

**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Gunner Athey  
**SPECIES** Canine  
**BREED** Labrador  
**SEX** Intact male  
**AGE** 1 year  
**WEIGHT** 83 lbs

**History:** Patient collapses after gagging/vomiting. Patient will gag, then go stiff, fall over, then get back up and be normal after 1-2 seconds. -First episode February 17th -Second episode June 6th - Patient received dose of Simparica Trio prior to both episodes (February 12th and June 5th)  
**Abnormal PE/Chem/CBC/UA Results:** PE -Temp 102.1 -Pulse 160 -Respiration panting -MM pink - pulses strong  
**CBC:** Eosinophils mildly elevated -**Chemistry:** NSF -4Dx HWT: Negative HR-160; RR-panting; unable to obtain BP (machine broken) ECG (read by cardiologist) - NSR Chest rads (read by cardiologist) - mild bronchointerstitial pattern

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. The **left ventricle** presented normal in thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions of the myocardium. 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. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/a0 ratio). No visible **pericardial** or free pleura fluid was noted. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window. Bradyarrhythmia appears to be an issue.

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS,  
CEO of SonoPath.com

**IMAGING PERFORMED BY**

Andrea Nicastro, DVM,  
Diplomate ACVIM  
(Small Animal Internal  
Medicine)

**HOSPITAL NAME**

Foxbank VH

**REFERRING VET**

Dr. Ruth

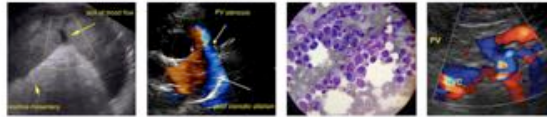
**INVOICE**

30842

**DATE**

6/6/22

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	<1.3	28-40	40-100	<0.6
PATIENT			1.15	1.4	35	80	0.1
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		1.7	1.0	83 lbs	3.4	3.3	



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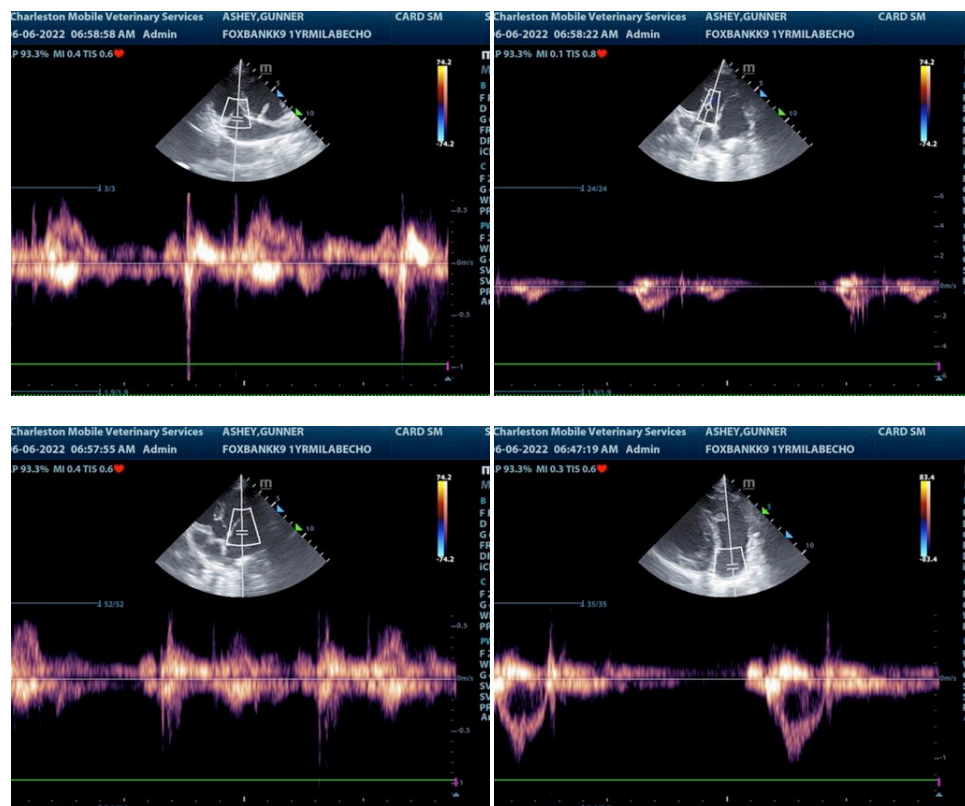
**ULTRASONOGRAPHIC FINDINGS**

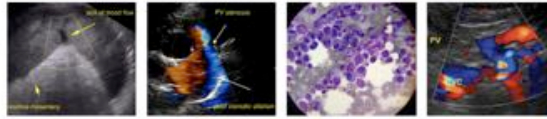
Normal echocardiogram.

Bradyarrhythmia appears to be an issue.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of structural, functional or volume related disease. Given the patient's history I recommend Holter monitor. No primary cardiac medications are recommended. Holter monitor can be obtained from our office.





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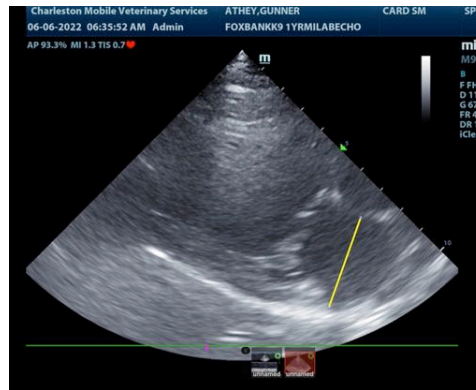
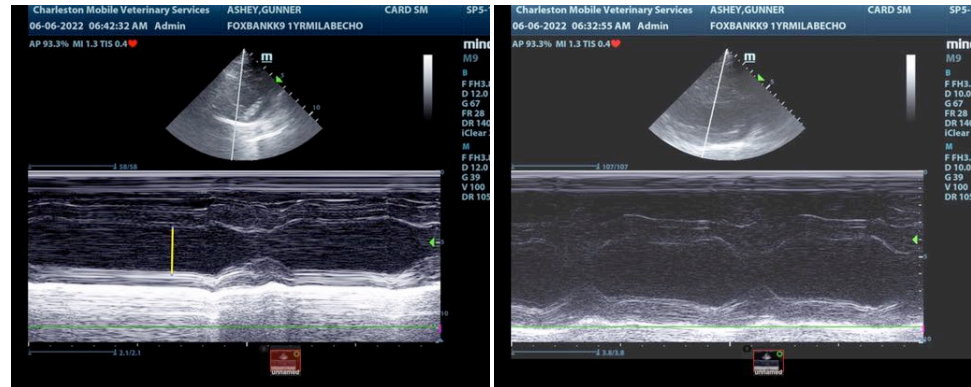
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Info@SonoPath.com