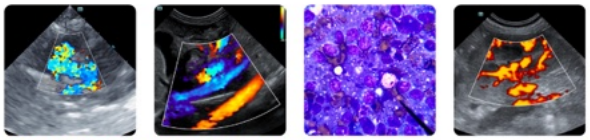

PATIENT

Lilac Watson

SPECIES

Rabbit

BREED

Holland Lop

SEX

Female

AGE

9 months

WEIGHT

1.44 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Noreen Carrigan

HOSPITAL NAME

Riverside Small AH

REFERRING VET

Dr. Pedrick

INVOICE

71516

DATE

2/11/26

PRESENTING CLINICAL SIGNS

- Significant bradycardia post premedication. Sedated with midazolam 2mg/kg IM, Hydromorphone 0.2mg/kg IM, Ketamine 3mg/kg IM. After premedication HR got as low as 120-130bpm, and when listening for over 1-2mins there is an irregular irregular arrhythmia/dropped beats maybe 5-6 in a min.
- Prior to premedication HR 140-150bpm, occ jumping to 200bpm
- A trial of glycopyrrolate was administered with a poor response.
- after 30mins HR did increase to 170-180bpm and the arrhthymia was less notable
- ECG screen sent to idexx; results naf
- Did not proceed with anesthetic. Recovered well from sedation, HR maintained 140-150 bpm.
- Repeat ECG done today - sent to idexx and waiting for result
- Echocardiogram performed today ; sedated with midazolam 2mg/kg IM and torbugesic 0.25mg/kg IM. HR 120-140 bpm
- TPR prior to echo: HR 180-200bpm, sniffing, T 39.2'C, pwm <2sec.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics.. The **left ventricle** presented normal 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 and angles 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 or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinetics. 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 or extra cardiac pathology in the visible planes. The cranial **mediastinum and pericardial regions** were free of masses in the visible window.

CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
NORMAL PARAMETER	------	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT	1.44 kg	190	0.4	0.9	0.4	30	-
CARDIAC PARAMETERS	**LA/AO** (M-mode)	**LA/AO HEART BASE** (Sisson)	**LAD** LA MAX 4 Chamber		**LVOT VEL.** (m/s)	**RVOT VEL.** (m/s)	**IVRT** (m/)
NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
PATIENT	-	1.2	0.84		-	-	NM

Adapted from June Boon,Veterinary Echocardiography,1998
Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705

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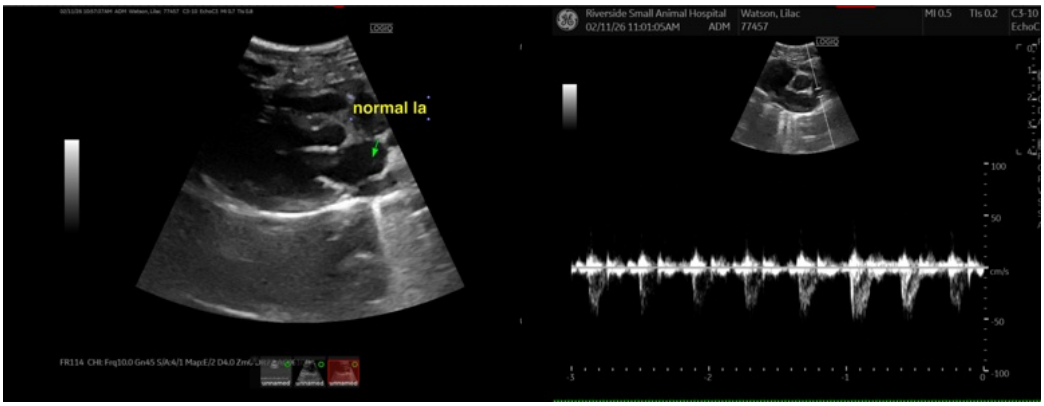
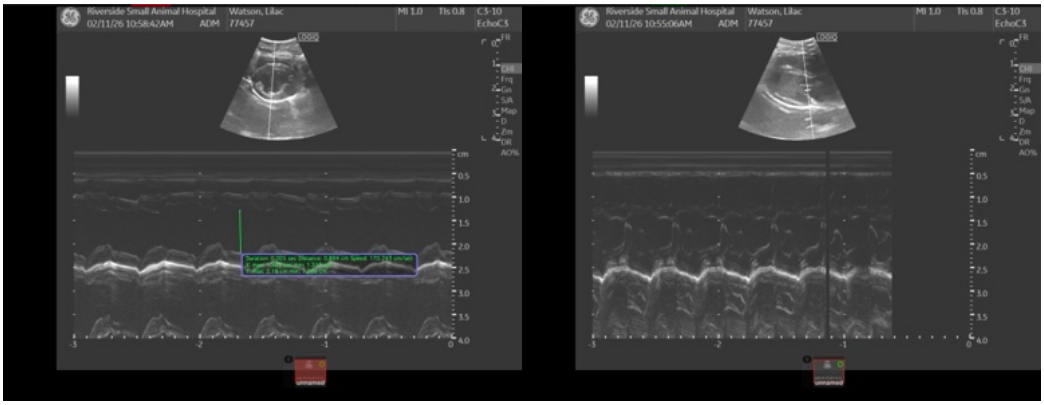
ULTRASONOGRAPHIC FINDINGS

