


PATIENT

Tiberious Bourgeois

SPECIES

Canine

BREED

Great Dane

SEX

Neutered Male

AGE

6 Years

WEIGHT

106 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet Hospital

REFERRING VET

Dr. Kim

INVOICE

41660

DATE

9/26/22

PRESENTING CLINICAL SIGNS

Mild abdominal distention, cannot keep food down if eats more than 2 cups at a time, weight loss, muscle loss, arrhythmia. Hx of GDV sx, arrhythmia. No current meds.

Abnormal PE/Chem/CBC/UA Results: 7/2022 Creat 1.8 (1.6 H); all else wnl. U/A-8/2022 Protein 1+, Bili 2+, USG 1.060

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

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			NM	1.9	10-12	30	0.9
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	~120	--	--		6.6	6.0	

Cardiac Presentation

The cardiac presentation presented moderate to severe volume overload in all four chambers. Tachyarrhythmia noted. The echocardiogram was performed rapidly owing to the precarious nature of the cardiac presentation. Severe hypocontractility. Excessive EPSS.

Urinary System

The urinary bladder, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The kidneys revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 7.32 cm. The left kidney measured 7.32 cm.

Adrenal Glands

The adrenal glands were not visualized.

Spleen

The spleen in this patient was uniform, yet volume contracted. Hydration status should be assessed.



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Liver

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The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Dilated hepatic veins noted, consistent with passive congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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Free Abdomen

Large amount of ascites noted.

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ULTRASONOGRAPHIC FINDINGS

- Left and right-sided heart failure with myocardial insufficiency – consistent with dilated cardiomyopathy. Myocarditis and nutritional cardiomyopathy may also be playing a role.
- Passive congestion liver pattern
- Ascites

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Quadrotherapy recommended in this patient. Pimobendan at 0.3 mg/kg BID, Lasix 3-4 mg/kg BID, Spironolactone 1-2 mg/kg BID, ACE inhibitor 0.5 mg/kg SID progressing to BID. EKG, blood pressures, BUN/Creatinine, urine specific gravity should be monitored carefully over the next 5-10 days with adjustment of medications accordingly. Prognosis is extremely guarded. This patient is at risk for sudden death. If the patient has been exposed to potential causes of myocarditis, a Clindamycin trial could be considered.

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Given the myocardial insufficiency noted in this patient Nutritional Cardiomyopathy (Taurine deficiency/grain free diet) and infectious agents should be considered. Infectious agents such as Bartonella, Leptospirosis, Parvo (current or historical), Bacterial sepsis and less likely and regional infectious agents such as Trypanosoma, Toxoplasmosis and Babesia should be considered as underlying clinical players.”

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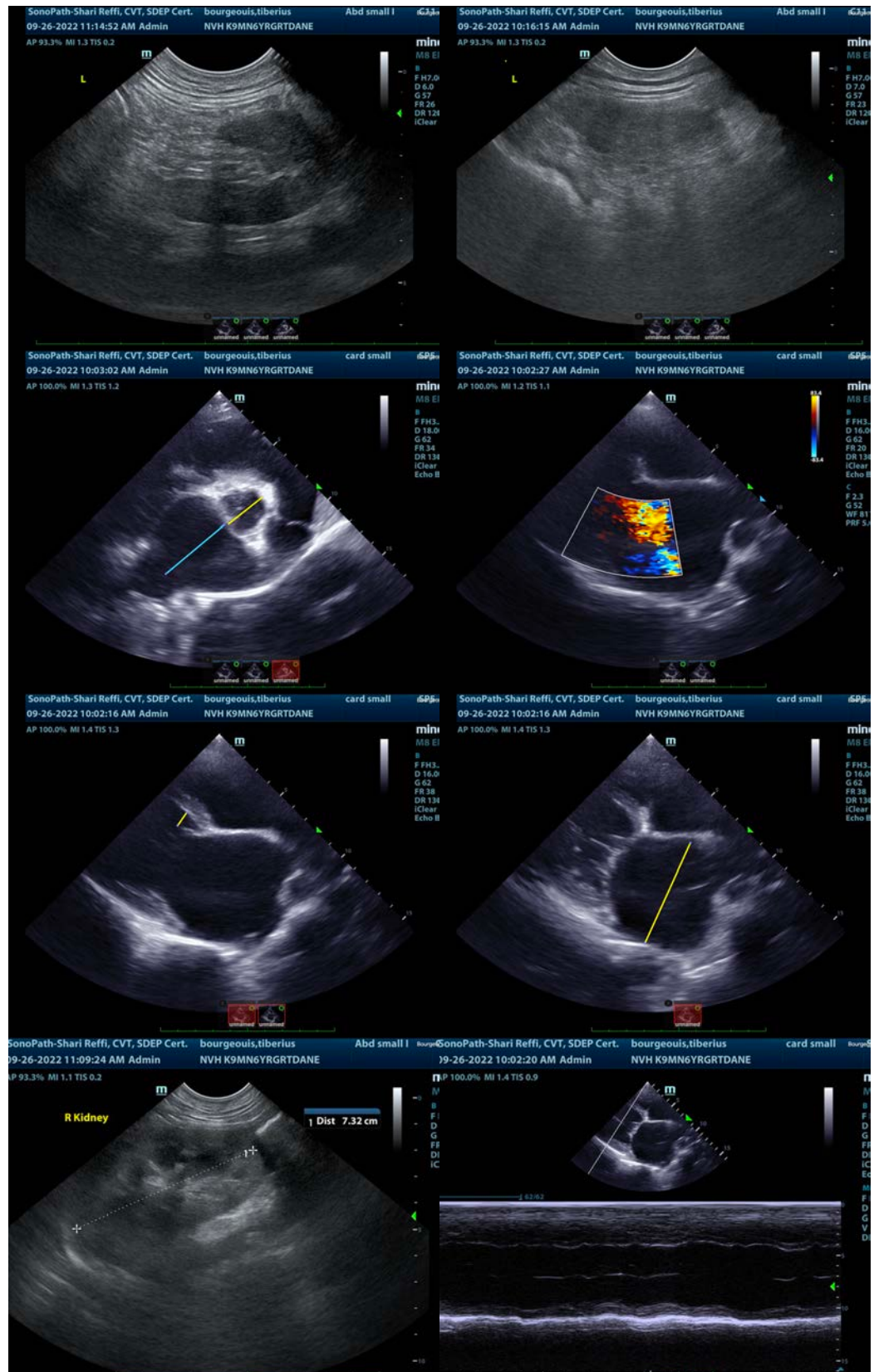
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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