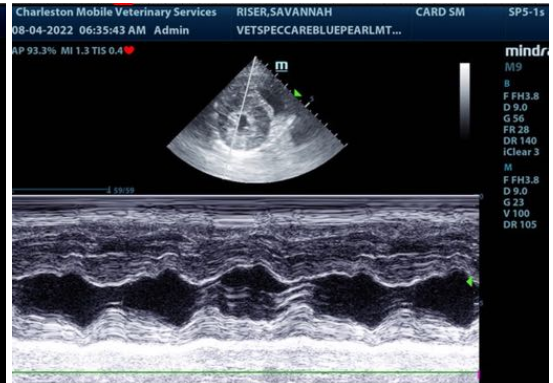
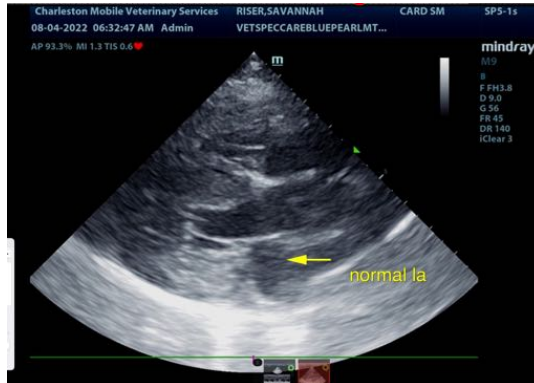
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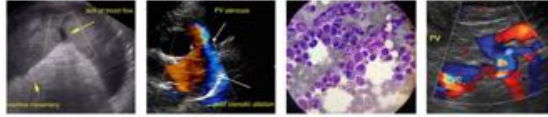
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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