



PATIENT PRESENTING CLINICAL SIGNS

Bubba Leland History: Presented for dyspnea following a suspected fall down stairs several days ago. Been breathing hard since. No prior heart issues reported. History of allergic dermatitis

SPECIES Abnormal PE/Chem/CBC/UA Results: Murmur 4/6 left apical. Pt is obese- BCS 8/9. Tachypneic, crackles not evident but on rads there is diffuse parenchyma pattern, worse perihilar. Pulses ss.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Old English Bulldog

SEX

Spayed Female

AGE

8 Years

WEIGHT

31.3 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Pacific Crest MV

REFERRING VET

Dr. Callihan

INVOICE

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10/2/21

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	5.90	2.89	1.8	1.4	30	--	0.8
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	--	1.32	.91	--	5.57	5.0	--

Cardiac Presentation

The echocardiogram for this patient presented excessive **left atrial size** expressed both in the LA/AO and LA max measurements 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** insufficiency noted. 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. Arrhythmogenic activity noted during the exam in this patient. Comet tail lung pattern noted in the intercostal approaches.

ULTRASONOGRAPHIC FINDINGS



PATIENT

Bubba Leland

- Mitral and tricuspid insufficiency
- Comet tail lung pattern
- Advanced stage B2 valvular disease
- Arrhythmogenic activity
- Myocardial insufficiency

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

Old English Bulldog

I recommend Lasix at 2-3 mg BID, Pimodendan 0.3 mg per kg BID and Ace inhibitor 0.5 mg per kg SID progressing to BID. EKG and blood pressures indicated. Causes of myocarditis and myocardial insufficiency should be considered such as nutritional cardiomyopathy or possible infectious disease. Primary respiratory disease may also be an issue given the comet tail lung pattern. Recheck echo in one week. Cage rest and leash walking recommended. Paroxysmal arrhythmia may be playing a role in the syncope. Visibility was poor owing to respiratory interference and conformational issues. Holter monitor should be considered in this patient.

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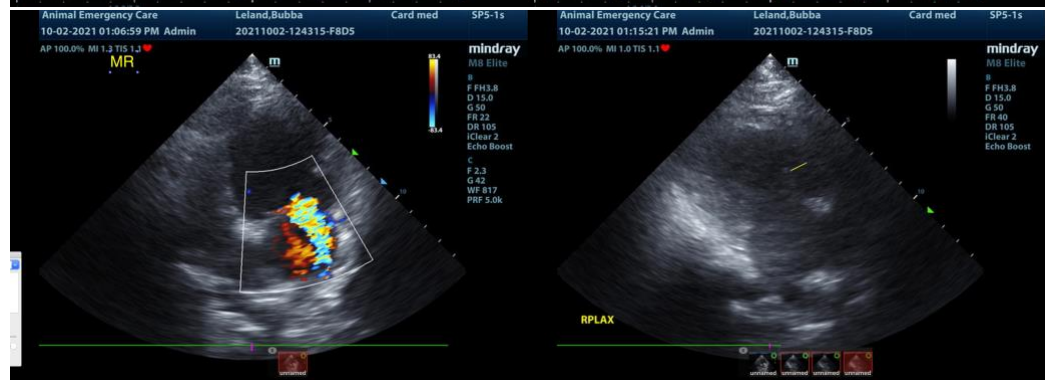
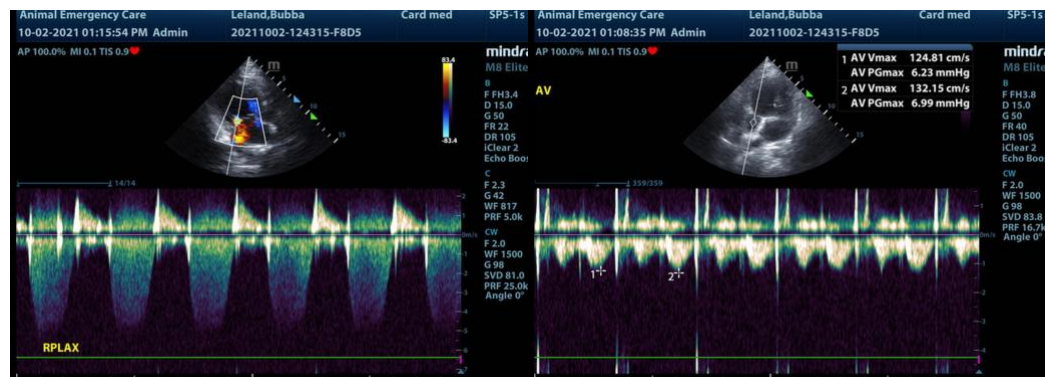
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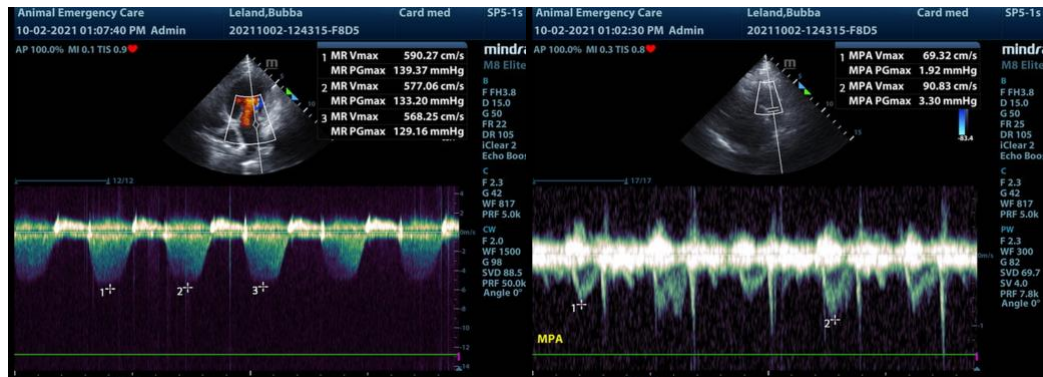
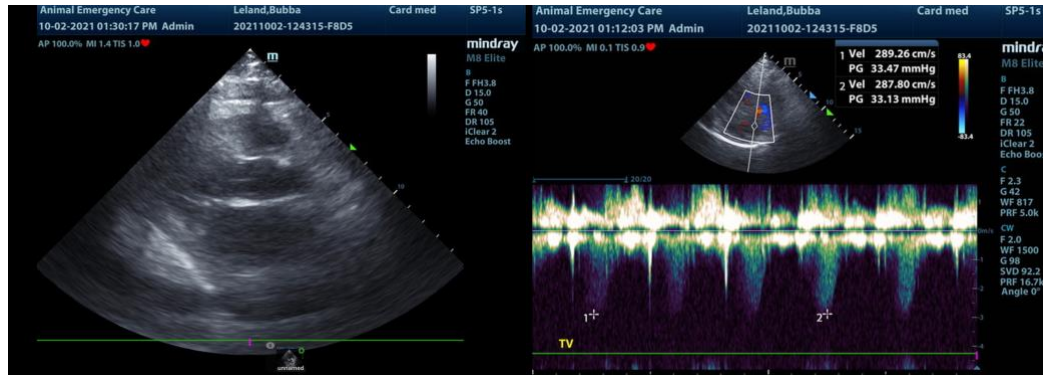
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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