


PATIENT

Charlie Phipps

PRESENTING CLINICAL SIGNS

 Patient presents for tachycardia and irregular rhythm. Thoracic radiographs pending.
 Abnormal PE/Chem/CBC/UA Results: CBC/Chem: mostly WNL - monos 1.3, MPV 14.4.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART
BREED

Boxer

SEX

Neutered Male

AGE

9 Years

WEIGHT

64 Pounds

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	5.5		>2.0	>3.0	18	38	0.65
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	BELOW	BELOW	BELOW	BELOW
PATIENT	133	Variable 1.55	98		6.3	4.82	

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional

REFERRING VET

Dr. Goldman

INVOICE

39631

DATE

7/18/22

Cardiac Presentation

The cardiac presentation presented severe volume overload of the left atrium and left ventricle. Mitral and tricuspid insufficiency present. Myocardial insufficiency present, given the poor contractility and low fractional shortening. No pericardial or pleural effusion noted. Comet tail lung pattern/b-lines noted, consistent with pulmonary edema. Periodic arrhythmia noted.

PRIMARY FINDINGS

- Left-sided failure and myocardial insufficiency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No all parameters of DCM were present. However, quadrotherapy is recommended with EKG and blood pressures. Sleeping respiratory rate target of <25-30/min. Lasix at 3-4 mg/kg TID to BID, Spironolactone 1-2 mg/kg BID, ACE inhibitor 0.5 mg/kg SID progressing to BID, and Pimobendan 0.3 mg/kg BID. BUN, creatinine, SRR and chest radiographs as well as blood pressures all indicated over the next 3-5 days. Cage rest recommended. End stage Boxer cardiomyopathy possible. However, given that EPSS values are still within normal limits, full DCM is not present. Infectious cause of myocarditis should be considered as well as thyroid assessment and nutritional evaluation to rule out the possibility of complicating nutritional cardiomyopathy. Recheck echo in one week, earlier if the patient is not responding.



