


PATIENT PRESENTING CLINICAL SIGNS
PATIENT
 Baloo Smillie

History: Is tachycardic and arrhythmic on auscultation also pants continually when inside as he has an outside hair coat Was on Kirkland grain free diet until a month ago

SPECIES

Abnormal PE/Chem/CBC/UA Results: Low T4 diagnosed one month ago and now regulated with medication. Chemistry taken yesterday has mild to moderate elevation of liver enzyme

BREED
 Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART
BREED

The cardiac presentation in this patient presented minor left ventricular and left atrial volume overload with mitral insufficiency. Significant tachyarrhythmia was present. Contractility was subnormal, yet likely influenced by the tachyarrhythmia noted. EPSS was excessive. Minor tricuspid insufficiency was noted, yet not clinically significant. The right atrium and right ventricle were unremarkable. There was no evidence of pericardial effusion.

SEX
 Loenburger

SEX

Neutered male

AGE

2 years

WEIGHT

69 kg

INTERPRETED BY

 Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Belan

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	4.8		NM	1.64	21	42	1.4
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	BELOW	BELOW	BELOW	BELOW
PATIENT	Variable 113	1.25	0.5	69 kg	6.6	5.17	

HOSPITAL NAME

Bowmont AC

ULTRASONOGRAPHIC FINDINGS

Tachyarrhythmia with poor systolic cardiac function/myocardial insufficiency.

REFERRING VET

Dr. Asemadahun

DCM type presentation, yet complicating factors such as nutritional cardiomyopathy, myocarditis, arrhythmogenic hypocontractility are likely all playing a role in this patient.

INVOICE

42314

DATE

12/21/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Anti-arrhythmic therapy is recommended based on ECG findings. Holter monitor would be ideal. Ace inhibitor is recommended at 0.5 mg/kg s.i.d. progressing to b.i.d. Pimobendan is recommended at 0.3 mg/kg b.i.d. Spironolactone at 1-2 mg/kg b.i.d. and taurine supplementation is also warranted as well as nutraceuticals. If infectious causes of myocarditis are present in your region then appropriate testing would be indicated. A recheck echocardiogram is recommended in a month. Further treatment may be necessary. If the arrhythmia is able to be controlled then volume overload in the left atrium and left



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ventricle would likely improve significantly. Therefore, fairly conservative medication approach is warranted at this time. Lasix can also be added to the protocol. However, this would depend upon thoracic pulmonary findings if pulmonary edema is evident.

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Given the myocardial insufficiency noted in this patient Nutritional Cardiomyopathy (Taurine deficiency/grain free diet) and infectious agents should be considered. Infectious agents such as Bartonella, Leptospirosis, Parvo (current or historical), Bacterial sepsis and less likely and regional infectious agents such as Trypanosoma, Toxoplasmosis and Babesia should be considered as underlying clinical players.

