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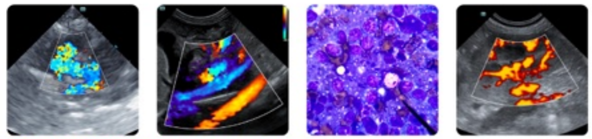


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

**PATIENT**

Parker Guthrie

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

Spayed female

**AGE**

10 year

**WEIGHT**

11.3 kg

**INTERPRETED BY**

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

**IMAGING PERFORMED BY**

Kelly Romero

**HOSPITAL NAME**

Fort Collins Veterinary Emergency Hospital

**REFERRING VET**

Dr. Marchewitz

**INVOICE**

78349

**DATE**

6/3/26

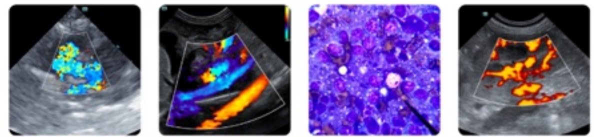
## PRESENTING CLINICAL SIGNS

History: Parker presents for respiratory distress. She was in a fight ~1.5-2 weeks ago with a dog her dad has been watching. She sustained some neck injuries but none that seemed like more than puncture wounds. Person with client who is a human nurse stated none of the wounds ever looked infected. From then until now, she has had intermittent panting, heavy breathing, and reverse sneezing. She also developed an intermittent, non-productive wet-sounding cough for the last 2 weeks with no change in intensity. She has had exercise intolerance (taking longer to calm after excitement) for the last couple weeks. She began extending her neck while sitting to breathe better just before presentation.
Abnormal PE/Chem/CBC/UA Results: Grade III-IV systolic murmur BP 150 mmHg syst Mild inc BUN, phos, glob; hemoconc Rad review: The trachea is mildly undulating in outline and varies in diameter between the different views. Suspect dynamic tracheal collapse There is suspicion of a small amount of pleural soft tissue opacity; several fissure lines are suspected. The lung shows a diffuse interstitial pattern. The lungs are hypoinflated. The cardiac silhouette is normal in size and shape, but assessment is limited, due to marked hypoinflation of the views. The pulmonary vasculature and major thoracic vessels are unremarkable. Note: Diffuse interstitial pattern is likely secondary to hypoinflation. Given the poor visibility of the caudodorsal lung, an early cardiogenic pulmonary edema cannot be totally excluded

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The left atrium is normal in dimension. The left ventricle is normal in dimension, with normal systolic function. The right atrium and ventricle are normal in dimension, with normal systolic function. The anterior and posterior mitral valve leaflets are appropriately thin with adequate apposition, intact chordae, and there is no significant prolapse. There is no significant mitral regurgitation identified. The tricuspid valve leaflets are appropriately thin with adequate apposition, intact chordae, with mild tricuspid regurgitation and no evidence of pulmonary hypertension. The left ventricular outflow tract demonstrated normal laminar flow and the visible aorta is unremarkable. The right ventricular outflow tract assessment revealed normal laminar flow, with appropriate main pulmonary artery diameter and right pulmonary artery distensibility. There is no pulmonic and no aortic valve insufficiency identified. There is no visible pericardial, pleural, or free peritoneal fluid documented. No evidence of hepatic venous congestion is noted. The cardiac chambers, pericardial and visible extra-cardiac regions were free of masses, spontaneous echo contrast, or thrombi.

| CANINE CARDIAC PARAMETERS | Body Weight kg | HR BPM | LAD 4 ch Long | RAD 4 ch Long | La/Ao Heart Base | LVIDd | LVIDs |
|---|---|---|---|---|---|---|---|
| NORMAL PARAMETER | | 50-100 | | | <1.6 | | |
| PATIENT | 11.3 kg | NM | 2.57 | 2.4 | 0.76 | 2.2 | 0.9 |
| **CANINE CARDIAC PARAMETERS** | **FS** | **EPSS** | **PV V MAX (m/s)** | **AV V Max (m/sec)** | **MR Vmax** | **TR Vmax** | **RPA distensibility (normal >30%)** |
| NORMAL PARAMETER | 28-40 | <0.6 | 0.7-1.6 | 0.7-1.7 | 4.5-5.5 | < 2.7 | |
| PATIENT | 59 | NM | 0.5 | 0.8 | NM | NM | NM |





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## ULTRASONOGRAPHIC FINDINGS

These findings are consistent with an essentially normal echocardiogram. Any murmur will be considered functional in origin. No cardiac cause of the morbidity is identified.

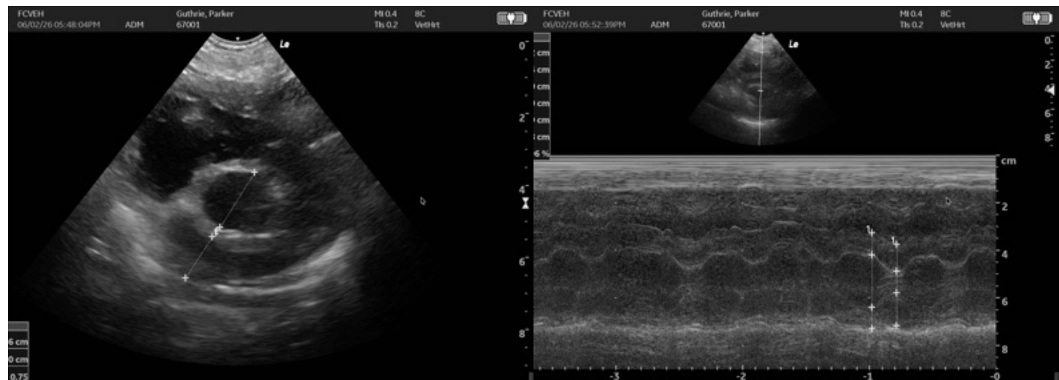
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

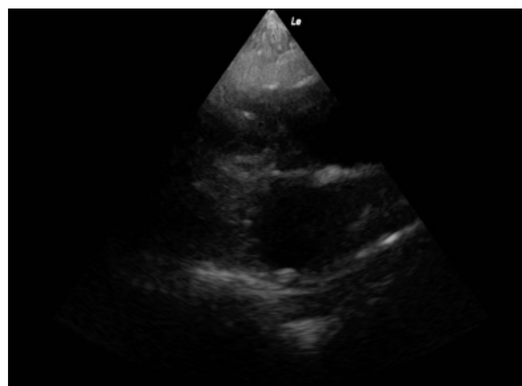
Given these findings, no cardiac therapy is recommended. There are no cardiac contraindications to fluid therapy or corticosteroid therapy, as indicated for further assessment and treatment. No specific cardiac recheck is recommended unless a murmur or clinical signs of heart disease develop.

Anesthesia considerations:
No special considerations are necessary.

Diet:
No special considerations are necessary. Any high-quality food from Hills, Royal Canin, Science Diet, Eukanuba, Iams, or Purina is reasonable.

Activity:
No special considerations are necessary.





**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