



PATIENT

Bruce Ygraine

SPECIES

Canine

BREED

Deerhound

SEX

Neutered male

AGE

5 years

WEIGHT

44.6 kg

PRESENTING CLINICAL SIGNS

History: Initially presented for a routine evaluation of a small perianal mass. An arrhythmia was noted on auscultation which was classified as atrial fibrillation (idexx cardiopet). Multiple pulse deficits. No obvious cardiomegaly, pulmonary vessel dilation or edema noted on radiographs. There is no noted coughing, exercise intolerance or syncope. Is on a grain-free diet. No current medications

Abnormal PE/Chem/CBC/UA Results: Significant arrhythmia with pulse deficits and variable pulse strength. Bloodwork is normal.

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 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 structure, myocardial echogenicity and thickness. Trivial **pulmonic** insufficiency was noted and not clinically significant. This is a normal variant. 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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Westcott

HOSPITAL NAME

Dr. Alastair Westcott

REFERRING VET

Dr. Westcott

INVOICE

94537

DATE

12/13/21

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC PARAMETERS	VMAX (m/s)	VMAX (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT			NM	1.43	33	61	0.4
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC PARAMETERS	(BPM)	VMAX (m/s)	MAX (m/s)	(kg)	2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT		1.12	0.87			4.9	



PATIENT

ULTRASONOGRAPHIC FINDINGS

Bruce Ygraine

Normal echocardiogram.

Trivial pulmonic and tricuspid insufficiency was noted, not clinically significant.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Deerhound

Persistent arrhythmia was noted. Treatment should be based on anti-arrhythmic therapy. There was no structural evidence of disease present. Holter monitor would be ideal to assess severity. Causes of myocarditis should be ruled out in you region. There was no evidence of DCM in this patient or other structural/functional disease. Periodic cardiac contractility may be significantly diminished based on arrhythmogenic activity in periodic moments.

