

PATIENT

Tyson Quaranta

SPECIES

Canine

BREED

Boxer

SEX

Neutered Male

AGE

9 Years

WEIGHT

88 Lbs.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Alex McFeely, DVM

HOSPITAL NAME

Straley VA

REFERRING VET

Alex McFeely, DVM

INVOICE

13565

DATE

1/22/22

PRESENTING CLINICAL SIGNS

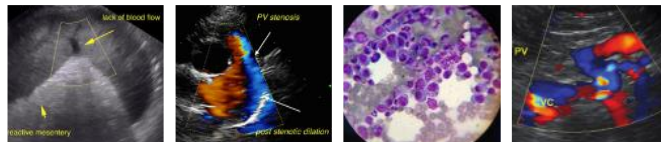
History: Tyson presented on Jan. 6th for panting and increased respiratory effort, and an episode of collapse at home. On exam, he was tachycardic, had a grade 3/6 murmur and mild increased respiratory adventitious sounds. On thoracic radiographs, he had a VHS of 11.9 and increased caudodorsal interstitial pattern. He was started on 50mg furosemide PO BID and pimobendan. At his recheck on Jan. 12th, Tyson had improved, had a regular heart rate and rhythm, and 50mg furosemide PO BID, 10mg pimobendan PO BID were continued, and 500mg taurine PO BID was added to regimen (as well as cephalexin for localized moist pododermatitis). At the appointment for cardiac u/s on Jan. 21st, Tyson appeared stable, had a normal heart rate, the cardiac murmur was not audible, and had normal bronchovesicular respiratory sounds bilaterally. His blood pressure was normal, averaging 148/94 (111) mmHg systolic/diastolic (MAP). He was given 8mg butorphanol IV to lightly sedate for the cardiac u/s exam.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	1.5	20	--	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	BELOW	BELOW	BELOW	BELOW
PATIENT	--	--	.60	--	--	4.5	--

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 structure, extension in systole, and union in diastole with normal kinesis. The left ventricle internal volume was mildly excessive. Tachyarrhythmia was causing poor contractility of the left ventricle, however, structurally the heart appears unremarkable. Left atrial size was maintained. 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. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. The **right ventricle** was of normal size (1/3 diameter of LV), chordae



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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. Tachyarrhythmia was noted in this patient.

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ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable heart with slight left ventricular volume overload owing to arrhythmogenic activity and secondary cardiac dysfunction

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

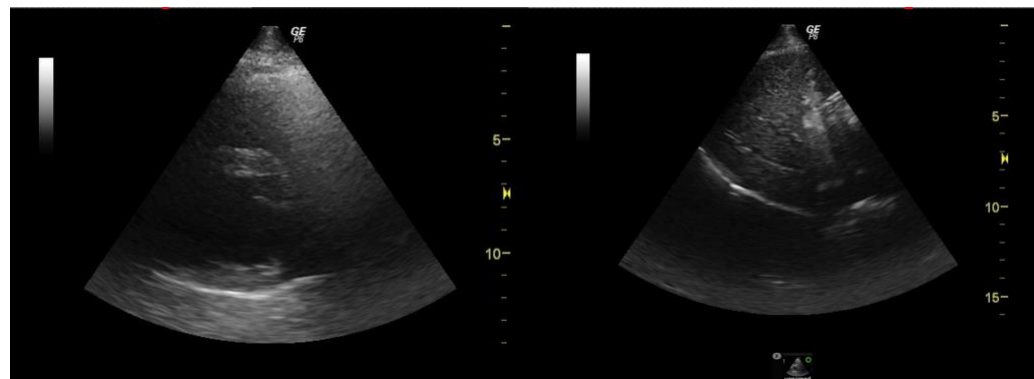
The Pimobendan and Lasix may be helping the situation, however, myocardial insufficiency appears to be present without left sided failure. This is arrhythmia induced in this patient. Treatment based on arrhythmia warranted. Holter monitor ideal.

