



PATIENT PRESENTING CLINICAL SIGNS

Stella Gilliland

Stella presented for cardiac diagnostic work-up today. She has been on zonisamide for seizures/ idiopathic epilepsy since Nov. 2021, and was treated with doxycline for Lyme disease over initial concern that the seizures could be a less common neurological sign related to Lyme exposure 1 year ago. Night before last, the owners brought Stella to the ER clinic in town for a seizure that woke them up, then they observed Stella stumbling into a wall afterward, then she refused to move from kitchen floor. By the time she was examined, she had a normal cardiac rhythm and was acting normal, but the ER vet recommended a cardiac work-up to rule out ARVC or Boxer breed related cardiomyopathy. She has no cardiac murmur, chest rads were unremarkable (VHS of 10), BP normal ranging from 135/91 (109) to 155/131 (137) mmHg, and several 1-2 minute ECGs were run and normal sinus rhythm was observed on all with a rate of 100-135 bpm. There did appear to be some arrhythmogenic activity during the ultrasound (interested to see if you see on images). 5.7mg butorphanol was given IV today to lightly sedate for exam. I advised the owners that you will likely recommend a Holter monitor and they are on board with that plan if cardiac u/s findings support.

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

Abnormal PE/Chem/CBC/UA Results: 5/13/22 4Dx = POS for Lyme, neg for HW, Ehrlichia and Anaplasma

AGE

3 years

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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. Periodic arrhythmia was noted in this patient.

WEIGHT

63 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. McFeely

HOSPITAL NAME

Straley VA

REFERRING VET

Dr. McFeely

INVOICE

30395

DATE

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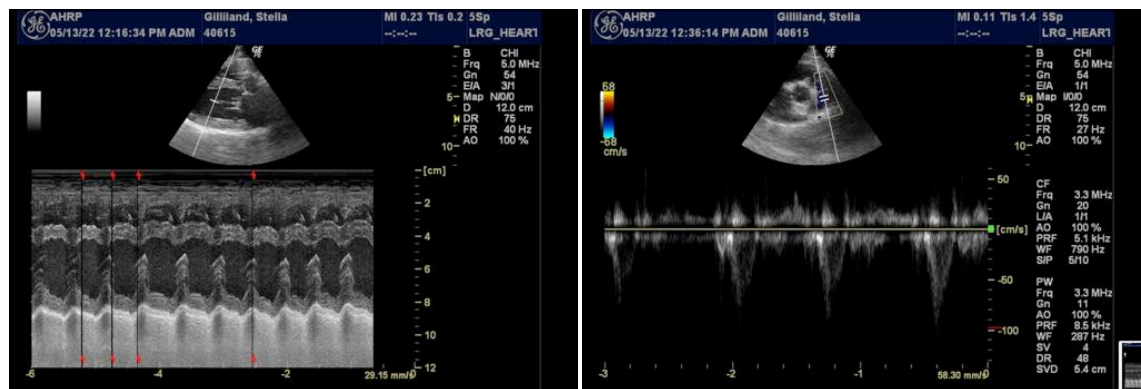
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
PATIENT			1.15	1.2			0.2
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LA (2D short axis 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			1.0			3.36	

ULTRASONOGRAPHIC FINDINGS

Normal echocardiogram with periodic arrhythmia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

EKG/Holter monitor would be warranted in this patient for management of the arrhythmogenic activity. There are no structural or function issues.





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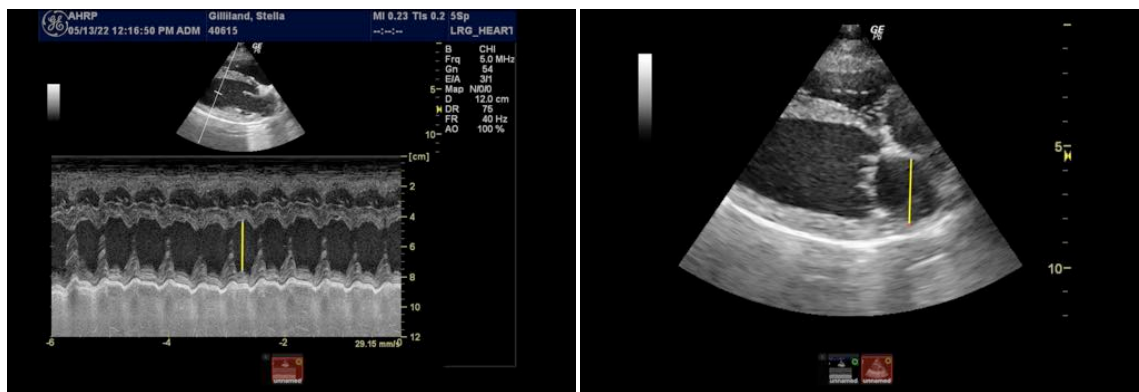
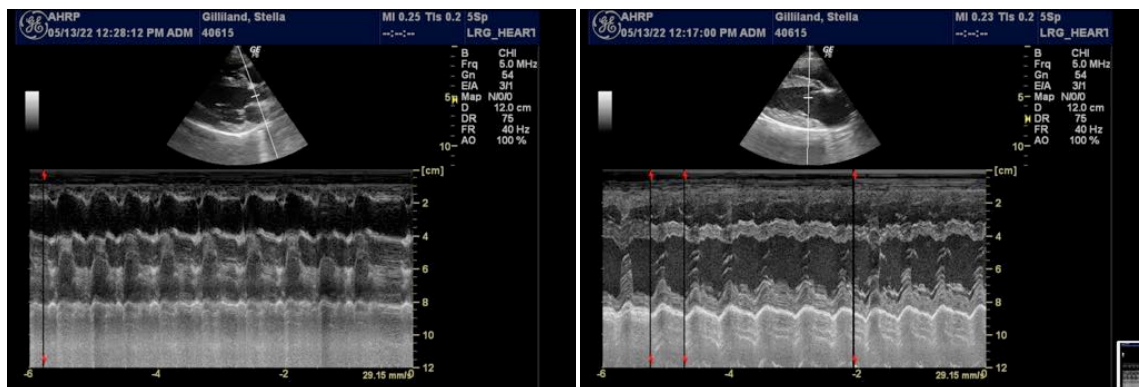
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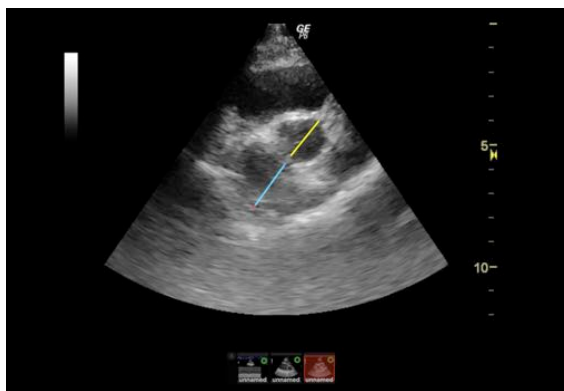
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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info@SonoPath.com

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