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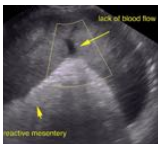
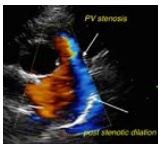
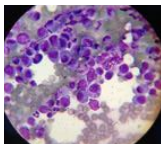
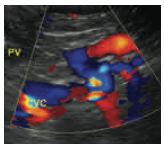

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1-800-838-4268 info@sonopath.com

PATIENT

Buddy McAuliffe

SPECIES

Canine

BREED

Corgi Cross

SEX

Neutered male

AGE

14 years

WEIGHT

7.5 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Romero

HOSPITAL NAME

Advanced Animal Care of Colorado

REFERRING VET

Dr. McCullough

INVOICE

95105

DATE

1/10/22

PRESENTING CLINICAL SIGNS

Current concerns are weight loss despite continuing to eat. Abdominal workup concurrently in process. Previous cardiac hx: heart worm ds dx by rescue - in 2015 had both melarsomine and jugular extraction performed. Has had a persistent mild cough with suspected pneumonitis on rads secondary to HW ds. He has also had a chronic thrombus in the right branch of the pulmonary artery. Was on clopidrogel, benazepril and apixaban, but ultimately taken off those meds as clot appeared stable (and previous blood pressure ok). Most recent echo Jan. 2021 summary: thrombus mentioned above, trace regurgitation on doppler for mitral valve, mild to moderate RV concentric hypertrophy and mild RA dilation. Markedly enlarged PA/branches. Current meds: Pimobendan 2.5 mg BID, sildenafil 20 mg TID, pred 2.5 mg daily (for pneumonitis)
Abnormal PE/Chem/CBC/UA Results: Blood pressure ranged from dinamap values of 189/106, mean 133 to 231/166, mean 185. Mild inc. in ALP on blood work Recent UTI treated/resolved PE-grade I/VI systolic murmur on the left side, irregular mandible w/ previous infection abdominal ultrasound - hyperechoic liver, chronic renal changes, enteritis, possible non-obstructive gastric foreign material, scant abdominal effusion.
HW tested negative since the HW extractions in 2015

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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 **right ventricle** were unremarkable. The **pulmonary artery** was enlarged with dilation of the main and auxiliary branches. Echogenic structures were noted in the deep pulmonary artery and superimposed the left atrium. The pulmonic valve was also thickened. Tricuspid valve was thickened as was the mitral valve, yet significant insufficiency does not appear to be an issue. No visible **pericardial** or free pleura fluid was noted.

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			1.3	1.32	59	89	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		1.5	1.0	7.5 kg		3.08	

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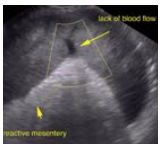
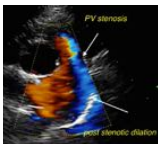
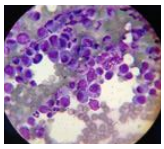
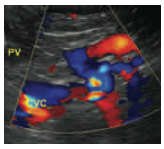

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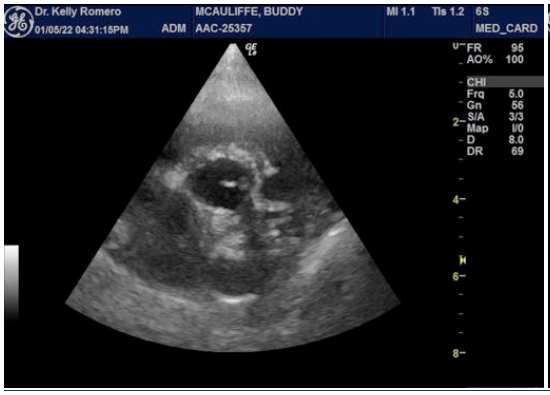
ULTRASONOGRAPHIC FINDINGS

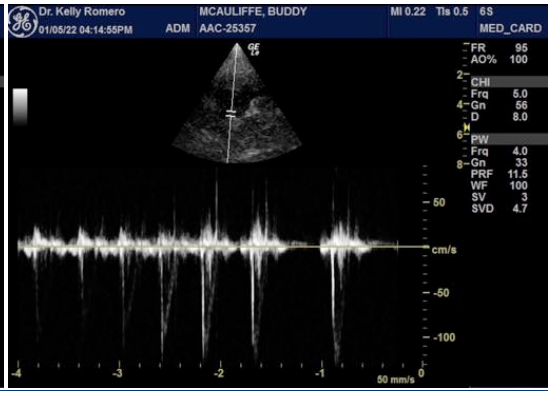
Pulmonary artery dilation and echogenic debris, suspect deep pulmonary artery mineralized thrombus, stable.

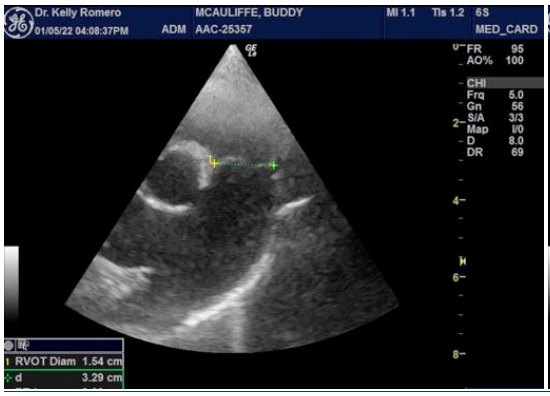
Thickened pulmonic valve.

