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Clinical Sonography & Telecytology
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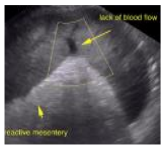
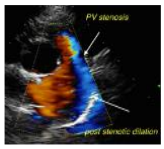
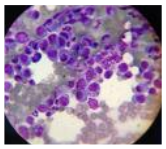
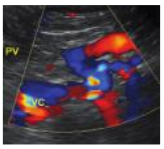





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Stridor Gough

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered Male

AGE

12 Years

WEIGHT

27.2 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Judy McFarlen

HOSPITAL NAME

Van Isle VH

REFERRING VET

Dr. Judy McFarlen

INVOICE

22088

DATE

4/17/23

PRESENTING CLINICAL SIGNS

History: deaf now. has been going that way for a while. history of arthritis. gives metacam very infrequently when he seems super severe. shoulders and hips. this am seemed "out of it" , "demented" didn't seem to recognize owner, then came around later in the morning. EXAM: mm pink, crt 1 sec, heart rate 100, regularly irregular rhythm. rule out primary cardiac disease versus abdominal tumor. no signs of bleeding. ****While doing EKG the arrythmia wasn't evident on auscultation any more, report attached Discussed with client that normal EKG doesn't mean much-hear irregular rhythm but clinical signs of a severe and temporary nature with the arrhythmia present in office call mean we should be looking for the source. Discussed electrical issues can be primary-also can cause sudden collapse and death with no warning. Holter monitor discussed also.

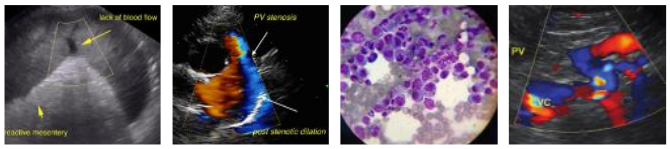
Abnormal PE/Chem/CBC/UA Results: CBC and CHEM normal EKG normal BUT rhythm abnormality not evident on EKG when done-normalized before that. (based on that the reader suggested echo wasn't required) but I went ahead anyway because my abdominal scan through the diaphragm looked like myocardium was not as smooth as I would expect and I wanted to make sure no RA tumor was visible as of yet.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

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	<1.3	28-40	40-100	<0.6
PATIENT	--	--	1.0	--	27	55	NM
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	--	1.19	.86	--	3.28	3.07	--

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



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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. **Pulmonic** insufficiency was noted, not clinically significant. 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.

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.5 cm. The right kidney measured 6.0 cm.

Adrenal Glands

The regions of the **adrenal glands** were imaged and revealed no evident pathology.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** revealed coarse architecture, slight irregular contour and multifocal hypoechoic mildly disruptive nodular changes. Mild increased portal markings were noted. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

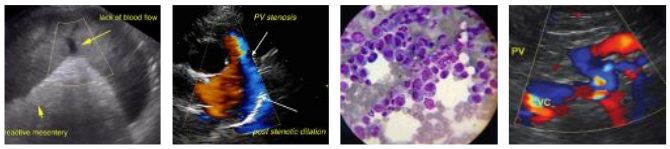
Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram with trivial pulmonic insufficiency, not clinically significant



