



PATIENT PRESENTING CLINICAL SIGNS

Daisy Park Newly acquired dog adopted from a friend, -Presented for routine physical exam and vaccines and detected a Grade 3-4/6 systolic bilateral heart murmur PMI sternal -no other abnormalities on PE
Abnormal PE/Chem/CBC/UA Results: BP 130/77 MAP 87

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Chihuahua Cross

SEX

Intact female

AGE

8 months

WEIGHT

4.3 kg

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. Minor **tricuspid** insufficiency was noted at 1.58 m/sec. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. The **right ventricular outflow tract** revealed normal septal and free wall thicknesses. The pulmonary artery was essentially normal size; however, significant turbulence was noted at the pulmonic valve. Excessive outflow velocity was present up to near 4.0 m/sec. This is consistent with moderate pulmonic stenosis. 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

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Graham AH

REFERRING VET

Dr. Malatestinic

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	<1.6	28-40	40-100	<0.6
PATIENT		1.58	1.2	1.14	46	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	134	1.91	3.98	4.3 kg	1.77 max	2.1	

INVOICE

95652

DATE

1/31/22



PATIENT ULTRASONOGRAPHIC FINDINGS

Daisy Park Pulmonic stenosis.

SPECIES INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Canine

The patient should not have any overt clinical signs owing to pulmonic stenosis at this time; however, this may worsen with age. I recommend a recheck echocardiogram in 4 months at full growth. If anesthesia is to be performed for ovariohysterectomy, which is suggested as this is a congenital condition, then I recommend Torbutrol premed, Propofol induction, and Isoflurane maintenance. Prophylactic antibiotic 3 days prior to procedure and 5 days post procedure is recommended.

