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Clinical Sonography & Telecytology
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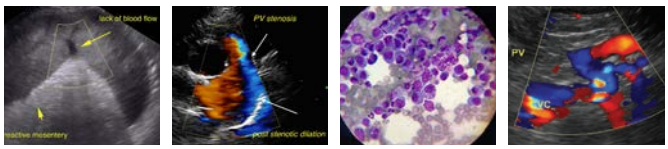

PATIENT
Nylah Sporcic

SPECIES
Canine

BREED
Lab X

SEX
Spayed Female

AGE
12 Years

WEIGHT
51 Pounds

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Jennifer Todd

HOSPITAL NAME
Lambs Gap AH

REFERRING VET
Dr. Jennifer Todd

INVOICE
33687

DATE
12/23/21

PRESENTING CLINICAL SIGNS

Nylah is a twelve year old, FS, Lab mix with a history of acute onset open mouth breathing, foaming at mouth, abdominal push when breathing and cyanosis on 12/20/21 . This episode occurred just after Nylah was normal on walk, met up and played briefly with friend's dog, then came in house and played. She was unable to stand. Her owner reports no cough or any symptoms prior to this other than her mild, chronic laryngeal paralysis. On arrival to ER, Nylah was cyanotic, dyspnic, had muffled heart sounds and an arrhythmia . ER xrays showed mildly enlarged heart, no pulmonary edema-technician saw a mass in heart but would not commit or comment further? ER prescribed hydroxizine. Owner brought Nylah home from ER and she rested in sun, wagged tail, and ate normally. Normal energy for Nylah is lazy and her owner has not seen any lethargy. On exam here on 12/21/21, Nylah was quiet, mm pink, CRT< 2 sec, with normal heart and lungs sounds. No arrhythmia or pulse deficits were present. CBC is normal, chem= increased creatine kinase (457). Increased cardiac proBNP=907. Normal T4. ECG is attached for your information Blood pressure today was 148/84, 153/100, 151/102.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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			NM	1.2	54	94	0.3
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		1.3	1.0		2.6	3.02	

Cardiac Presentation

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.

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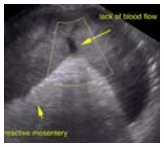
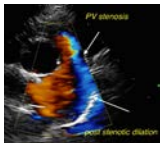
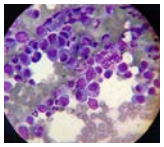
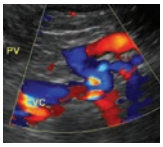

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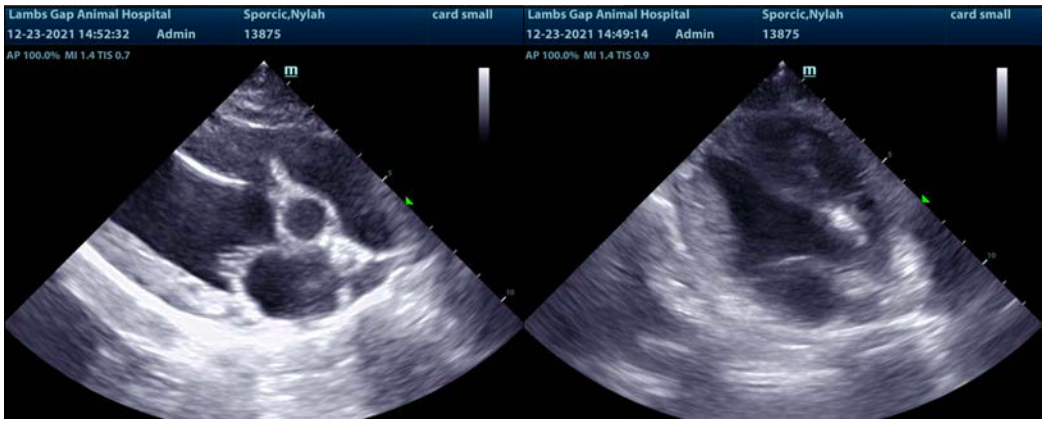
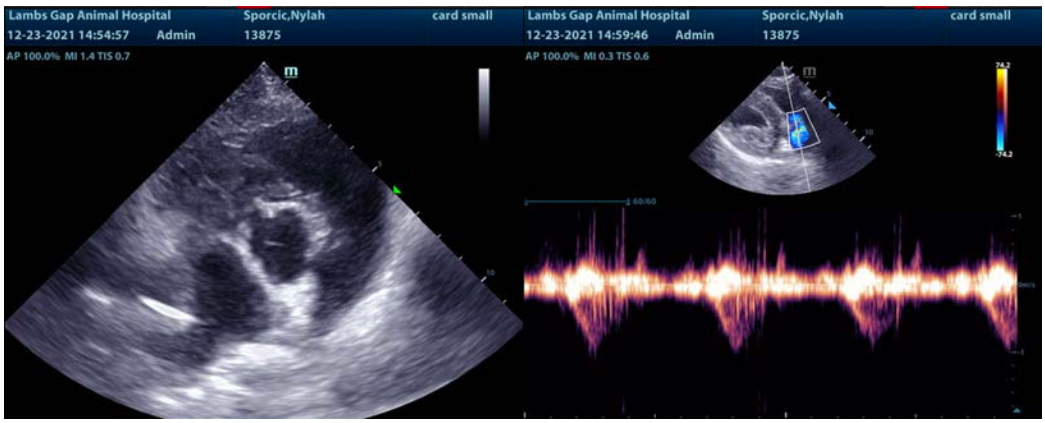
ULTRASONOGRAPHIC FINDINGS