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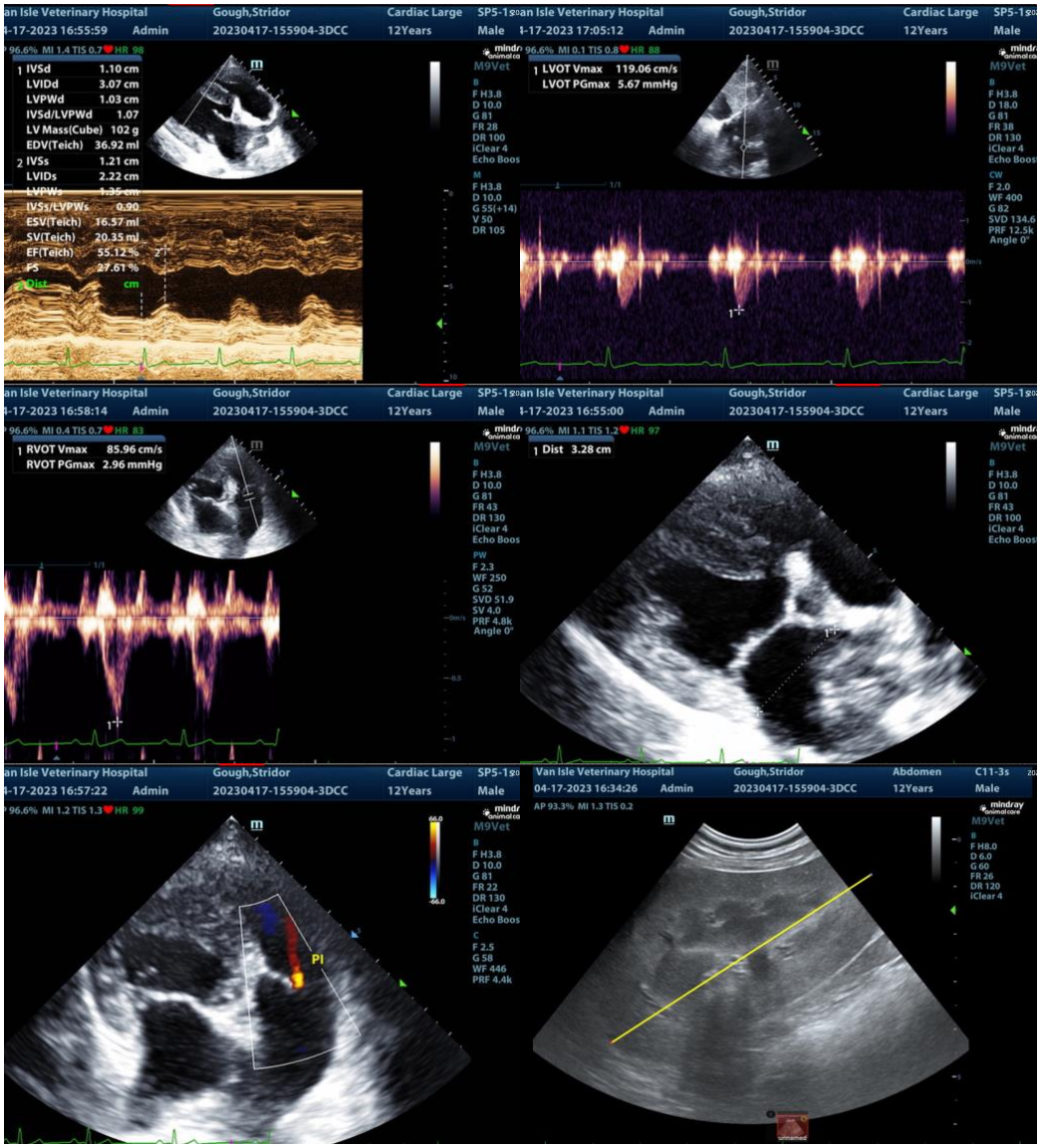
- Nodular hyperplasia/vacuolar hepatopathy liver pattern, structurally unremarkable

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If arrhythmogenic disease is present, then Holter monitor is indicated. Holter monitor can be obtained from out office. I recommend baseline cortisol or full ACTH stimulation, to ensure Addisons is not an issue in this patient.



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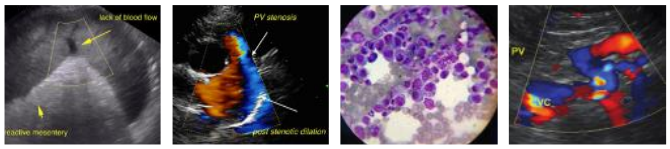

