



PATIENT

Guinness Tinsley

SPECIES

Canine

BREED

Australian Shepherd

SEX

Intact male

AGE

6 years

WEIGHT

23 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Q Street AH

REFERRING VET

Dr. Breschneider

DATE

2/2/22

Invoice
95780

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: loss appetite, lethargy profound, occas. vomiting (twice per week in the past month) grade 4 systolic murmur Heart Rate and Respiratory Rates HR = 140, RR = 70 Blood Pressure Measurements 120, 122, 128, 132 Current Medications 1/8 of a 2.5 mg Atenolol once per day Radiographic Findings this is a copy of the radiology report from 1/31/22 via Sonopath= RADIOGRAPHIC FINDINGS Severe generalized cardiomegaly is seen with a vertebral heart score of 13.2. There is no evidence of a vascular pattern or cardiogenic pulmonary edema. No significant bronchial splitting is seen, however, the long axis of the heart is enlarged causing tracheal elevation and rounding of the right ventricle is seen. On the left lateral view, the cardiac silhouette is globoid in appearance. Dilation of the caudal vena cava and hepatomegaly appear to be present. RADIOGRAPHIC DIAGNOSIS • Severe cardiomegaly with presumed right and potential for left heart involvement and suspect right sided congestive heart failure. INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS The radiographic findings suggest predominance of right heart enlargement with emerging right sided congestive heart failure with dilation of the caudal vena cava and hepatomegaly. Differential diagnosis includes congenital conditions such as tricuspid valve dysplasia, acquired tricuspid insufficiency, pericardial effusion, and other. Further definition by means of an echocardiogram is strongly recommended. Crea = 1.6 (0.5 - 1.6 n), BUN = 52 (6-31n), slight anemia. no other significant findings

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The exam was limited owing to respiratory effort of the patient. Severe tricuspid insufficiency was noted and measured 5.6 m/sec. Minor mitral insufficiency was noted. Severe right sided enlargement was noted. Right atrial to left atrial in 4 chamber long axis was approximately 4:1. Elongated and tethered tricuspid leaflet was noted and a shortened septal leaflet. This is most consistent with tricuspid dysplasia. The elongated free wall tricuspid leaflet was tethered to the septal papillary muscle. Arrhythmogenic activity was noted. The pulmonary artery was severely dilated. The vena cava was dilated owing to right sided failure. Pulmonic insufficiency was noted; however, clean outflow velocities were not possible owing to respiratory distress of the patient and the arrhythmia. Further congenital lesions may be present. However, tricuspid dysplasia is severe with right-sided heart failure. Arrhythmogenic activity was noted.



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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			1.3	1.45	36	67	0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LA (cm) 2D short axis Base view	LVIDd (cm) Avg; 2D and m-mode short axis	LVIDs (cm) Avg; 2D and m-mode short axis
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	190	1.3		23 lbs		3.0	

ULTRASONOGRAPHIC FINDINGS

Primary tricuspid dysplasia, congenital lesion with right-sided heart failure. Possible more congenital lesions, yet further imaging would be necessary once the patient is able to be stabilized.

Arrhythmogenic activity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Very poor prognosis. I recommend ace inhibitor at 0.5 mg/kg s.i.d. progressing to b.i.d. and Spironolactone at 1-2 mg/kg b.i.d. as well as Sildenafil at 1 mg/kg b.i.d. increasing to 1.5 mg/kg b.i.d. Referral to cardiology specialty facility would be ideal for further intervention. Further anti-arrhythmic therapy may be necessary based on EKG results. There was no evidence of pericardial effusion. If Sildenafil is not available Pimobendan can be considered at 0.3 mg/kg b.i.d. If a referral is not performed then a recheck echocardiogram is recommended in 2 weeks. Lasix therapy can also be considered, but should be kept at a minor dose such as 1-2 mg/kg b.i.d. and monitor blood pressure measurements, BUN, creatinine and urine specific gravity as well as baseline respiratory rate. Target respiratory rate is less than 20/minute.