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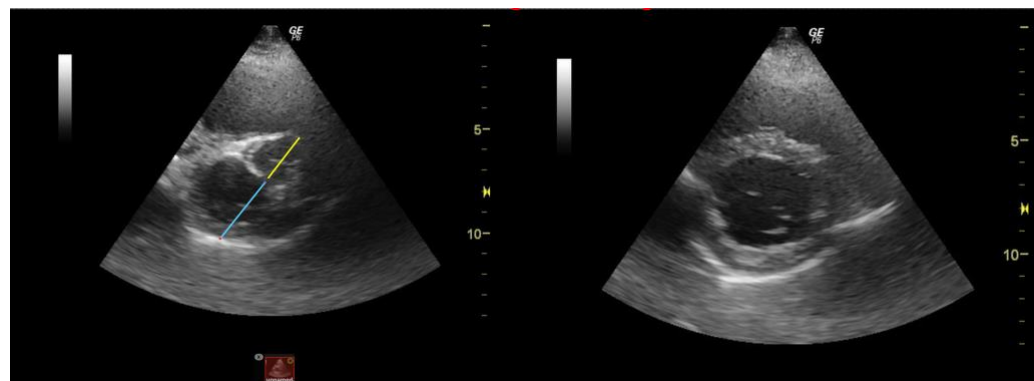


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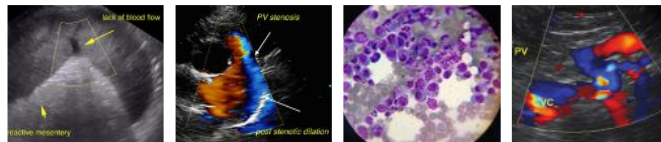
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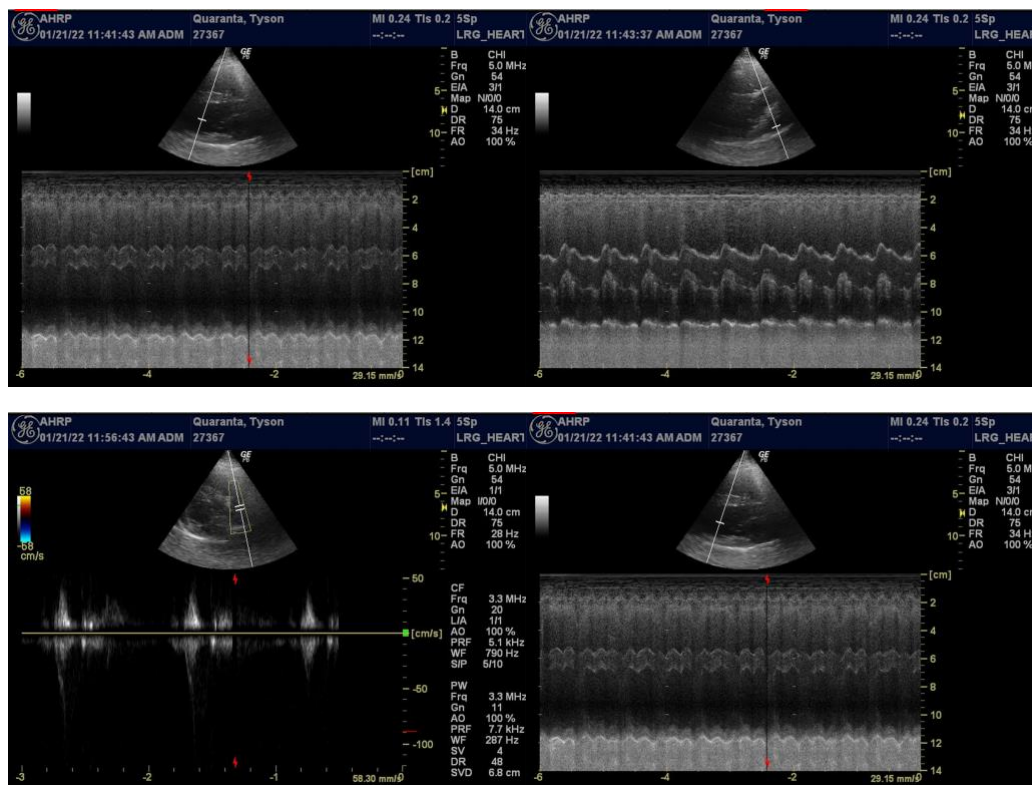
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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