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Chihuahua Cross

SEX

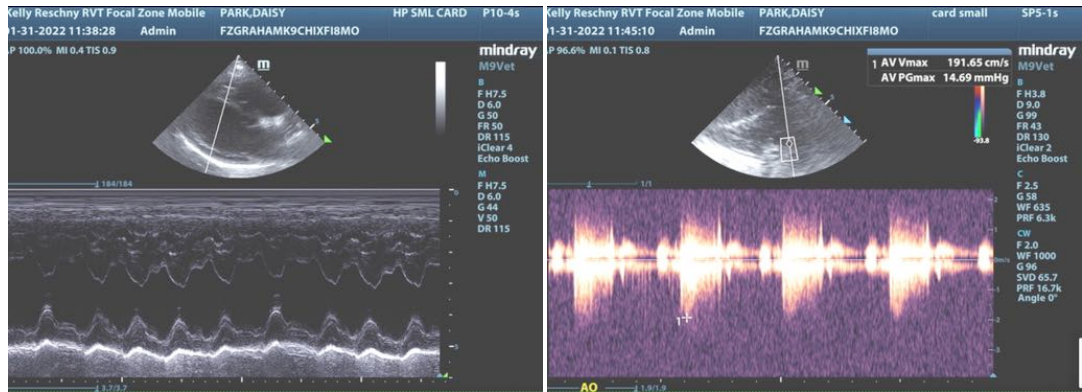
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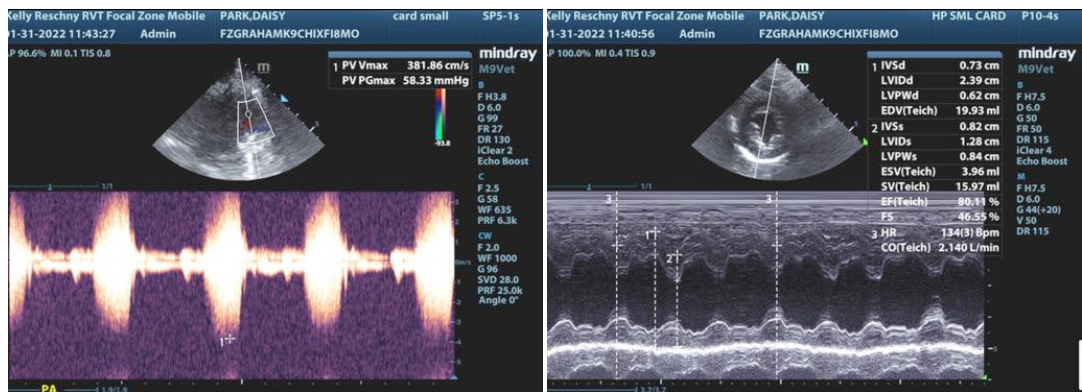
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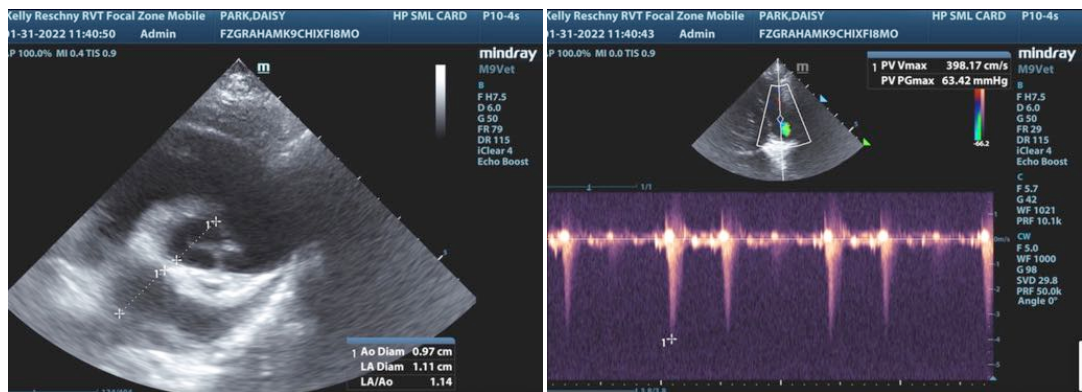
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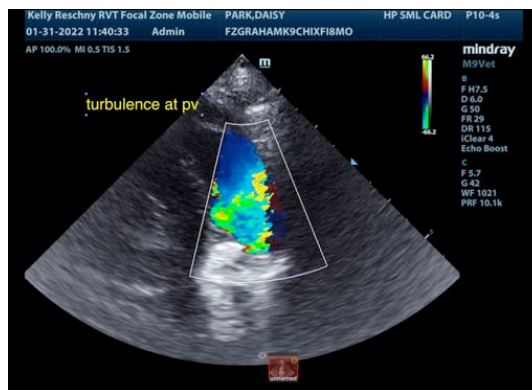
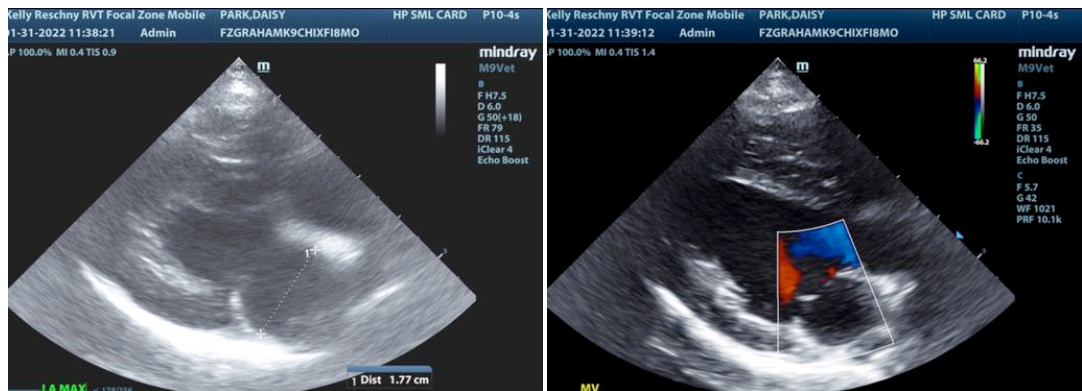
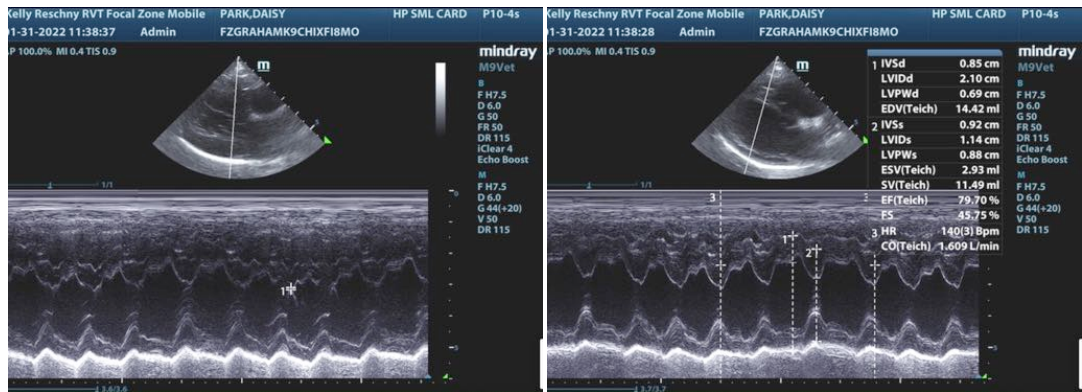
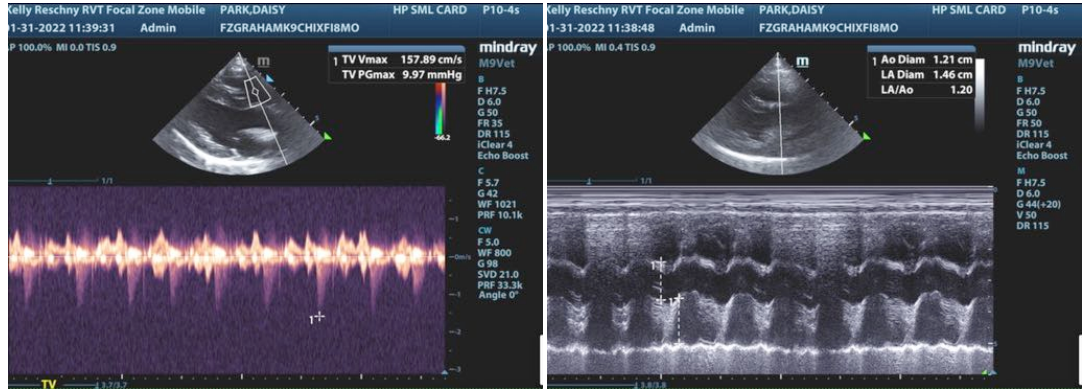
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PATIENT

Daisy Park

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

SPECIES

Canine

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.

BREED

Chihuahua Cross

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Eric.Lindquist@SonoPath.com

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