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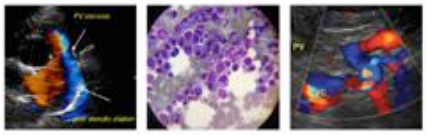

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Edna Alberts Dog Lounge

SPECIES

Canine

BREED

Toy Poodle

SEX

Spayed Female

AGE

10 years

WEIGHT

5.9 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Wolff

INVOICE

95604

DATE

1/28/22

PRESENTING CLINICAL SIGNS

This is a foster dog. On PE a 3/6 heart murmur was noted. An arrhythmia was also present. Coughing in the evening hours. Will be starting on Pimobendan. Currently on Enalapril 2.5mg 1/2 tab BID Also on furosemide 20mg 1/2 tab BID.
Abnormal PE/Chem/CBC/UA Results: elevated SDMA and BUN T4 normal

ECG

Mean heart rate 110-140/min. Irregular arrhythmia
Ventricular complexes mostly narrow, some appear with artifacts.
Amplitude between ventricular complexes vary - most likely artificially although altered direction of excitation (e.g. VES) cannot be ruled out.
PQ interval too short (around 40-50. ms) - retrograde atrial excitation possible - abnormal atrial excitation/ preexcitation
last row: 1 taller and wider QRS complex - VES possible
Further workup required 12-lead ECG or electrophyiologic exam (catheter based).
Plan:
Repeat ECG with the animal completely quiet in lat rec. to see if the QRS complexes truly vary /rule out artifacts if they turn out to be regular in shape - no antiarrhythmic treatment necessary because ventricular rate is normal.
then have 12-lead ECG performed for confirming diagnosis.

Peter Modler DVM, Dipl.-Tzt. | SonoPath

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable insufficiency. 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 or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** 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. No echographically detectable evidence of infiltrative disease was visible. The cranial **mediastinum and pericardial regions** were free of masses in the visible window. Bradyarrhythmia 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	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6

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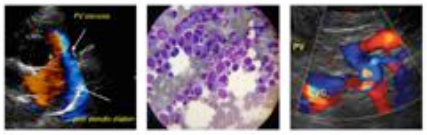

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PARAMETER							
PATIENT	5.08	1.8	1.0	1.34	67	94	NM
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT**	**LA** 2D short axis Base view (cm)	**LVIDd** Avg; 2D and m-mode short axis (cm)	**LVIDs** Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	Variable 56	1.34	0.6	5.9 lbs	1.64	1.81	

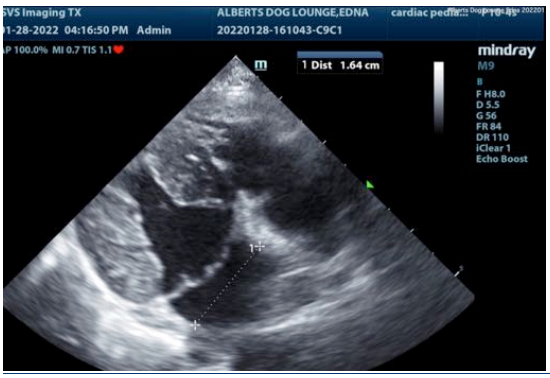
ULTRASONOGRAPHIC FINDINGS

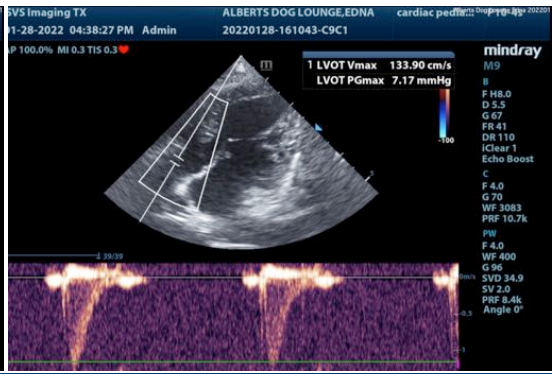
Mitral and tricuspid insufficiency, compensated on current protocol.

Bradyarrhythmia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I do not recommend the addition of Pimobendan or any other medication at this time. The cough is non cardiogenic at this time. Primary respiratory protocol is warranted for the cough based on radiographic findings.





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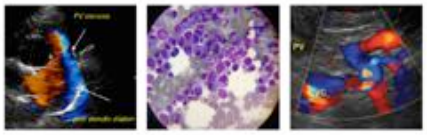

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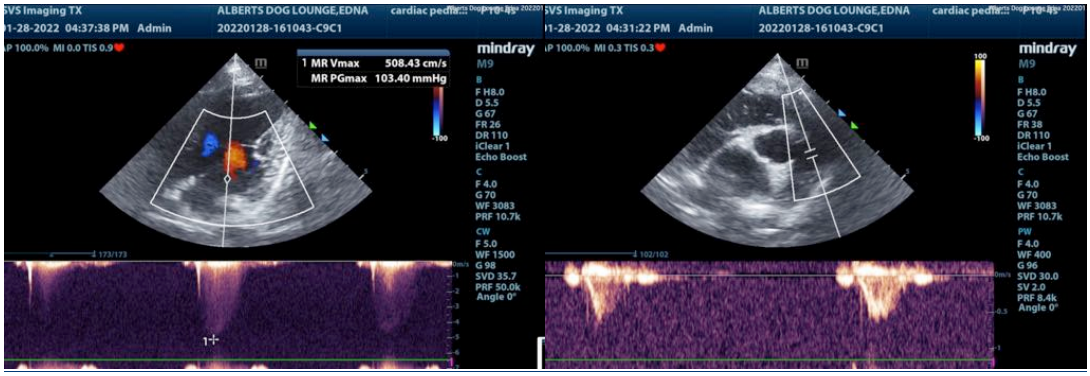

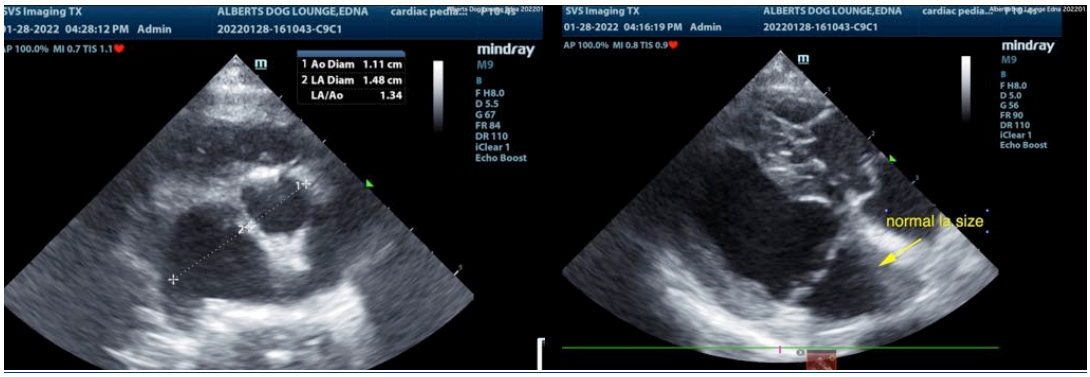

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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