



PATIENT PRESENTING CLINICAL SIGNS

Archie Brubaker

SPECIES

Canine

BREED

English Setter

SEX

Neutered male

AGE

7 years

WEIGHT

68.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Great
and Small VC Corvallis

REFERRING VET

Dr. Litalien

INVOICE

91362

DATE

8/19/21

History: Over the past 2 weeks, O has noticed an increase in RE with occasional increase in RR. A month ago he was able to go for 10 mile hikes easily, but this weekend was wiped out after a normal swim in the river. His hind end weakness from camping last weekend has improved. P was very stiff and sore after the camping trip. He has not had any ocular or nasal discharge and no increase in coughing (has a mild cough which is his normal). Normal appetite and BM, no vomiting. Current meds vetprofen 100 mg 1/2 tab BID and Zyrtec 30 mg q 24, NG, Interceptor. O hasn't been giving Adequan but will likely want to restart it. Good appetite, normal drinking, normal toileting habits. Does get intermittent D+ which is normal for him. P had been camping in eastern Oregon prior to onset. Energy is lower for the past week. has a prior hx of L liver lobectomy necessitated by inhalation of a foxtail - this was done years ago. Diagnosed w/ pneumonia 4/21; clinically and radiographically resolved 2-3 weeks after diagnosis. Thoracic rads taken 8/16/21 and submitted for report: The cardiovascular structures are unremarkable. There is a mild bronchial interstitial pulmonary pattern noted throughout the lungs. No focal areas of pulmonary infiltrates are noted. The mediastinum and pleural space are unremarkable. The trachea and mainstem bronchi are normal. Mild persistent air is noted within the esophagus. The liver, spleen, visualize kidneys, urinary bladder, retro peritoneum and peritoneum are unremarkable. There's mild loss serosal detail in the cranial abdomen. The G.I. tract is normal. No aggressive osseous lesions are identified. There are degenerative changes noted in the shoulders. Patient was started on doxycycline 8/16/21

Abnormal PE/Chem/CBC/UA Results: Lungs sound clear; no heart murmurs or arrhythmia today; does intermittently develop episodes of increased RR/RE (expiratory effort) that was noted @ time of echo today. AFAST negative today;

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 normal volume, septal and free wall thicknesses with subnormal contractility, yet normal internal volume. 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. Trivial **tricuspid** insufficiency was noted at 2.22 m/sec. 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.



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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		2.22	1.05	1.3	20	42	0.45
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	80	1.57	1.03	68.4 lbs	4.1	4.49	

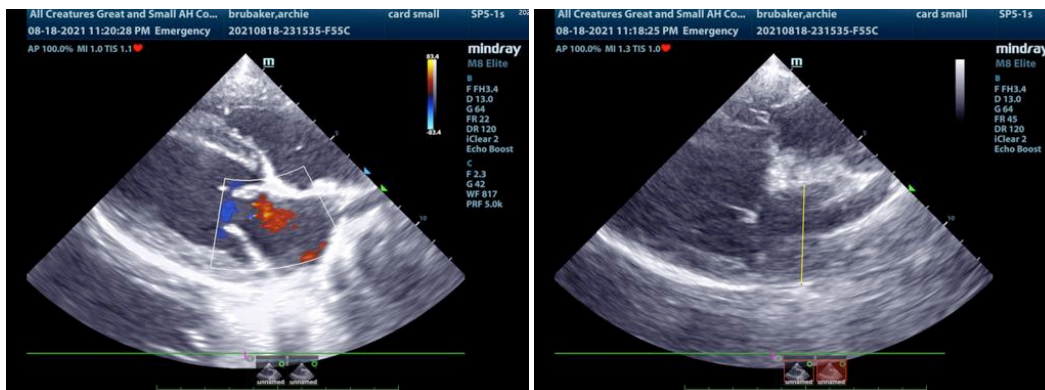
ULTRASONOGRAPHIC FINDINGS

Largely normal echocardiogram with mildly subnormal contractility. No evidence of volume overload or significant dysfunction.