SEX

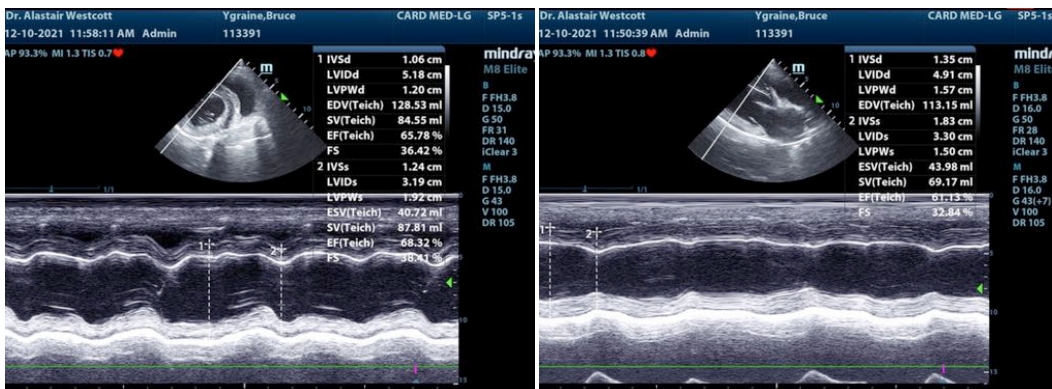
Neutered male

AGE

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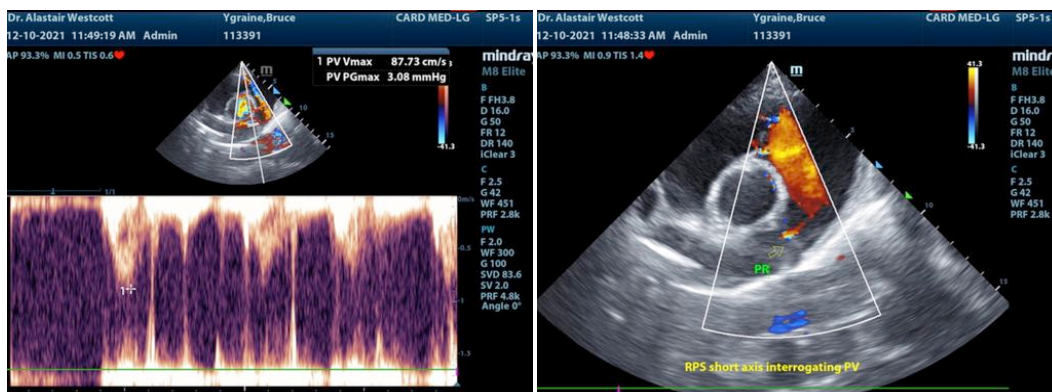
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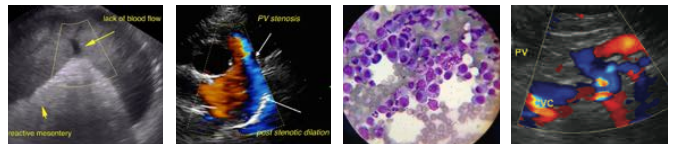
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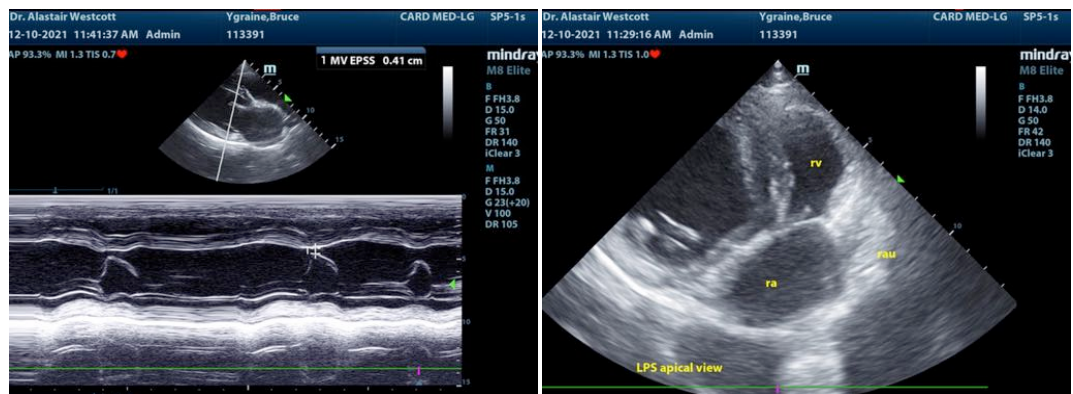
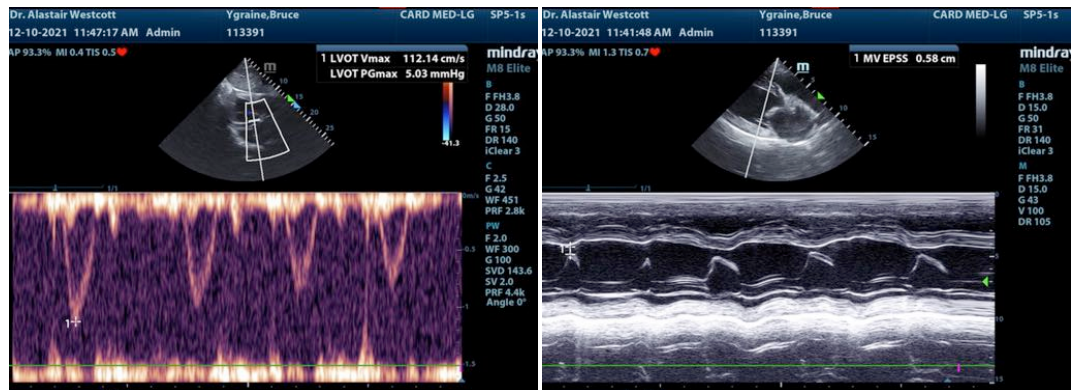
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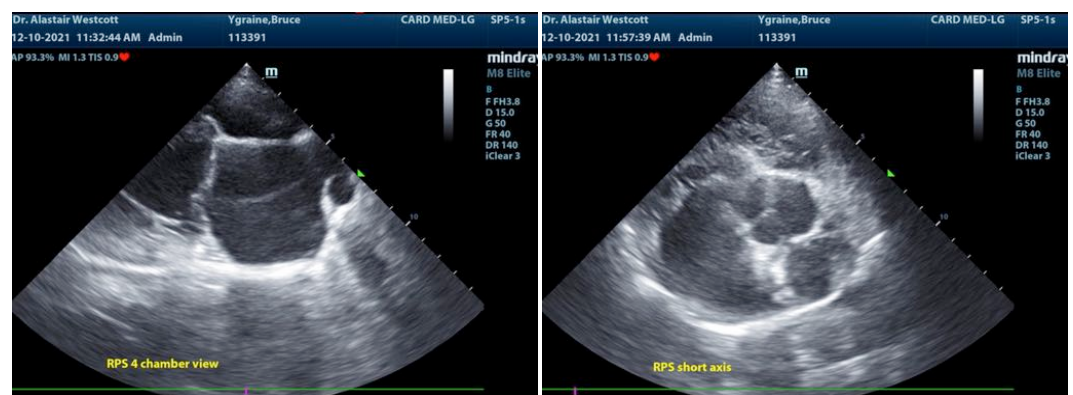
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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12/13/21

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