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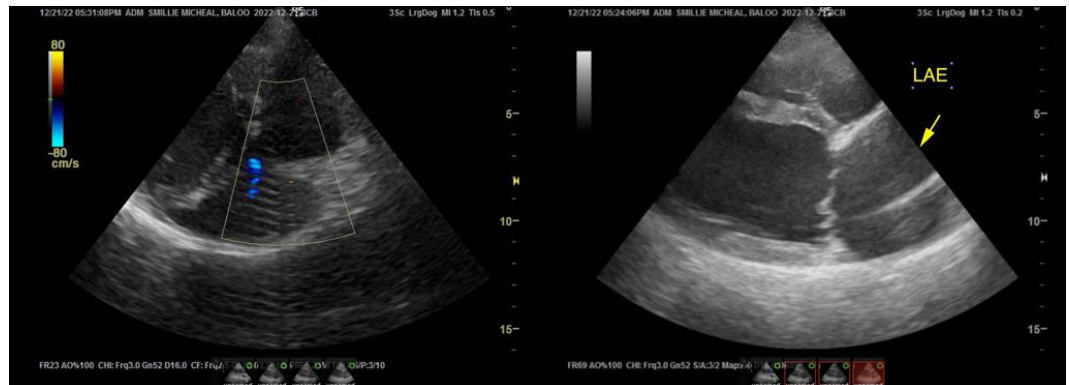
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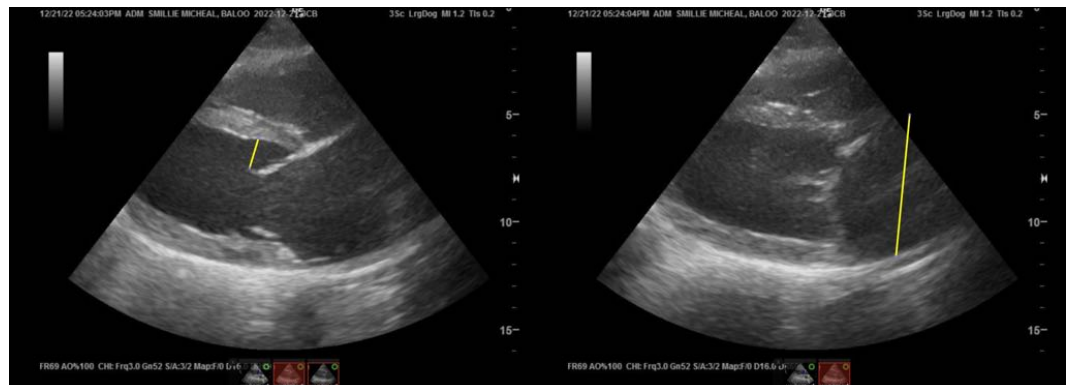
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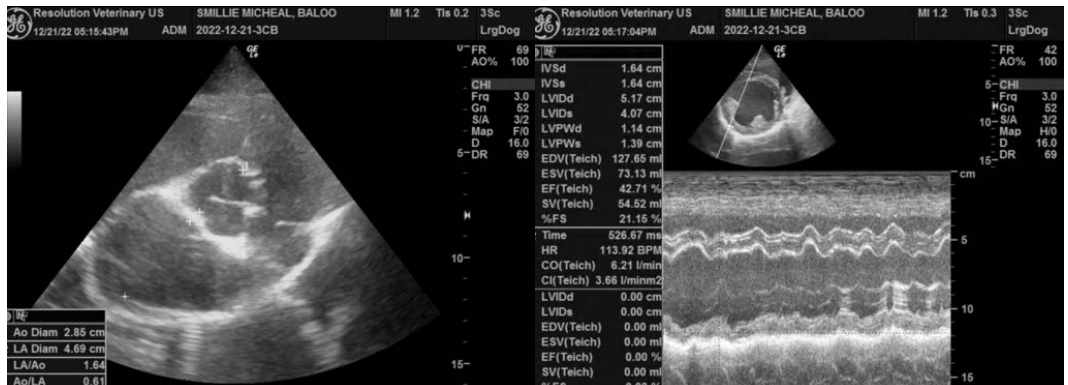
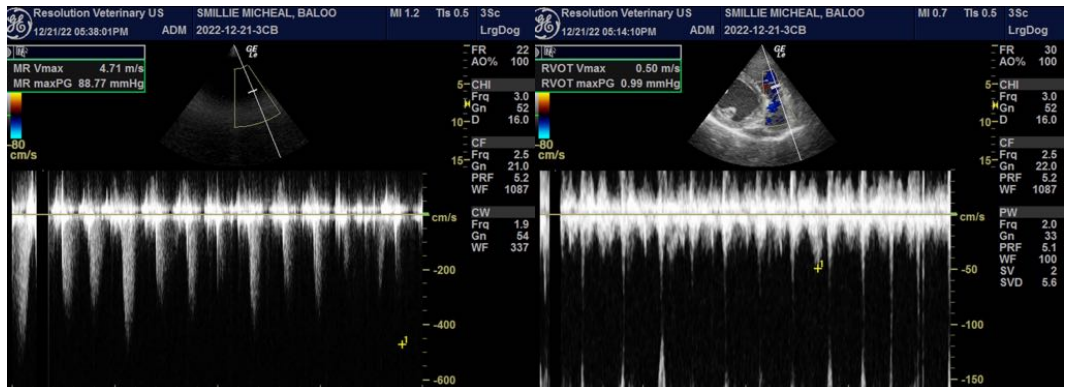
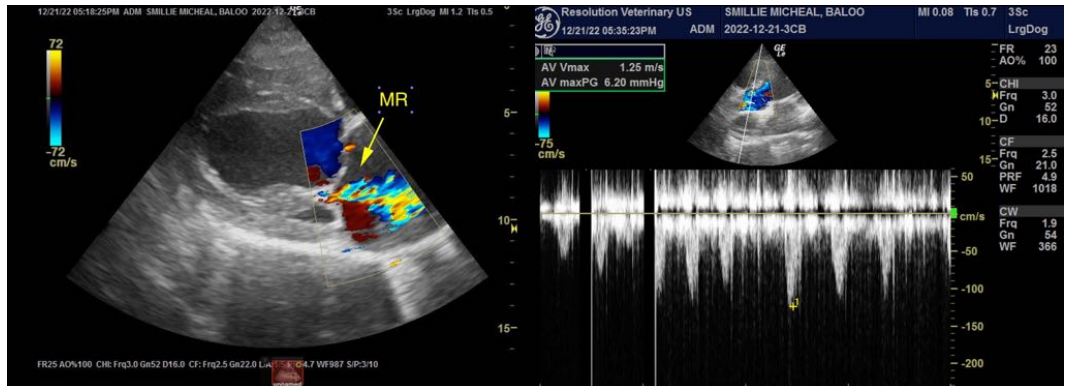
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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