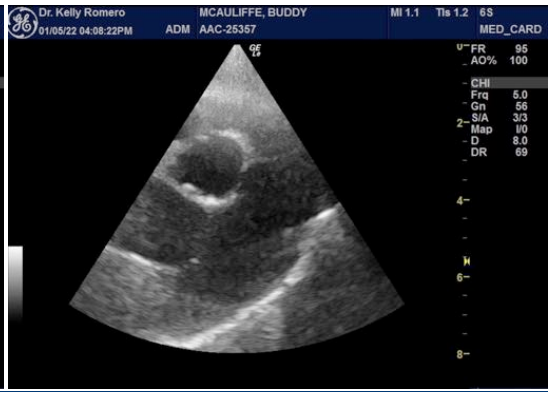
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's history this is likely a stable mineralized thrombus that is somewhat obstructive. Further spectral Doppler evaluation of the tricuspid valve would be warranted to assess for pulmonary hypertension as well as assessment of the hepatic veins for possible congestion. The patient should be monitored for right heart failure if the thrombus completely becomes plugged.









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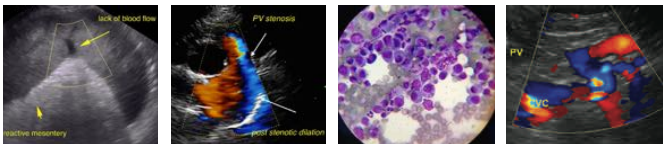

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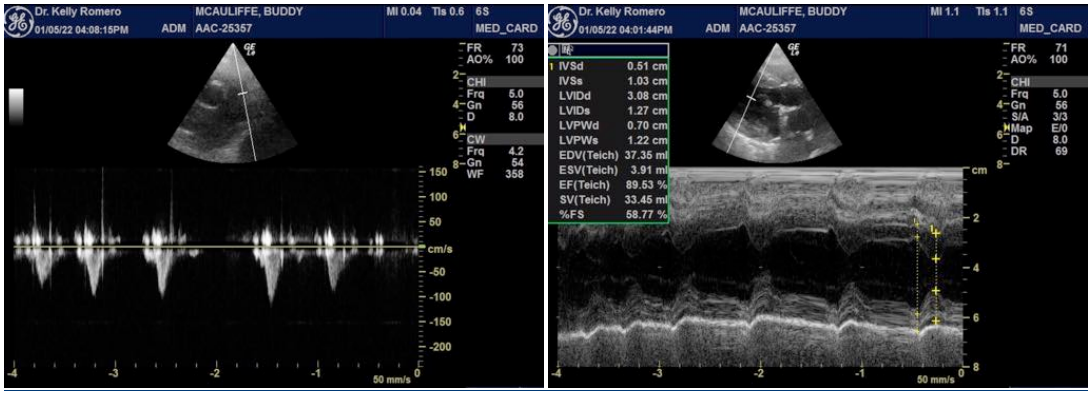

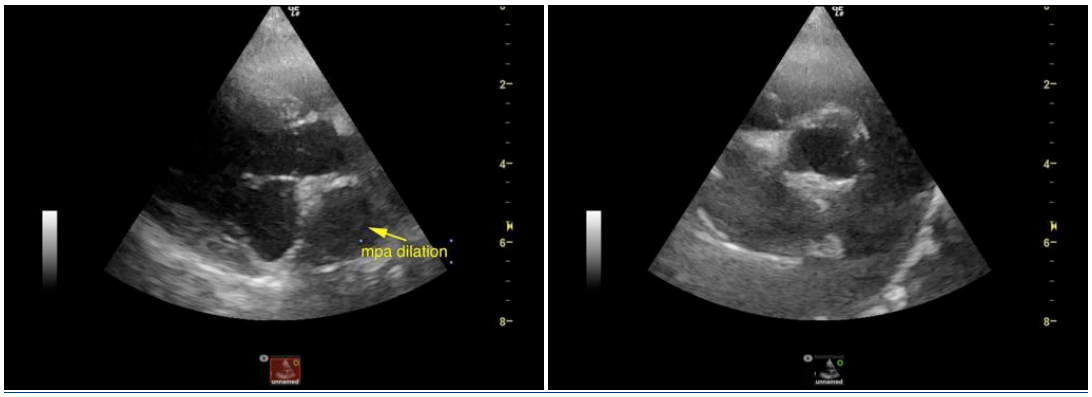

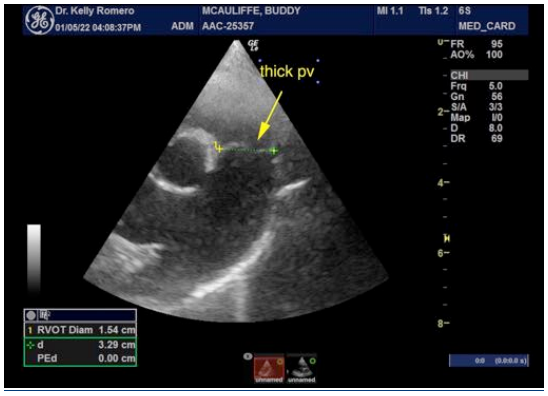

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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