


**PATIENT PRESENTING CLINICAL SIGNS**

Gunner Meudt

History: Dr. Lindquist previously evaluated this dog and helped diagnose taurine deficient DCM. Taurine deficiency was corrected, dog was placed on commercial dog food, and owner requested to wean off of heart meds. Pet has been off of heart meds (Pimobendan and furosemide) for approx 5 months. 1 week ago, pet started having episodes of collapse again -- similar to when DCM was first diagnosed. Cardiomegaly noted on radiographs -- Pimobendan and furosemide restarted.

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Male

**AGE**

9 years

**WEIGHT**

130 lbs

**INTERPRETED BY**

 Eric Lindquist, DMV  
 DABVP, Cert. IVUS

**IMAGING PERFORMED BY**

Jill Rumachik

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

Left ventricular and moderate left atrial volume overload was noted. Thinning of the left ventricular septum and free wall was also noted. Mitral insufficiency was noted. LVIDD in diastole was 7.0 cm and systole was 6.1 cm. Poor contractility was noted with the left ventricle. There was no significant righted heart disease present. Arrhythmogenic activity was noted. Periodic tachycardia was noted. No pericardial and pleural effusion was noted. The hepatic veins were not dilated.

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base;)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT			1.4				1.2
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	BELOW	BELOW	BELOW	BELOW
PATIENT		NM	0.7	130 lbs	6.0 max	5.8	

**ULTRASONOGRAPHIC FINDINGS**
**HOSPITAL NAME**

Clarity Imaging LLC

DCM type presentation with arrhythmia, potential nutritional cardiomyopathy or infectious agents should also be ruled out such as tick borne disease, Bartonella Chagas disease and similar if present in your area or if the patient has traveled to regions with those infectious agents or others.

**REFERRING VET**

Dr. Hutter

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**
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EKG and Holter monitor would be warranted in this patient. Reassessment of taurine levels are warranted in this patient. There is no consensus on nutritional cardiomyopathy regarding response to therapy or potential permanent damage that may have occurred. It is theoretically possible that myocardial damage has occurred that is irreversible and the patient returning back to a DCM type presentation as all criteria of DCM are present with left ventricular dilation, poor contractility, elevated EPSS and left atrial enlargement.

**DATE**

8/9/23



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Periodic tachyarrhythmia appears to be present. Holter monitor would be warranted. Taurine supplementation, nutraceuticals and triple therapy are all indicated. Return to Pimobendan 0.3 mg/kg b.i.d., ace inhibitor 0.5 mg/kg s.i.d. progressing to b.i.d. and Spironolactone 1-2 mg/kg b.i.d. would be an option. If any pulmonary edema is noted then Lasix can be added. I recommend reassessment of the echocardiogram in a month with further information as to response to therapy, taurine levels and Holter monitor results. Holter monitor can be obtained from our office with cardiologist review.

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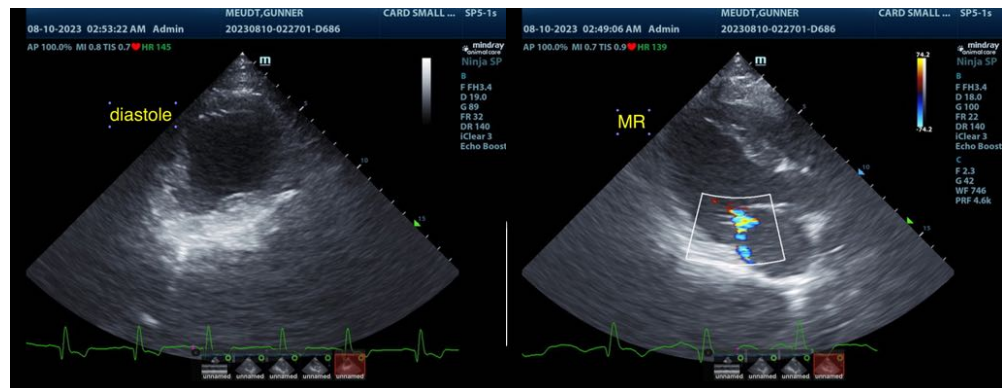
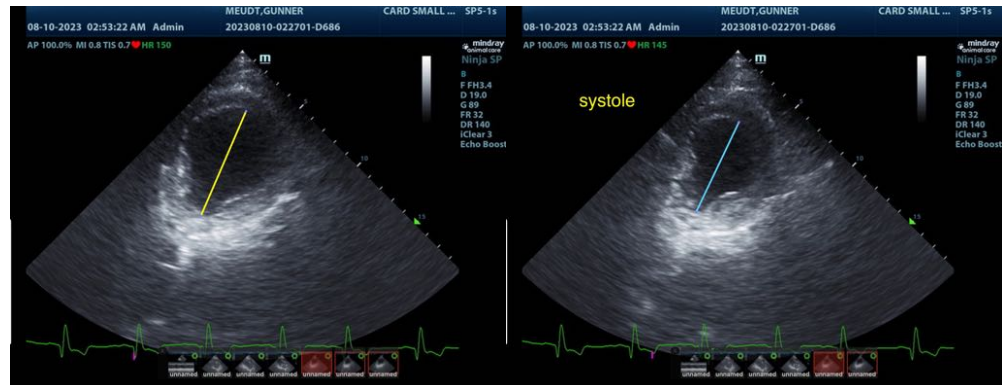
Dr. Hutter

