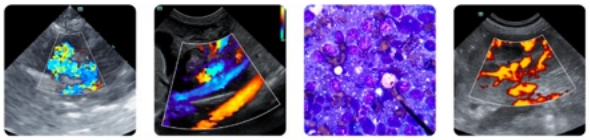

PATIENT

Freddy Duffey

SPECIES

Canine

BREED

Boxer

SEX

Neutered male

AGE

11 years

WEIGHT

77 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Great and Small Corvallis

REFERRING VET

Dr. Jessica Bailes

INVOICE

69753

DATE

12/31/25

PRESENTING CLINICAL SIGNS

History: Hx of boxer cardiomyopathy - currently on Sotalol 40mg PO BID, Mexilitine 200mg PO TID, Enalapril 20mg PO BID. last holter done 8/2025 showed dramatic improvement in arrhythmogenic events. acute onset lethargy, poor appetite and nystagmus/collapse noted 1 week ago @ home SRR elevated @ home overnight last night (average 30bpm)
Abnormal PE/Chem/CBC/UA Results: Lethargic, arrhythmia, severe R sided ear infection, otherwise NSF on PE - no neurologic abnormalities @ time of exam. Inflammatory leukogram, mildly elevated ALP, otherwise labwork WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated minor and eccentric insufficiency. The **left ventricle** presented minor subnormal **contractility** without volume overload. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. 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** valvular assessment demonstrated adequate linear morphology. 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. Periodic arrhythmogenic activity was noted as well as bradycardia.

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO	LA/AO (Heart Base)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	5.3		1.3	1.44	23	46	0.6
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT**	**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		1.3	0.97	77 lbs	3.6	4.05	

ULTRASONOGRAPHIC FINDINGS

Stage B1 valvular disease without significant volume overload.

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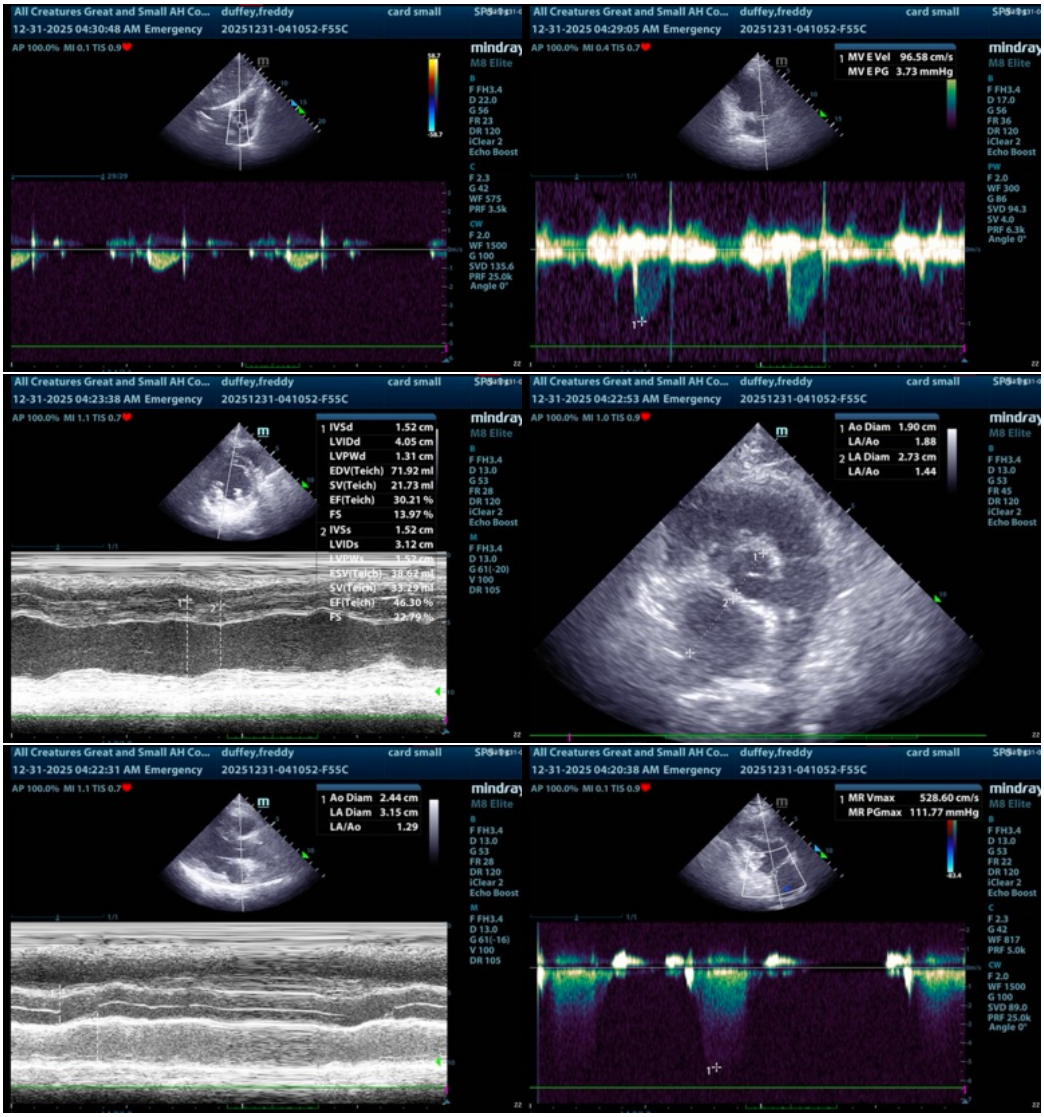
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No specific therapy is warranted beyond the current antiarrhythmic protocol. There was no evidence of volume overload present. No criteria for DCM at this time.