Trivial tricuspid insufficiency was present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The subnormal contractility may be owing to athletic status. However, assessment for grain free diet history, low taurine as causes of myocarditis can be considered. I do not feel that the heart is the primary issue at least from a structural or functional standpoint. Paroxysmal arrhythmia is a potential in this case or respiratory disease.





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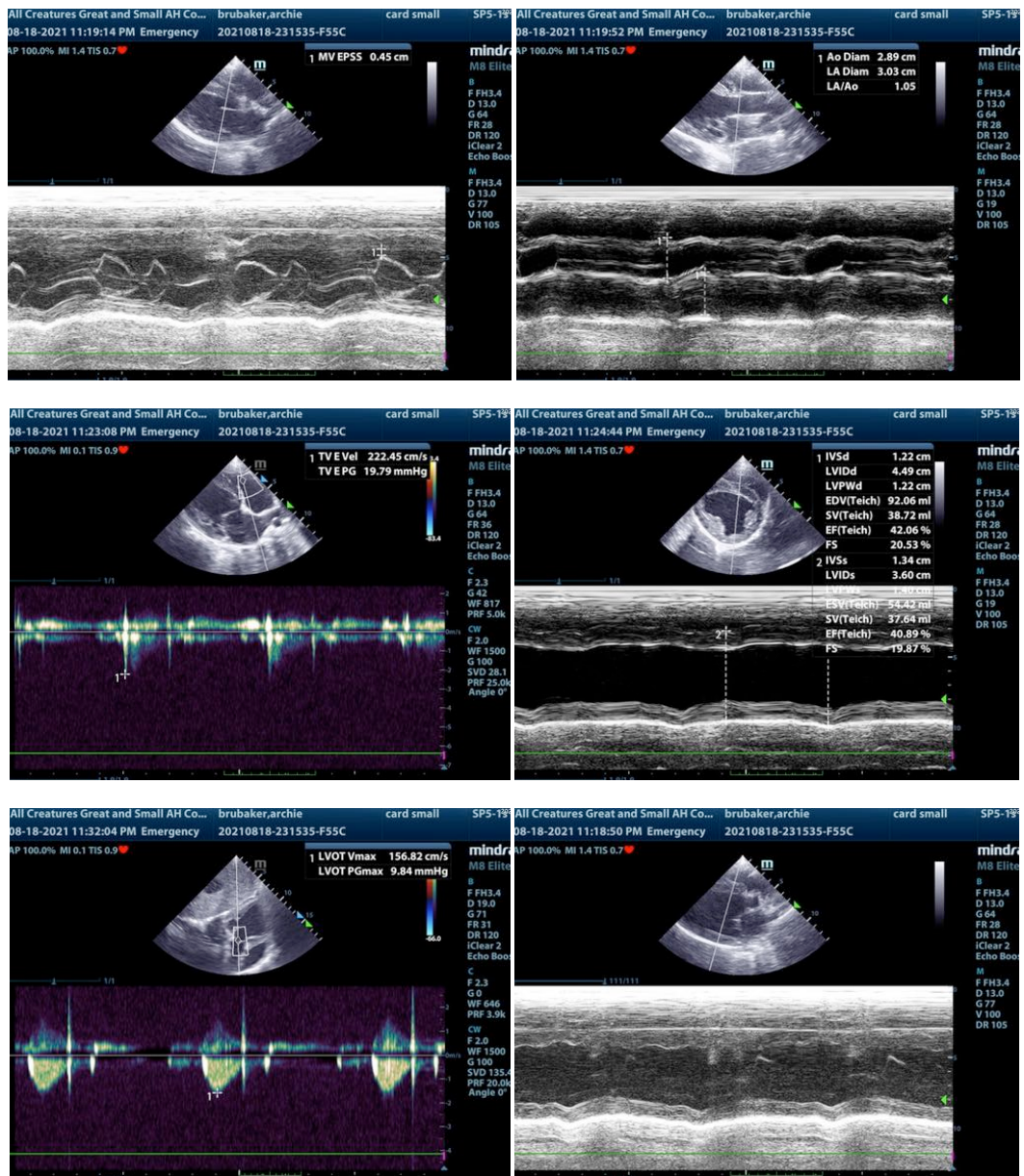
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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