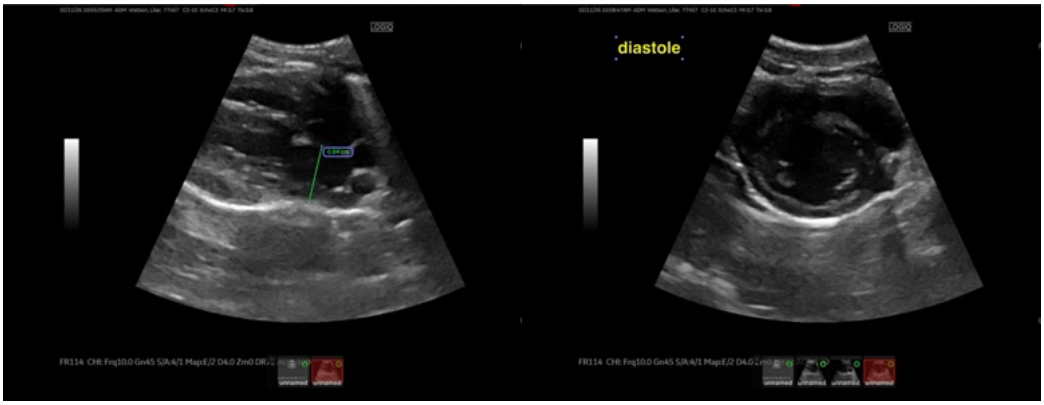
Normal echocardiogram.

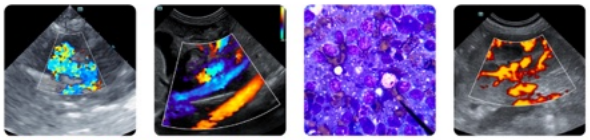
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of structural or functional pathology. No evidence of volume overload or pressure overload.









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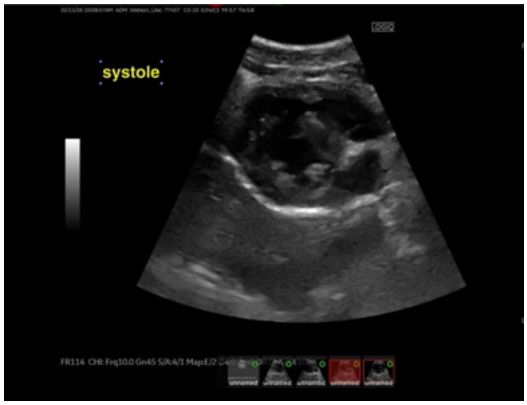

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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