



PATIENT PRESENTING CLINICAL SIGNS

Bailey Morgan

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

3 Years

WEIGHT

68.9 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

6 week history of poor appetite and weight loss, increased respiratory effort. Symptoms began roughly around the time that patient had been severely kicked by a horse. She seemed fine shortly after it happened, but really began to decline when the weather got hotter. Still very active and does not seem to have exercise intolerance, but breathes heavier than usual, even when calm and at rest. Previously on a grain free diet. Currently will only eat cooked chicken or hamburger. No vomiting and stool appear normal. Has lost 8lbs since last visit, about a year ago. ABNORMAL Laboratory Findings No Labwork performed, but planning to submit blood for taurine level testing today. Blood Pressure Measurements Not taken-AWC pet, was sedated for treatment today. Current Medications Trazodone and gabapentin will be given prior to appointment. Radiographic Findings Chest rads showing cardiomegaly, most notably on V/D view.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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			>2.5	>2.5	30	57	0.3
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	100	1.0	0.5		8.13	5.49	

Cardiac Presentation

HOSPITAL NAME

Q Street AH

REFERRING VET

Dr. Hoerauf

INVOICE

41465

DATE

9/21/22

The cardiac presentation revealed severe volume overload of the left atrium and left ventricle. Mitral insufficiency noted at 6.0 m/sec. Tricuspid insufficiency noted up to 3.0 m/sec. Mild right atrial enlargement also present. Contractility was subnormal. Arrhythmogenic activity noted. Hepatic veins were dilated and ascites noted, consistent with right-sided failure.

ULTRASONOGRAPHIC FINDINGS

- Stage C1 valvular disease with myocardial remodeling
- Left and right-sided heart failure

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of congenital disease. All criteria for DCM were not present. Underlying myocarditis, nutritional cardiomyopathy, other causes of chronic valvular disease and secondary myocardial insufficiency all possible. Infectious agents that may cause myocarditis should be investigated for your region. Immediate therapy with quadrotherapy recommend: Pimobendan 0.3 mg/kg BID, ACE inhibitor



PATIENT

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0.5 mg/kg SID progressing to BID, Lasix at 3-4 mg/kg BID, Spironolactone at 1-2 mg/kg BID. Cage rest recommended. This patient is at high risk for sudden death. EKG indicated. Taurine assessment indicated.

SPECIES

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The heart is in a somewhat precarious state with volume overload and a heart that is working to compensate for the valvular insufficiency. Target respiratory rate is < 20 resp/minute after therapy. After initiating therapy, I recommend recheck on the clinical exam, BUN, Creatinine, USG, Chest radiographs & Blood pressure in 5-7 days. Recheck echo in 2-4 weeks if the patient is able to stabilize. Earlier if clinical decompensation is occurring. I do not recommend anesthesia at this time until stabilization has occurred on the recommended medications. Repeat preanesthetic echo is ideal if anesthesia is eventually necessary. There is severe anesthetic risk for this patient. Light dose opioids may be used to calm but I do not recommend anesthesia. Very guarded prognosis.

