



PATIENT

Maya Bak

SPECIES

Canine

BREED

Shih Tzu

SEX

FS

AGE

6 years

WEIGHT

7.5 kg

PRESENTING CLINICAL SIGNS

October 31, 2022: BAR, CRT<2S, MM pink Productive cough, started 2 days ago Sounded like something was stuck in throat. Was salivating a lot energy is normal no vomiting or diarrhea Was exposed to a puppy about 2 weeks ago which was also coughing. Moderate dental tartar. Coughing in exam room Pyrexia November 3, 2022: cough not getting better, getting worse, wheezing, last night was really bad, could not sleep all night appetite decreased gradually in last days and today doesn't eat Breakfast at all, which is very unlike her NO D, NO V, no BM for today. QAR, oral mm pink; mild d/calc; no cough on tracheal massage; mild wheezing bilaterally meds:Doxycycline 5mg/kg SID x10d and Codeine 15mg PO q8hr PRN

Abnormal PE/Chem/CBC/UA Results: rads:CONCLUSIONS: 1. Focal pleural thickening between the left cranial lung lobe subsegment. This may represent fibrosis from chronic/previous pathology, subpleural cellular infiltrates, or scant effusion. 2. Mild diffuse pulmonary bronchointerstitial pattern is consistent with lower airway disease/bronchitis, normal age related change, or a combination thereof. This is a non-specific finding with potential etiologies including infectious (bacterial, viral or parasitic), allergic/immune-mediated, or inhaled irritants. 3. Increased soft tissue superimposed with the lumen of the laryngopharynx/larynx. Differentials include normal secretions/mucous, superimposition of overlying soft tissue structures, granuloma, or material or possibly neoplasia. 4. Gastric soft tissue content may represent normal food or foreign material. 5. T1 spinal dysraphism, likely incidental (spina bifida occulta). Please see attached rads.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Beattie Pet Hospital Burlington

REFERRING VET

Dr. Ruggieri

INVOICE

15446

DATE

11/10/22

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	<1.6	28-40	40-100	<0.6
PATIENT				1.15	50	85	0.15
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	BELOW	BELOW	BELOW	BELOW
PATIENT	163	1.5	1.4		2.0	2.2	

Cardiac Presentation

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



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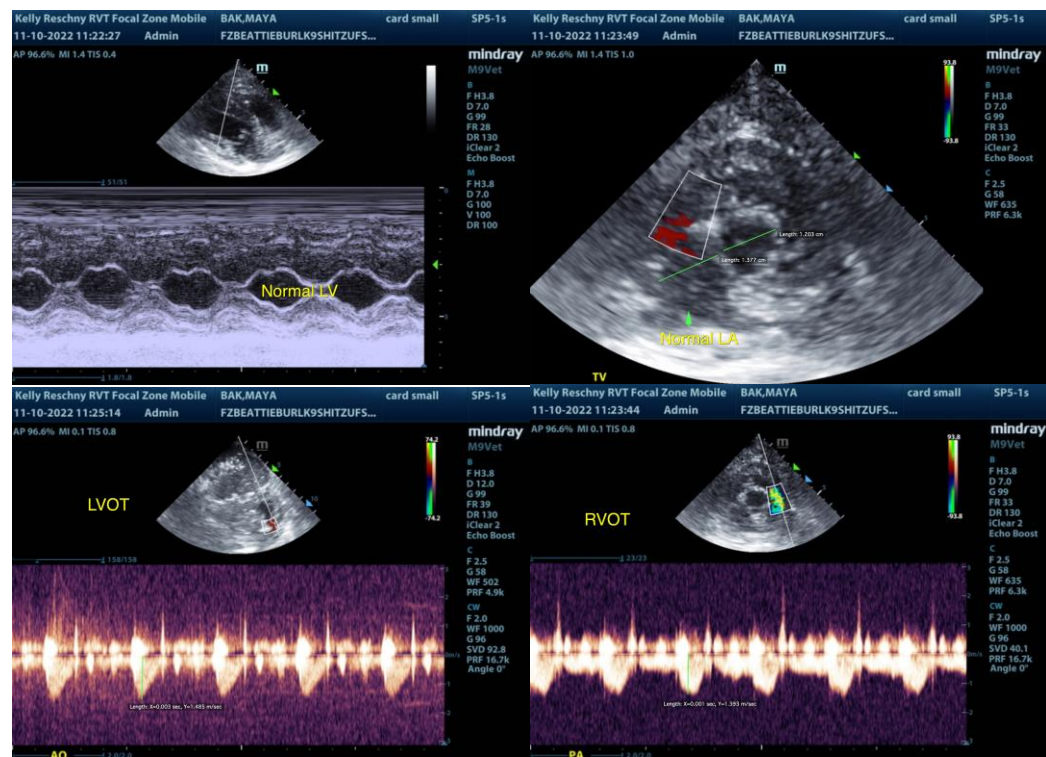
structure, extension in systole, and union in diastole with normal kinesis. The **left ventricle** presented thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** 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. Normal measured LVOT velocity was present. 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). Normal measured RVOT velocity was present. No visible **pericardial** or free pleura fluid was noted. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of overt masses or pulmonary pathology in the visible window.

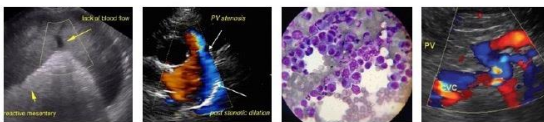
ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural or functional cardiomyopathy, including no evidence of left or right heart chamber enlargement or clinical pulmonary hypertension. The cardiac presentation was not consistent with cardiogenic respiratory disease. No indication for cardiac medications.





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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.

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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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info@SonoPath.com

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