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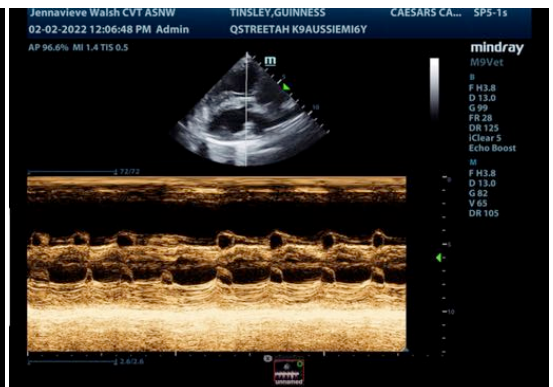
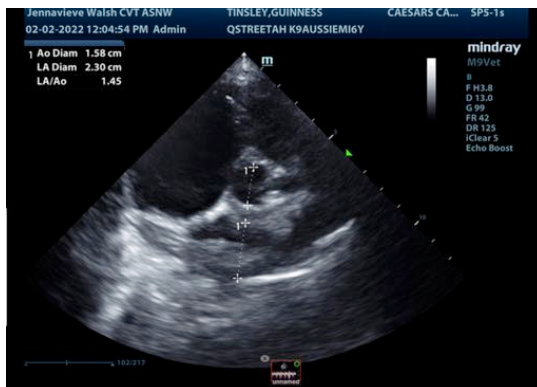
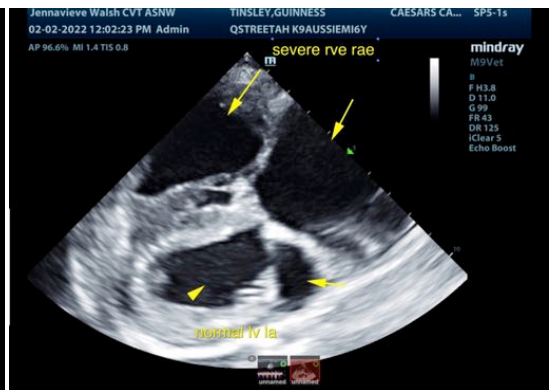
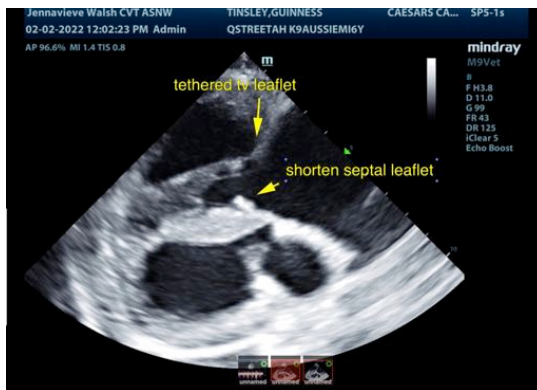
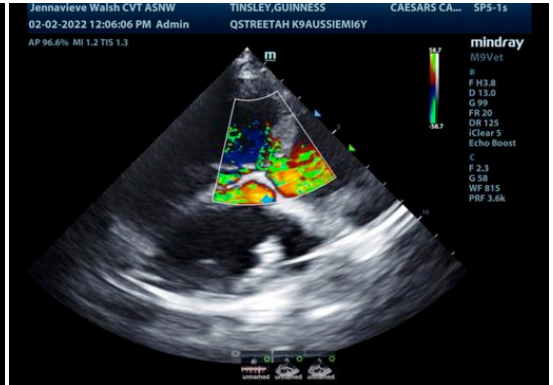
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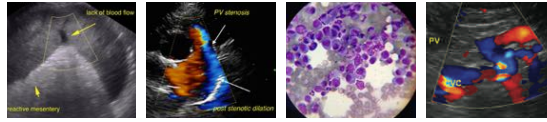
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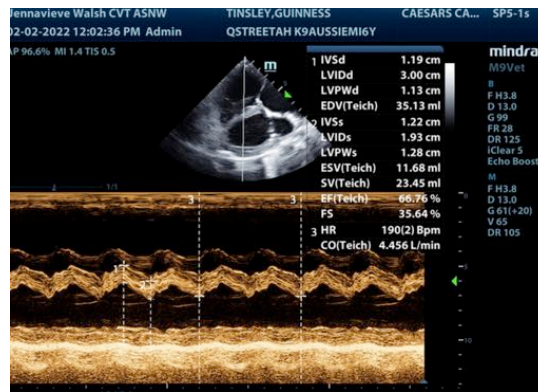
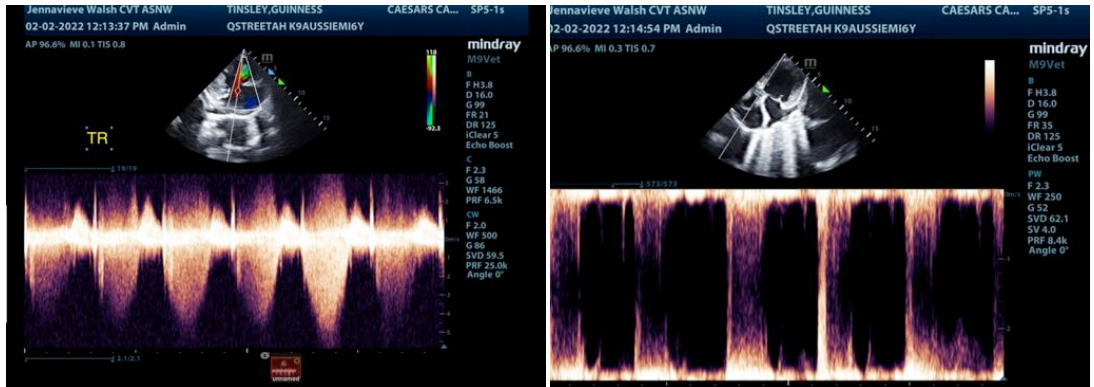
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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