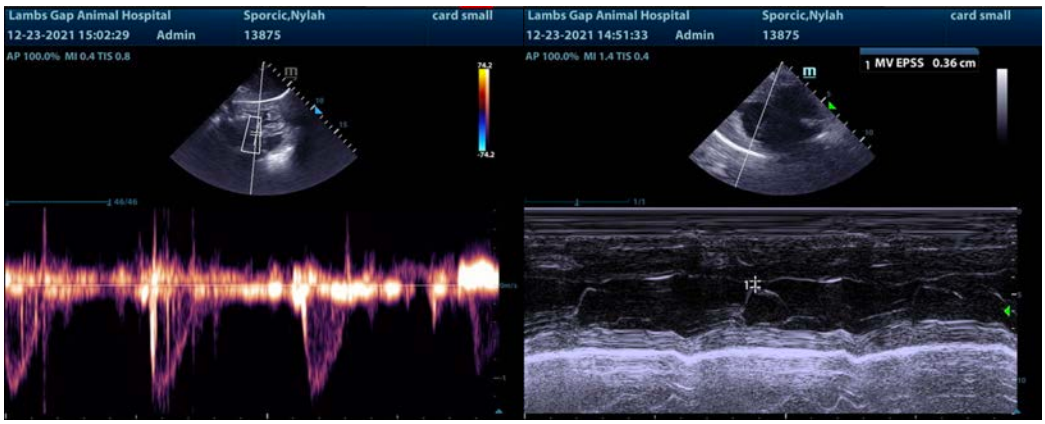
- Structurally unremarkable heart

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Normal structure, function, and chamber sizes. I do not believe that the heart is a clinical player in this patient. Primary respiratory disease likely, possibly obstructive or laryngeal paralysis should be considered given the patient history and breed.







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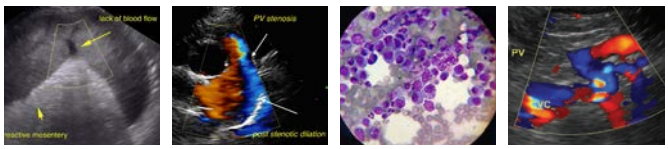

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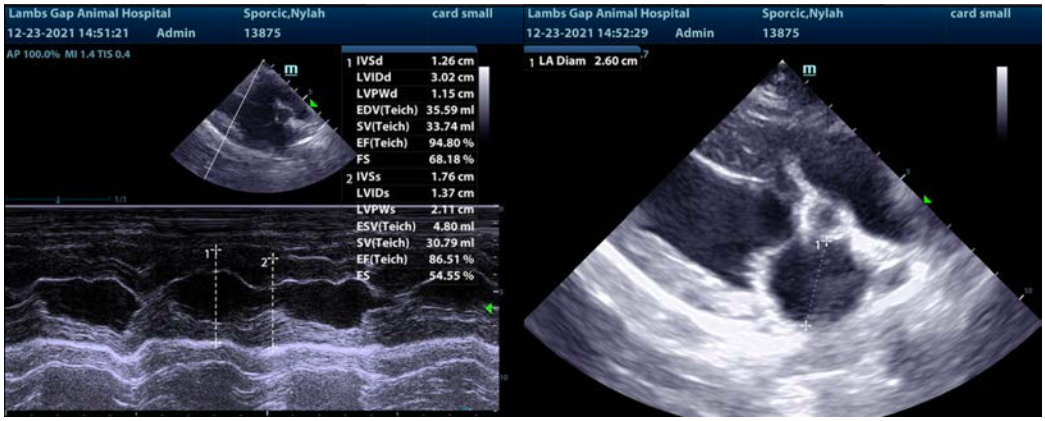

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com