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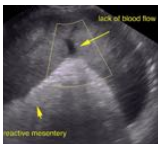
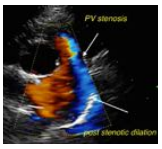
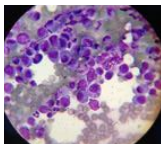
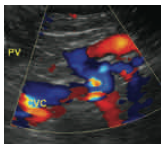

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1-800-838-4268 info@sonopath.com

PATIENT

Diesel Burns

SPECIES

Canine

BREED

Pitbull

SEX

Male

AGE

12 year

WEIGHT

91.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. McFeely

HOSPITAL NAME

Straley VA

REFERRING VET

Dr. McFeely

INVOICE

91314

DATE

8/17/21

PRESENTING CLINICAL SIGNS

History: Diesel presented in August 2020 for coughing 3-4 times daily for 1 to 2 months prior, and panting hard intermittently. He was suspected to have geriatric onset laryngeal paralysis and polyneuropathy. In November 2020 he was diagnosed with a splenic mass, and had a splenectomy (splenic abscess was found). Diesel presented in June 2021 for coughing, gagging and regurgitating water, gagging during the night when lying down. On laryngoscopic exam an enlarged, inflamed left arytenoid cartilage/ laryngitis was identified, and an anti-inflammatory prednisone trial started, and cough improved at rest, but he still coughed after drinking. However, over concern for harsh lung sounds and an alveolar pattern on rads taken in early August at his recheck, the prednisone was stopped, and furosemide was started (20mg BID). A week after furosemide was started, his lung pattern improved and VHS was found to be 11.5. Currently, Diesel coughs and gags whenever he gets up and walks and has very little tolerance for exertion. He has mild to moderate quadriparesis. His heart rate was 164 and he was panting today, and his blood pressure was elevated (171/99(135) to 192/87 (142) systolic/ diastolic (MAP).
Had an inflammatory leukogram in 11/2020.

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.

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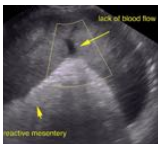
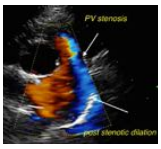
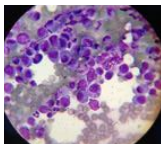
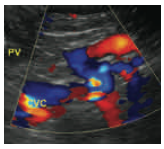

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CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT			1.3		30		0.2

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				
PATIENT			0.6	91.5 lbs	4.8 max	5.0	

ULTRASONOGRAPHIC FINDINGS

Normal canine cardiac.

Periodic arrhythmia appeared to be present.

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. McFeely

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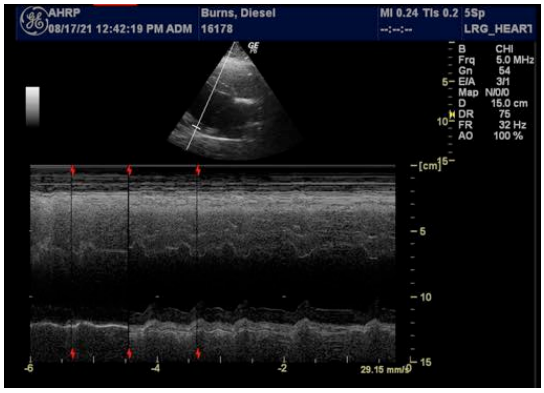
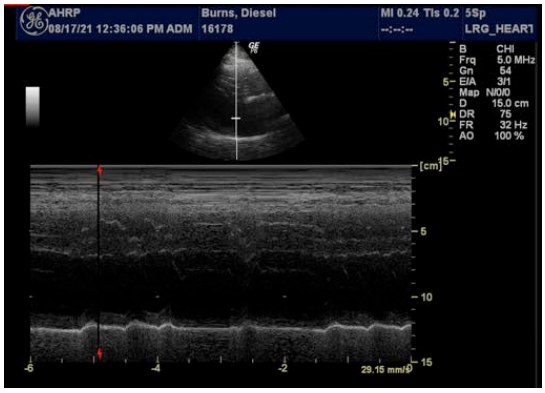
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of cough does not appear to be cardiac related in this patient as no significant volume overload was noted. However, paroxysmal arrhythmia may be playing a role in the exercise intolerance. Holter monitor would be warranted in this patient. No specific cardiac medications are warranted. The Lasix may be reducing a more significant presentation in this patient from a sonographic standpoint. Thyroid assessment would also be indicated. The left atrial size was well contained at the time of the sonogram. No evidence of any significant mitral insufficiency was noted that would suggest any left-sided failure. The Lasix may be treating primary respiratory issue.





