



PATIENT PRESENTING CLINICAL SIGNS

Duke Lewis Duke has had one syncopal episode from which he recovered quickly that his owners observed. An ECG was performed recently and appeared normal. He was given 8.4mg butorphanol IV to lightly sedate him for his cardiac ultrasound today. His BP was normal today after he settled down and his lowest values were 141/85 (96) mmHg systolic/diastolic (MAP).

SPECIES Canine

Abnormal PE/Chem/CBC/UA Results: Mildly elevated Creat 1.5 attributed to muscular body condition and mild hyperglycemia 126 due to mild stress (from 7/30/21).

BREED ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Boxer

SEX

Neutered Male

AGE

4 Years 9 Months

WEIGHT

92.3 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Alex McFeely

HOSPITAL NAME

Straley Vet Associates

REFERRING VET

Dr. Alex McFeely

INVOICE

33649

DATE

12/21/21

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			1.15	1.5	30		0.2
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			0.7		3.5	3.5	

Urinary System

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. **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. Occasional arrhythmia noted.

ULTRASONOGRAPHIC FINDINGS

- Structurally normal heart



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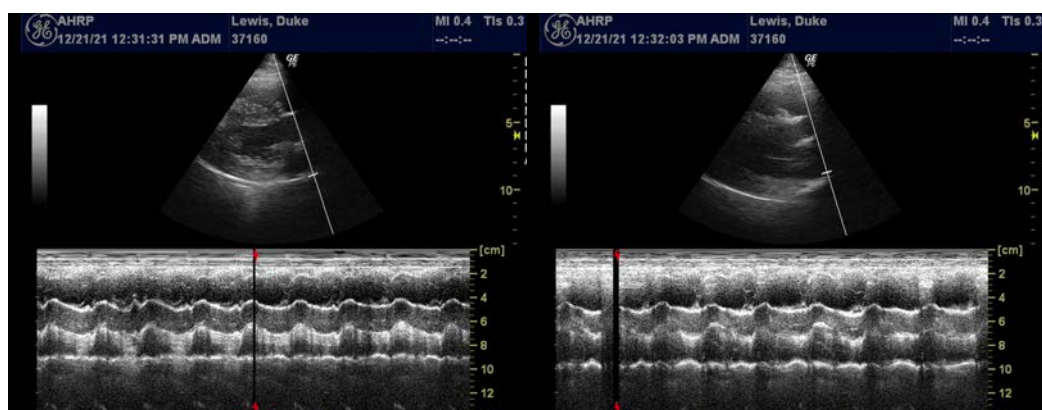
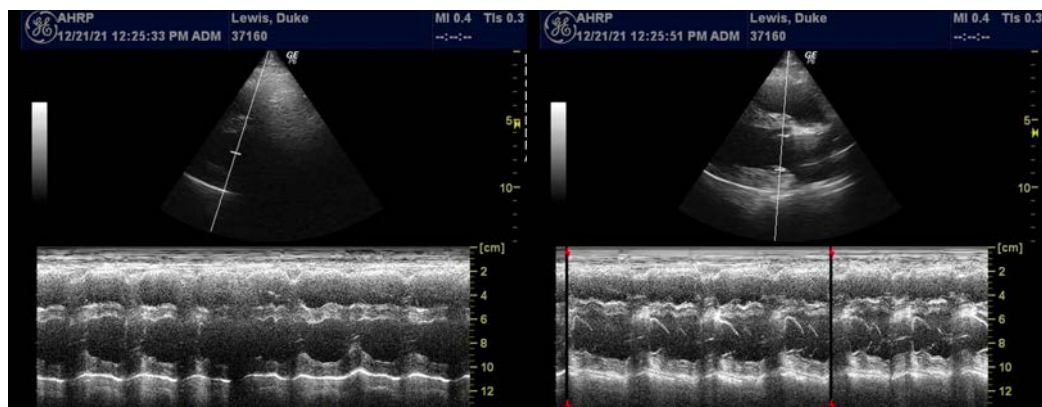
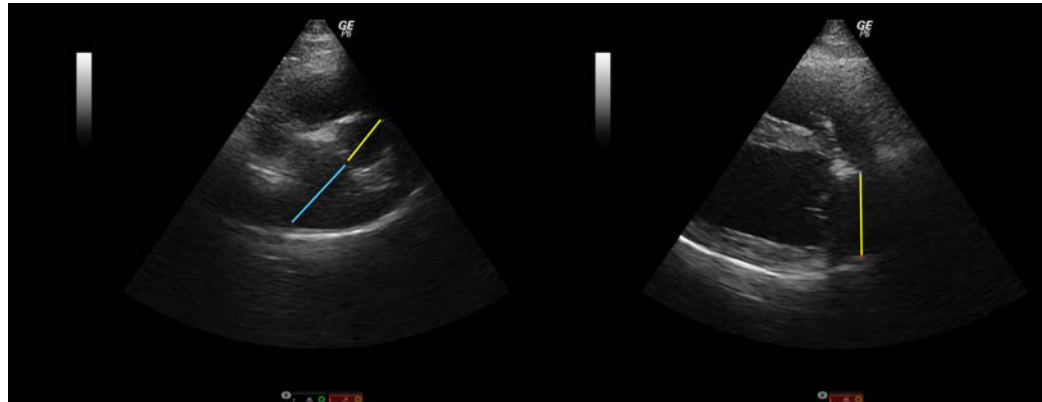
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Even though electrocardiogram did not reveal any arrhythmia, paroxysmal arrhythmia is extremely common in this breed, especially with syncope. Holter monitor is warranted with cardiologist review. This may be obtained from our office. No evidence of structural or functional disease based on the echocardiogram.





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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
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