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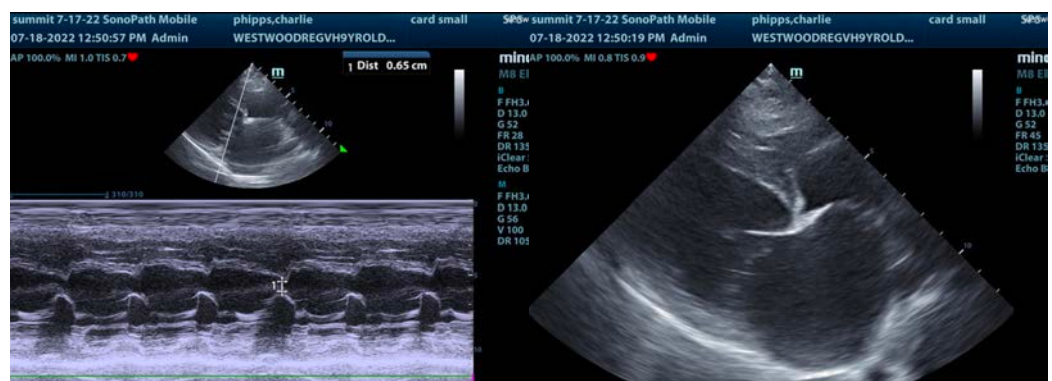
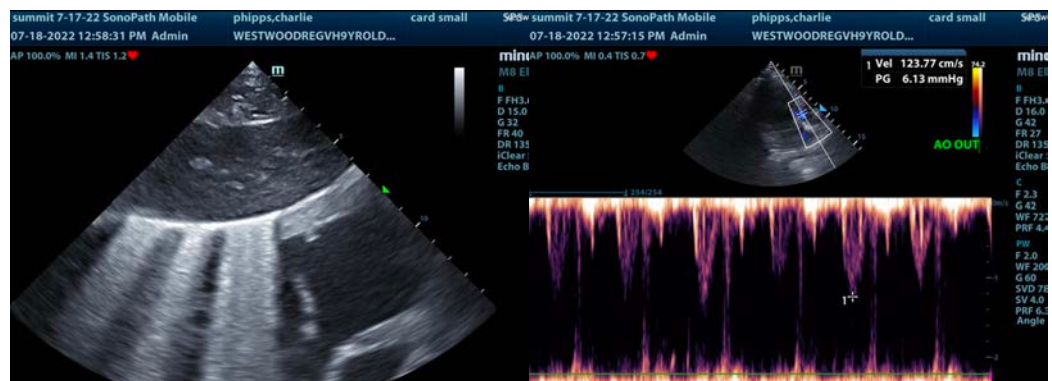
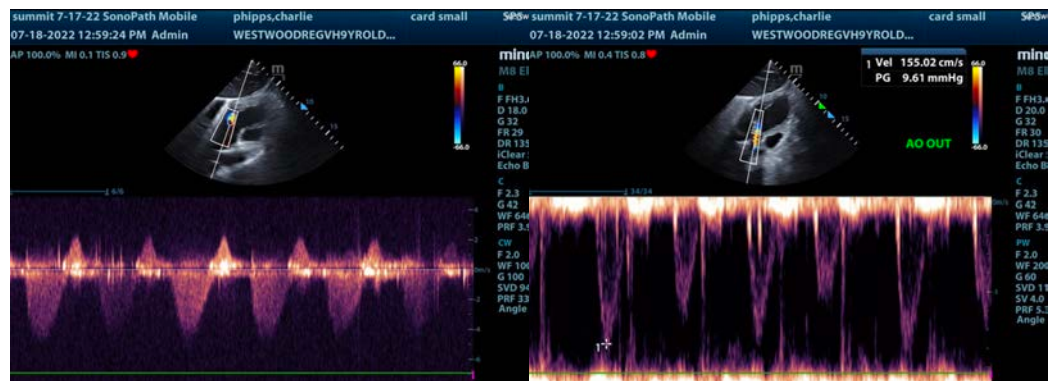
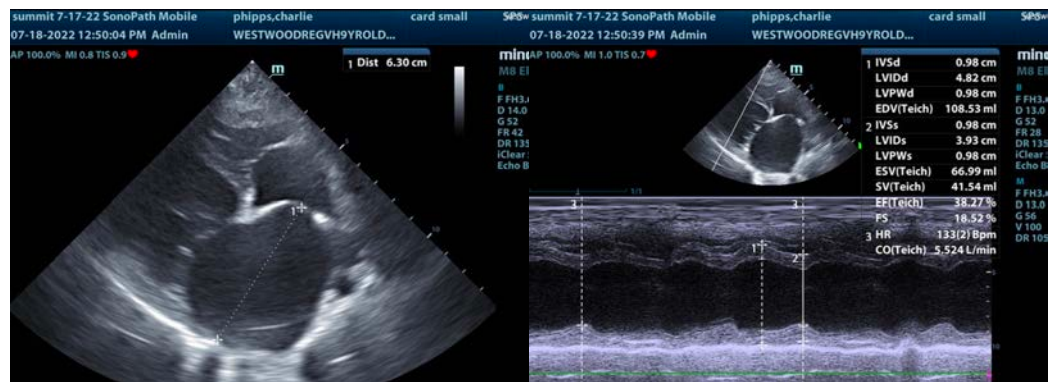
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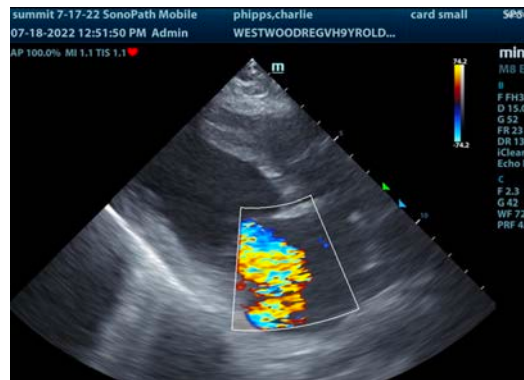
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com