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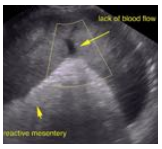
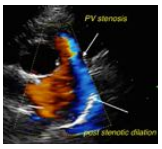
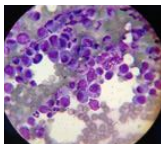
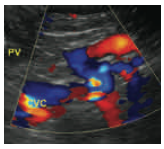

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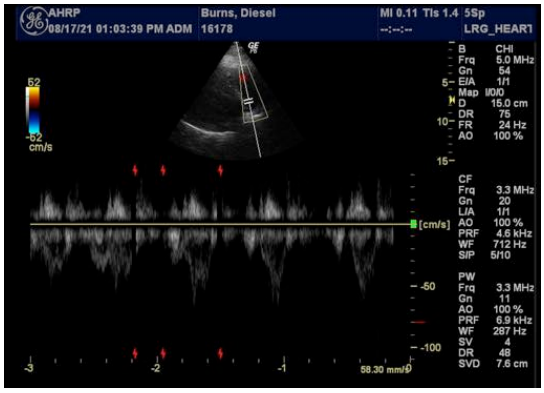

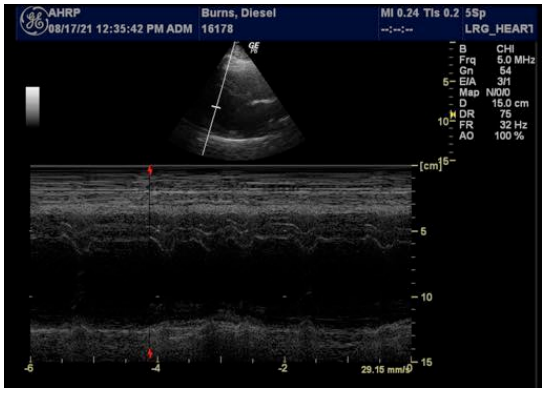

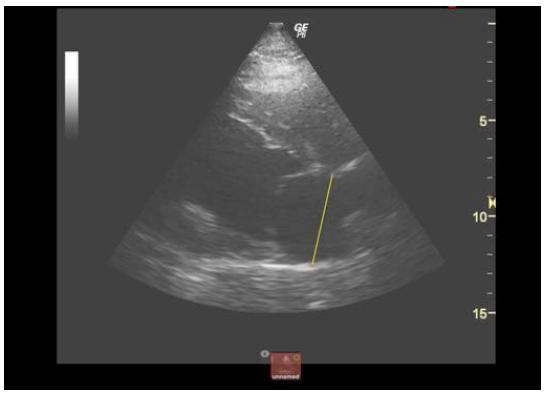

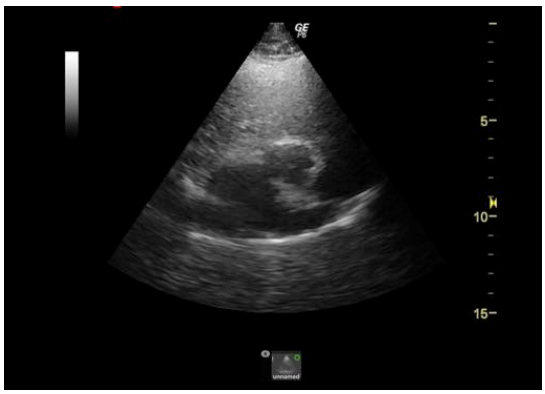

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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