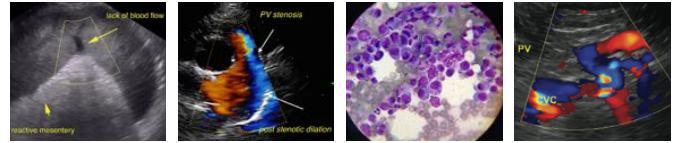
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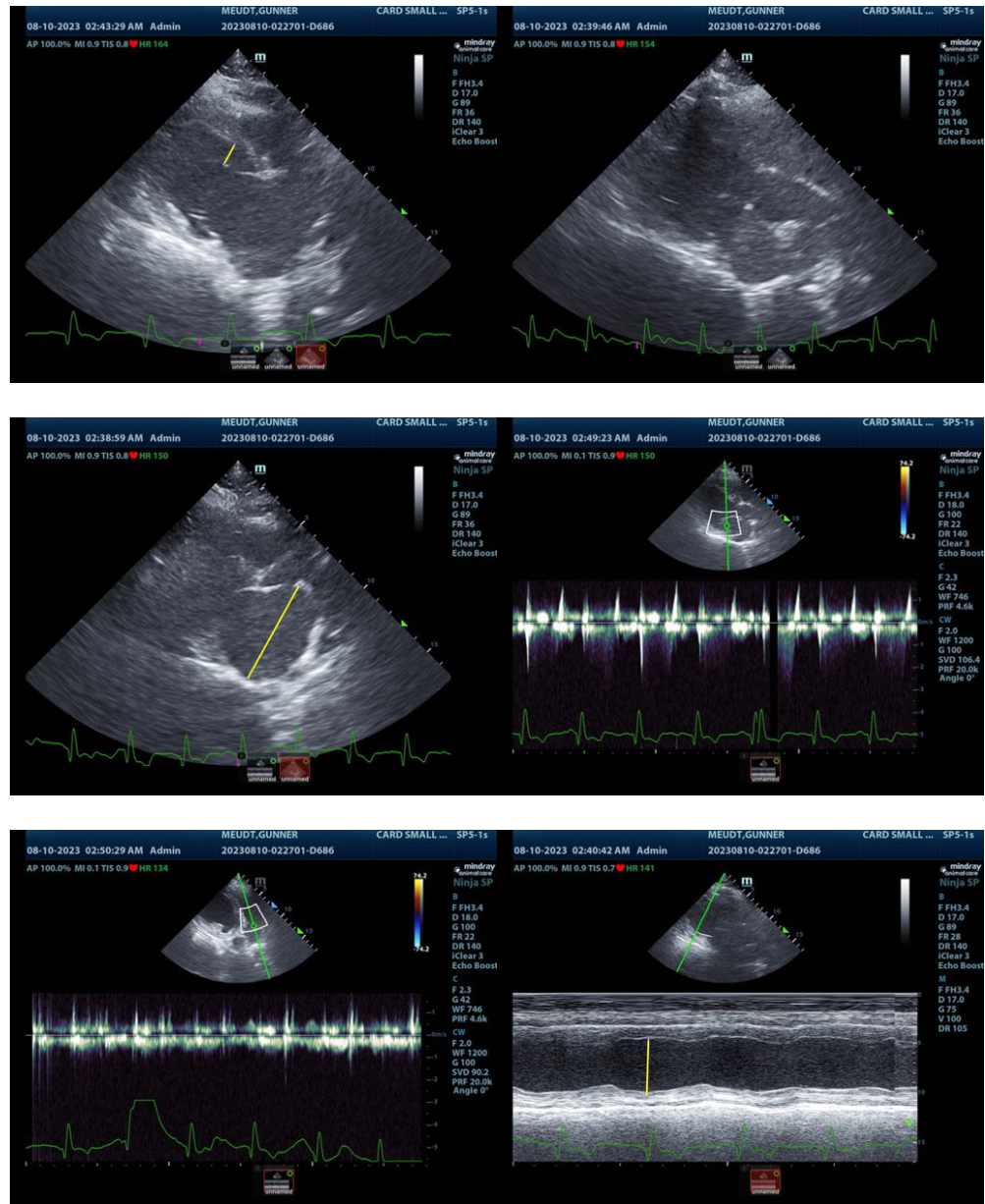
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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