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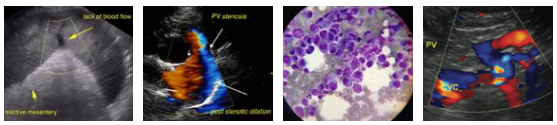


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Chaos Blaydoe

SPECIES
Canine

BREED
Pitbull Cross

SEX
Neutered male

AGE
10 years

WEIGHT
71.4 lbs

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

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
Paws AH

REFERRING VET
Dr. Johnson

DATE
12/27/22

Invoice
42360

PRESENTING CLINICAL SIGNS

History: Pt presented on12-4-22 w/ reported increased respiratory efforts and cough. Heart medication started. Returned 12-18-22, reports breathing hasn't improved - heart rate slightly increased. CBC/Chem and radiographs performed
Abnormal PE/Chem/CBC/UA Results: ALP - 182, no other abnormalities with in the CBC or Chem
Heart Rate and Respiratory Rates HR 134; RR 42 Blood Pressure Measurements None performed
Current Medications Furosemide 20 PO q 24 hours

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

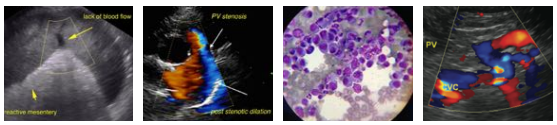
The echocardiogram in this patient demonstrated severe volume overload in all four chambers with tachyarrhythmia, mitral and tricuspid insufficiency. Trace pericardial effusion was also noted. Contractility was non-compensatory for valvular disease, which is consistent with myocardial insufficiency. Tachyarrhythmia 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	5.0		> 3.0	2.8	39	68	0.26
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	130-150	1.2	0.8	71.4 ;bs	8.77	6.63	

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 was noted. Ureteral papillae were normal.



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The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.4 cm. The right kidney measured 6.47 cm.

Adrenal Glands

The left **adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.64 x 0.63 cm at the caudal pole and 0.65 cm at the cranial pole. The region of the right adrenal gland was unremarkable.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **hepatic** parenchyma was uniform. Passive congestion was noted with dilated hepatic veins and secondary ascites. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

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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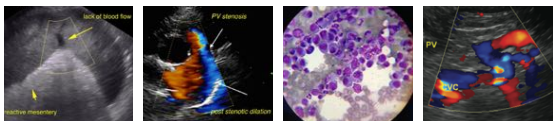

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Free Abdomen

A moderate amount of free fluid was noted in the abdomen.

ULTRASONOGRAPHIC FINDINGS

Ascites owing to passive congestion.

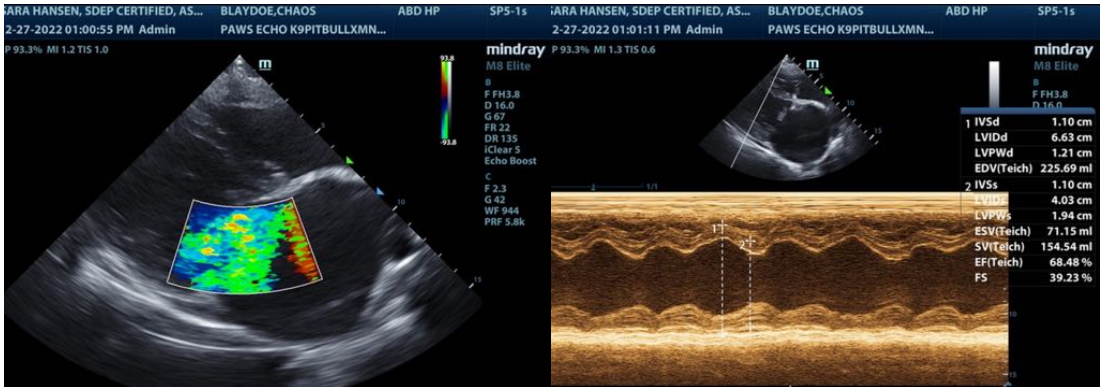
Age related abdominal changes.

DCM parameters are not present; therefore, this is left and right sided failure owing to mitral and tricuspid insufficiency with secondary myocardial insufficiency.