The heart is stable without clinical disease. No overt contraindication for anesthesia of brief to moderate duration. I suggest Torbutrol premed, Propofol induction, Isoflo maintenance or similar protocol if anesthesia is desired. Blood pressure recommended if not already performed and target white coat negative systolic pressure of < 160 mmHg. If higher than this ACE-inhibitor is suggested to reach this level. Recheck echocardiogram is recommended in 6 months, earlier if murmur grade increases or clinical signs initiate.



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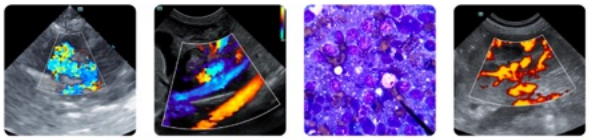

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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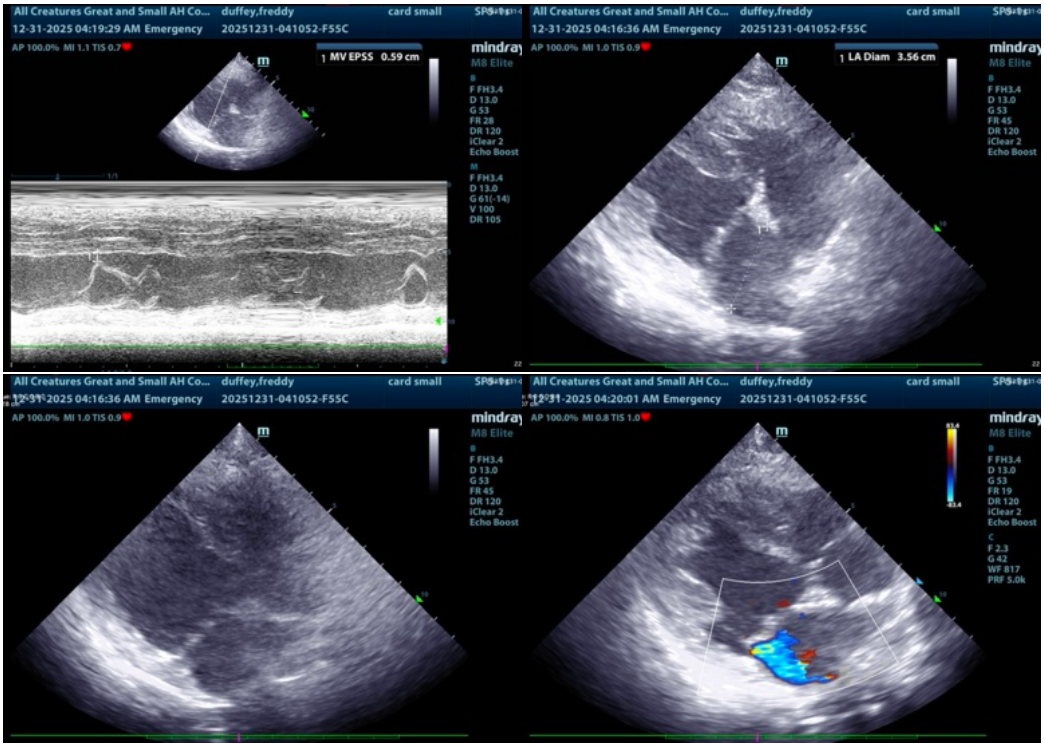

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com