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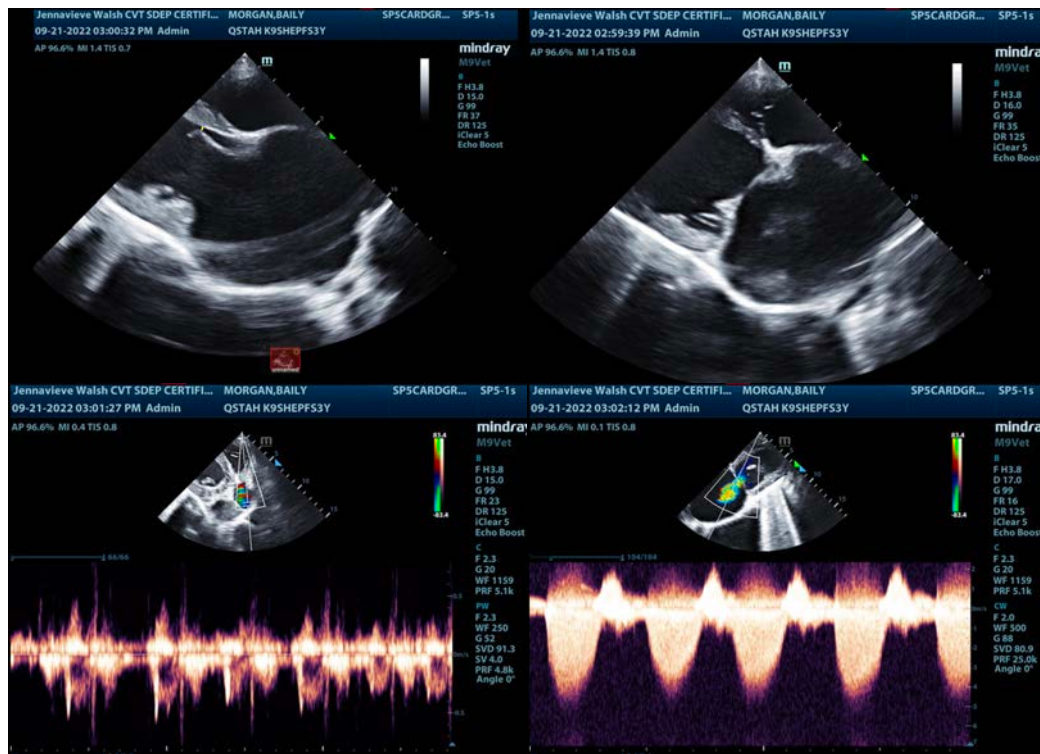
Radiographs: Severe cardiomegaly.