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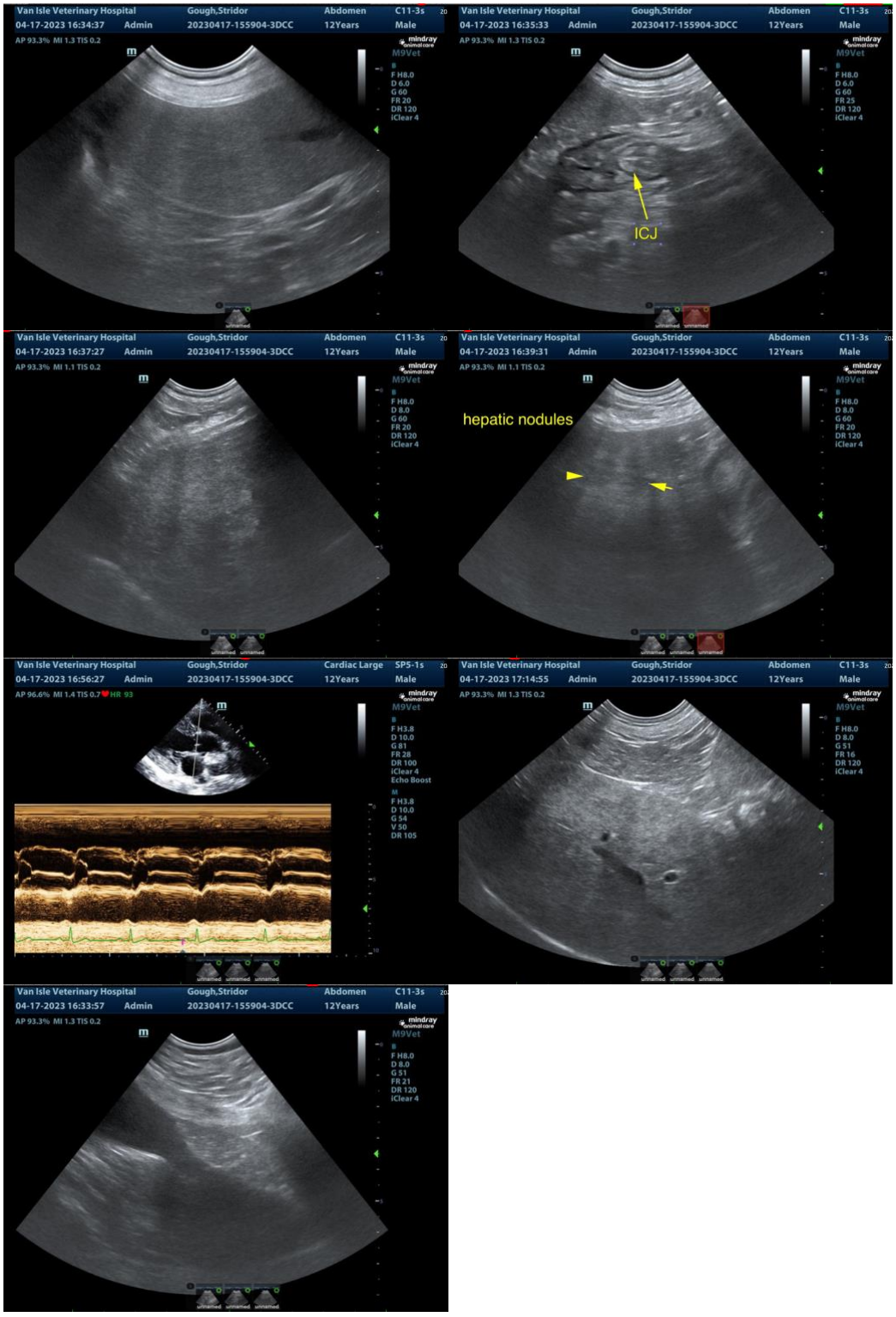

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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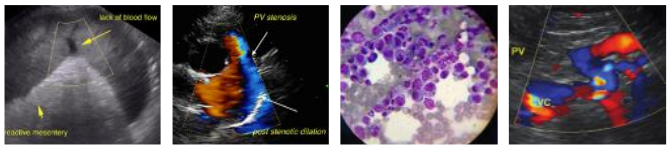

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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