Stage D1 valvular disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend cage rest with Quadrotherapy with Pimobendan at 0.3 mg/kg b.i.d., Lasix at 2-4 mg/kg b.i.d., 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. STAT EKG is indicated. Sildenafil can be considered at 1 mg/kg b.i.d. up titrating over the next 2 weeks to 0.5 mg/kg b.i.d. The patient is at high risk for sudden death. 24 hour cardiology care is ideal. Recheck echocardiogram in 10-14 days to refine therapeutic protocol assuming the patient is able to stabilize. Oxygen therapy and Torbutrol or similar opioid can be considered to calm if necessary to reduce oxygen necessity.



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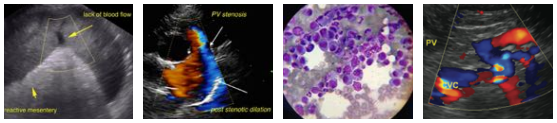

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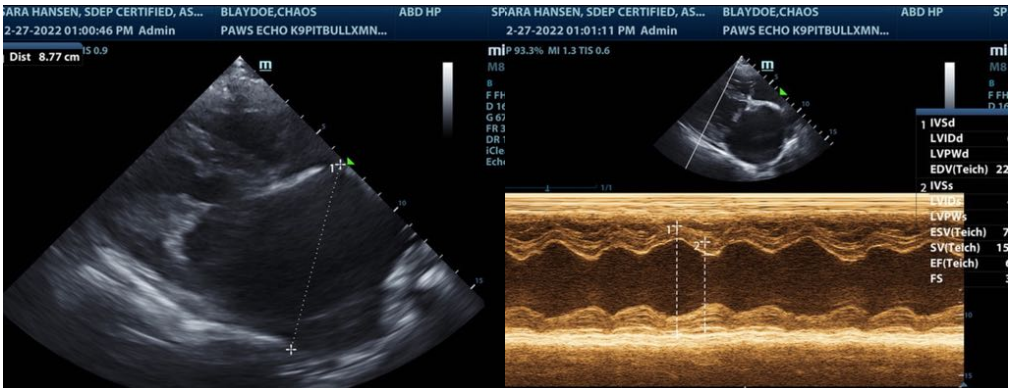

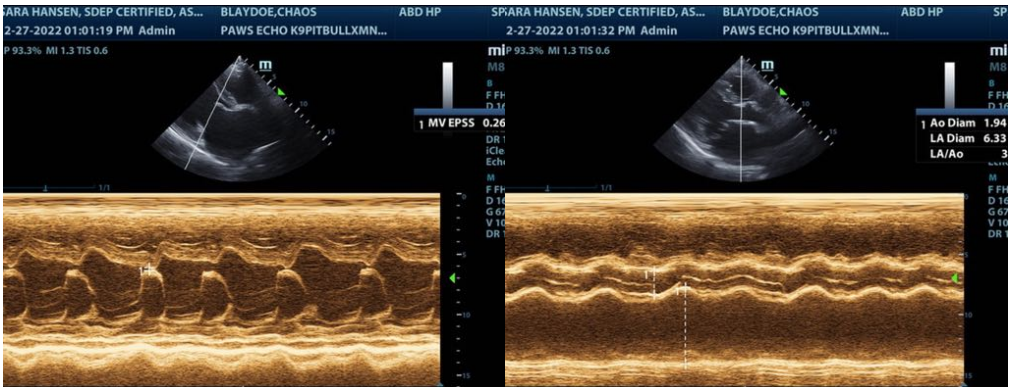

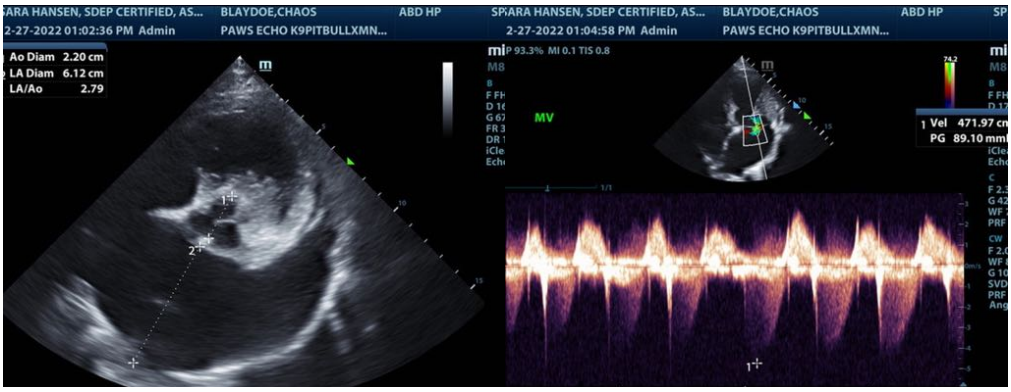

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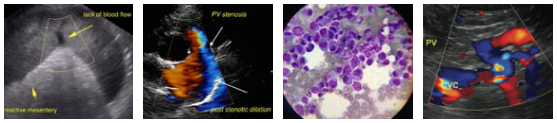