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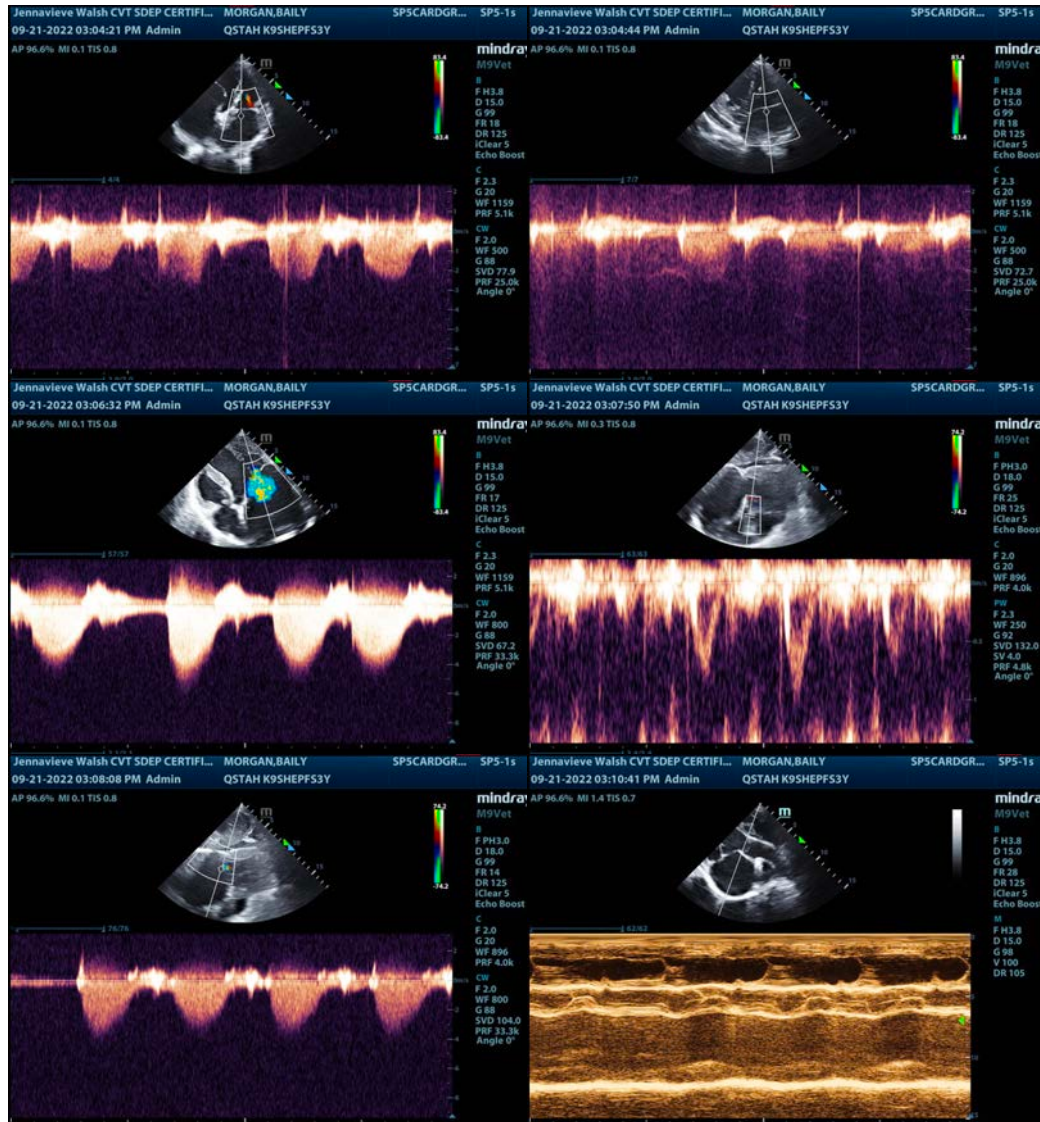
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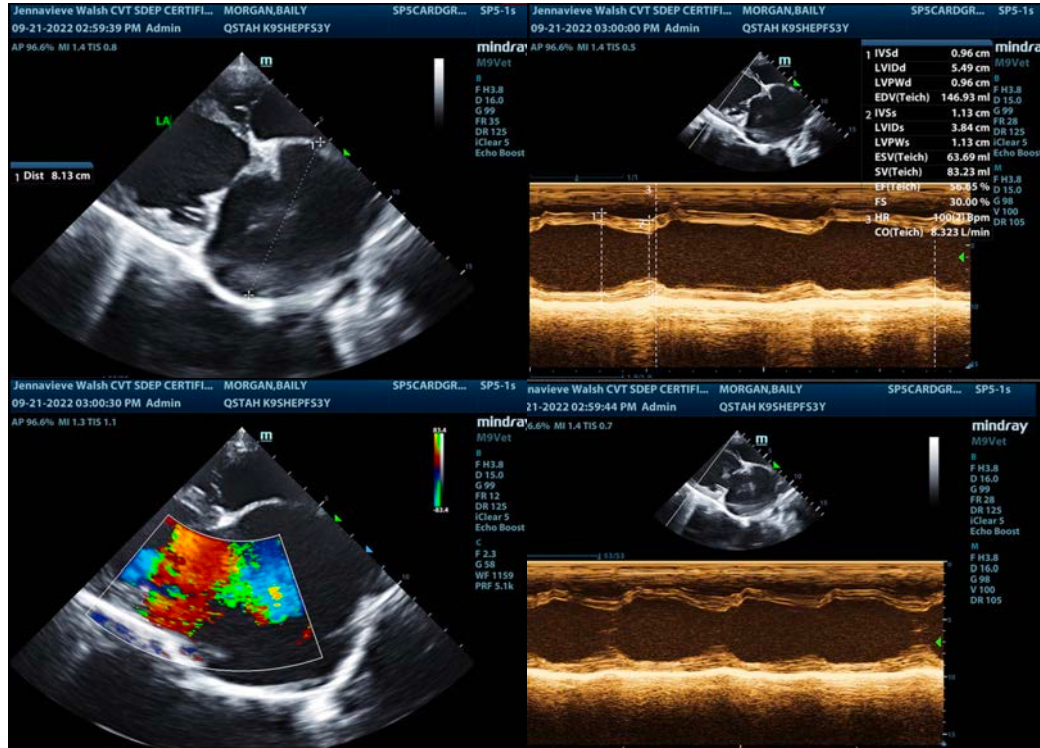
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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