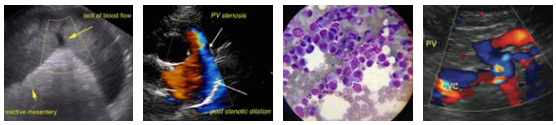
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Dexter Byne

SPECIES

Canine

BREED

Greyhound Mix

SEX

Neutered male

AGE

8 years

WEIGHT

50.6 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Countryside Veterinary Service

REFERRING VET

Dr. Eichmann

DATE

12/17/21

Invoice

94708

PRESENTING CLINICAL SIGNS

Dog has had three previous echos for ongoing heart disease Medications6.25 mg vetmedin bid Primary Question/Differential to Be Answered in This Exam He has a arrhythmia today that needs to be addressed Checking to compare his previous echo

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

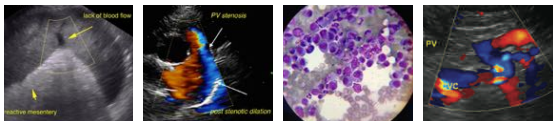
The atrial septum was deviated owing to progress **left atrial** enlargement. Left atrial dimension has increased compared to the prior sonogram as well as the **left ventricular** internal diameter. This is indicative of increased left-sided volume overload. This may be related to the newly developed prolapse. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Minor mitral valve prolapse was noted. Doppler indicated measurable insufficiency. 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 or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** 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. No echographically detectable evidence of infiltrative disease was visible. The cranial **mediastinum and pericardial regions** were free of masses in the visible window. Periodic arrhythmia was noted. Periodic arrhythmia was noted.

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	6.1		1.3	1.75	35		NM
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		WNL	1.61	50.6 lbs	6.04	5.6	

ULTRASONOGRAPHIC FINDINGS

Advanced stage B2 valvular disease, mildly progressed compared to the prior echocardiogram, primarily noted in the LA max measurement. This may be owing to a newly developed prolapsed.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Dexter Byne

SPECIES

Canine

BREED

Greyhound Mix

SEX

Neutered male

AGE

8 years

WEIGHT

50.6 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Countryside Veterinary Service

REFERRING VET

Dr. Eichmann

DATE

12/17/21

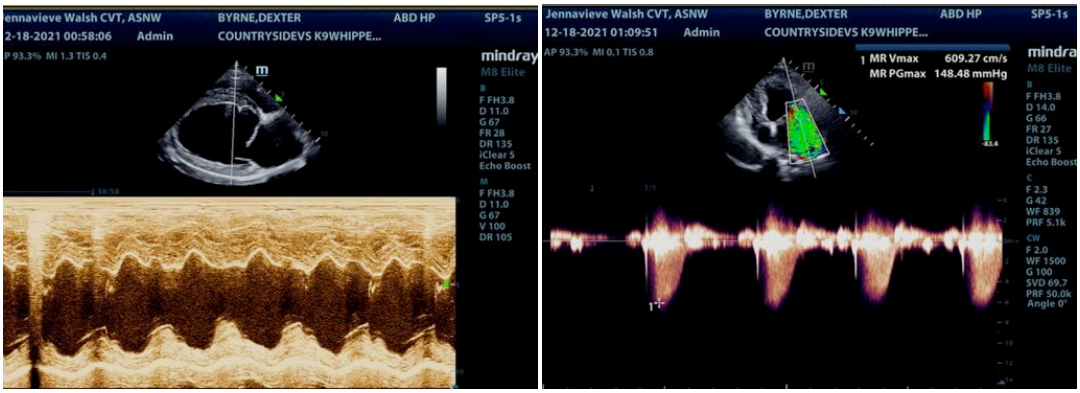
Invoice

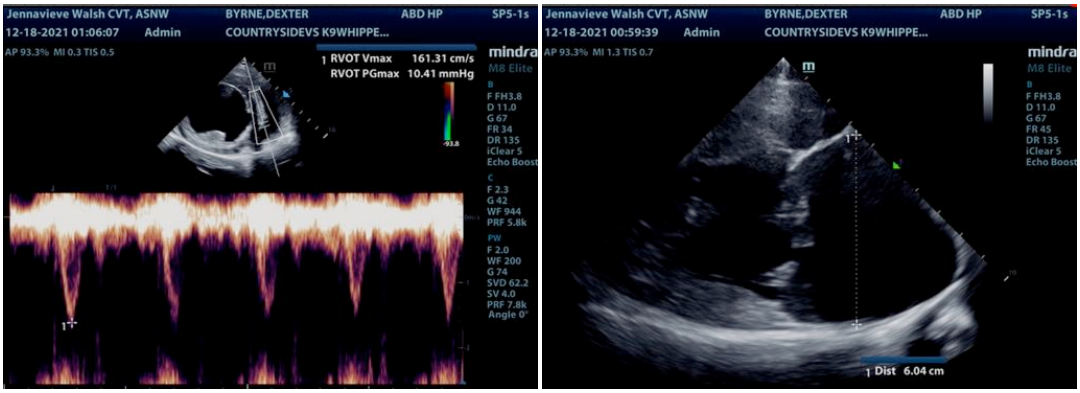
94708

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

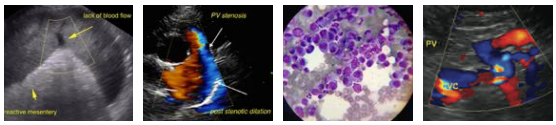
Anti-arrhythmic therapy may be necessary based on EKG results. I recommend adding Spironolactone at 1-2 mg/kg b.i.d. and ace inhibitor at 0.5 mg/kg s.i.d. progressing to b.i.d. The arrhythmogenic onset may be related to the volume overload in the left atrium and left ventricle owing to myocardial stretch.