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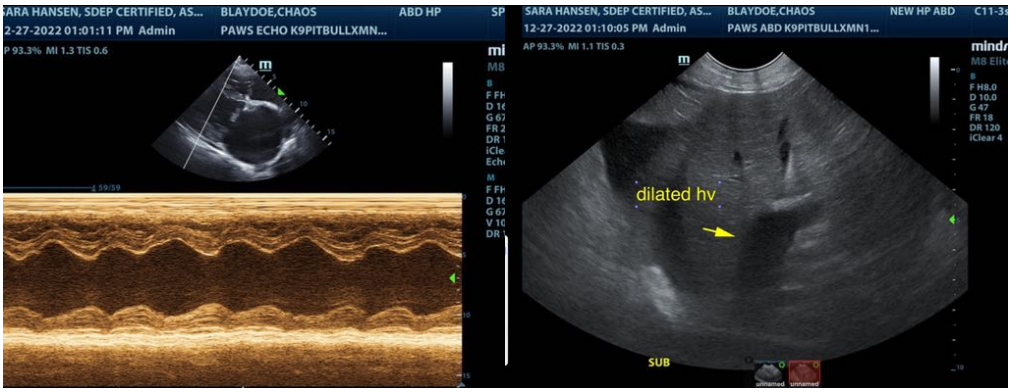

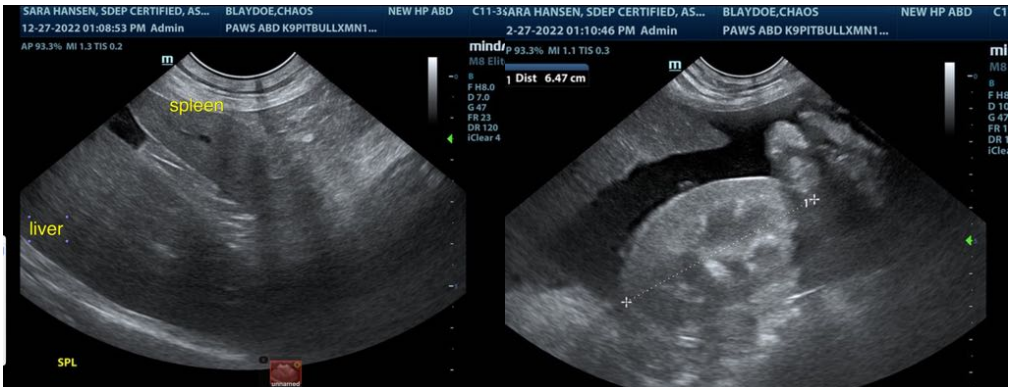

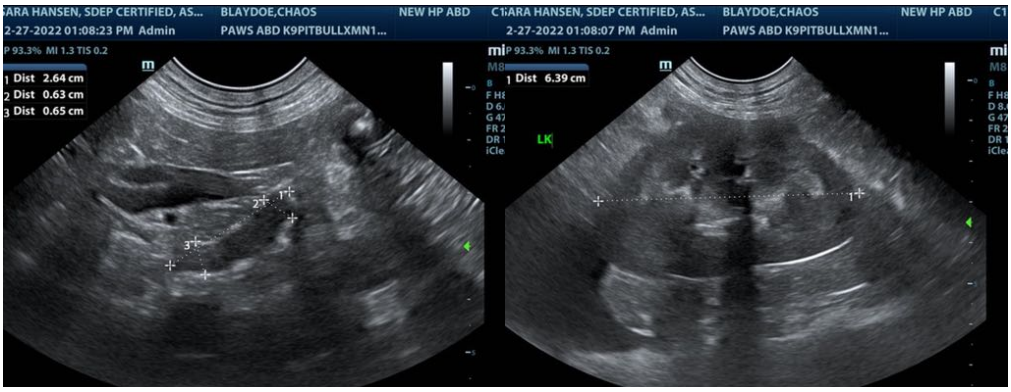

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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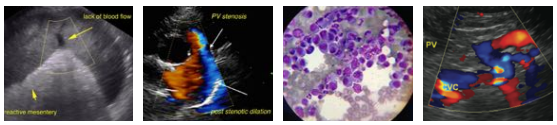

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