B2: 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 1 month. Earlier if clinical decompensation is occurring. I do not recommend anesthesia at this time until stabilization has occurred on the recommended medications. Repeat pre-anesthetic echo is ideal if anesthesia is eventually necessary.





SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Dexter Byne

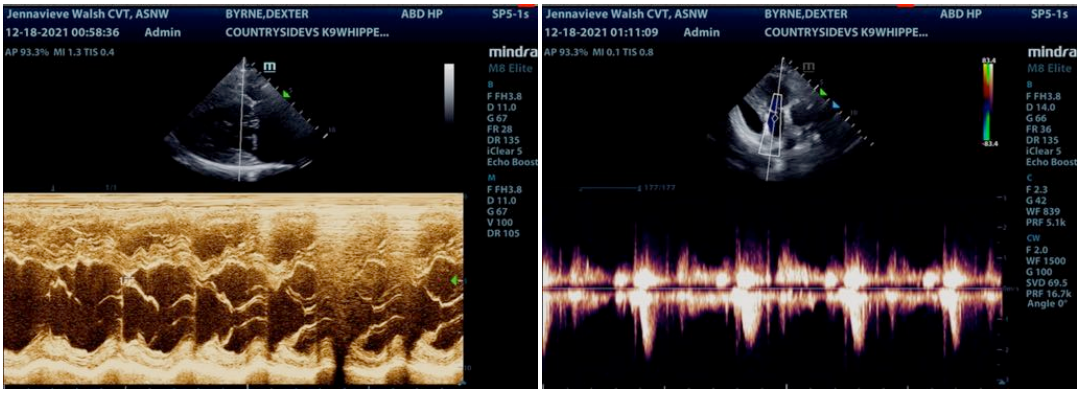
SPECIES
Canine

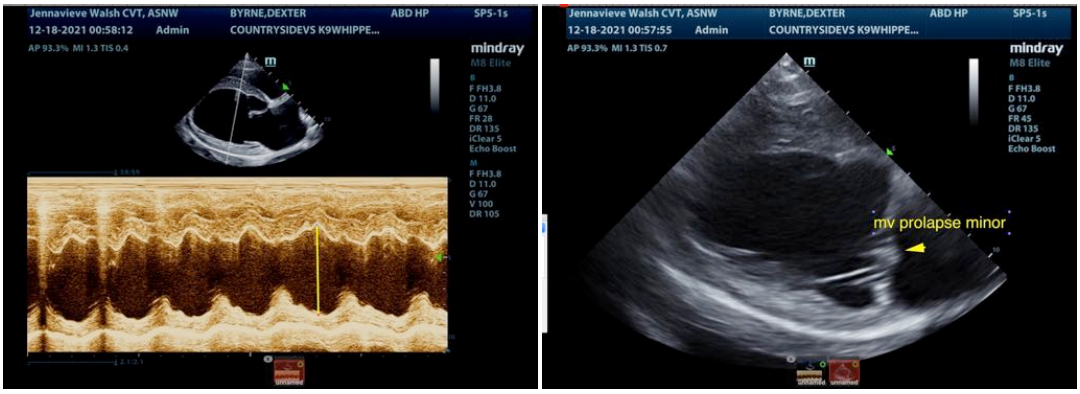
BREED
Greyhound Mix

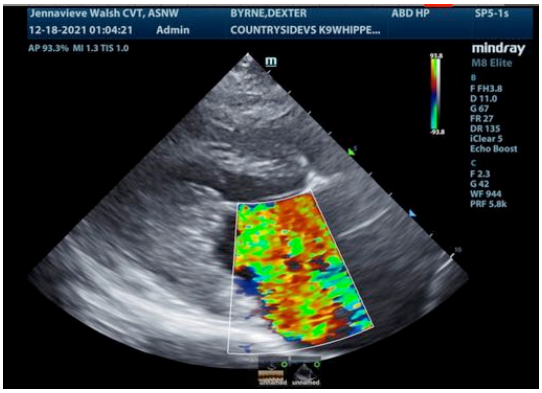
SEX
Neutered male

AGE
8 years

WEIGHT
50.6 lbs







INTERPRETED BY
Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Jenna Walsh, CVT

HOSPITAL NAME
Countryside Veterinary Service

REFERRING VET
Dr. Eichmann

DATE
12/17/21

Invoice
94708

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

Eric.Lindquist@SonoPath.com