



PATIENT PRESENTING CLINICAL SIGNS

Danny Iancu

History: Relatively newly adopted. Was seen for lameness LH and noted inspiratory dyspnea with harsh generalized lung sounds. Chest radiographs (attached) noted cardiomegaly. (Also he was in a fair bit of distress in dorsal recumbency. No murmur. Gabapentin 300mg TID. Horrible dental disease and needs GA to address, concerned re: heart health for GA.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Globulin 39(16-36), PLT 637(170-400)but took several pokes to obtain sample. Neuts 11.8(2-10.06), Mono 0.89(0-0.84), suspect stress leukogram.

BREED

Black and Tan
Coonhound

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

SEX

Intact male

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. Trivial **mitral** valve insufficiency was noted. The **left ventricle** presented mild concentric hypertrophy. 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. Trivial **aortic insufficiency** was noted and measured 2.0 m/sec. 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/ao 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. Periodic arrhythmia was noted in this patient. A mild amount of excessive extracardiac fat was noted in this patient. This likely causes the appearance of cardiomegaly on radiographs.

AGE

7 years

WEIGHT

68.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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			1.2	1.48	23	46	0.55
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		2.0	1.44	68.6 lbs	4.53 max	4.7	

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Tilsonburg VC

REFERRING VET

Dr. Reed

INVOICE

94567

DATE

12/14/21



PATIENT

Danny Iancu

ULTRASONOGRAPHIC FINDINGS

Normal echocardiogram with minor mitral insufficiency, mild left ventricular concentric hypertrophy.

SPECIES

Periodic arrhythmia.

Canine

Excessive extracardiac fat creating an appearance of cardiomegaly on radiographs.

BREED

Black and Tan
Coonhound

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

EKG is indicated. I recommend assessing blood pressure measurements in this patient. The clinical signs are not cardiogenic in nature. Blood pressure measurements are warranted to rule out systemic hypertension. No cardiac therapy is recommended. Primary respiratory protocol is warranted. If systolic blood pressure in a non white coat environment is > 160 then ace inhibitor therapy is indicated.

AGE

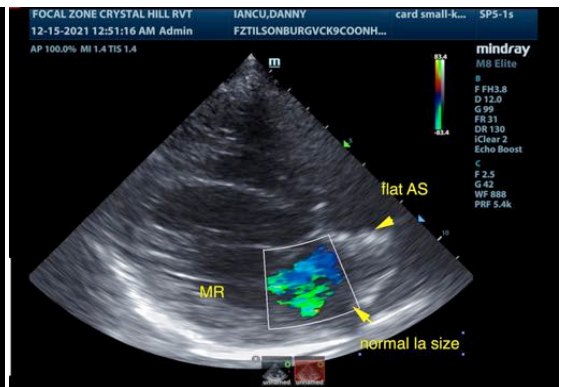
7 years

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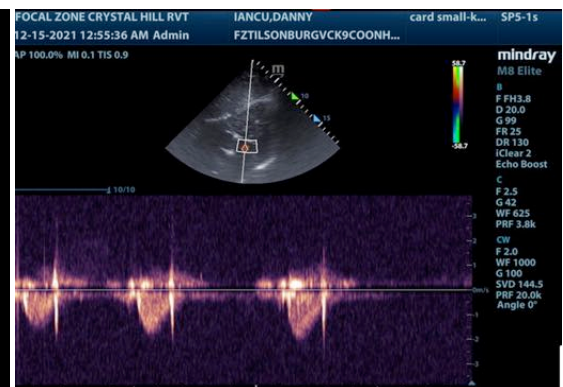
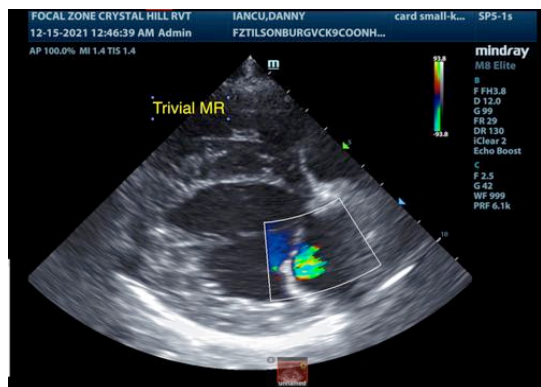
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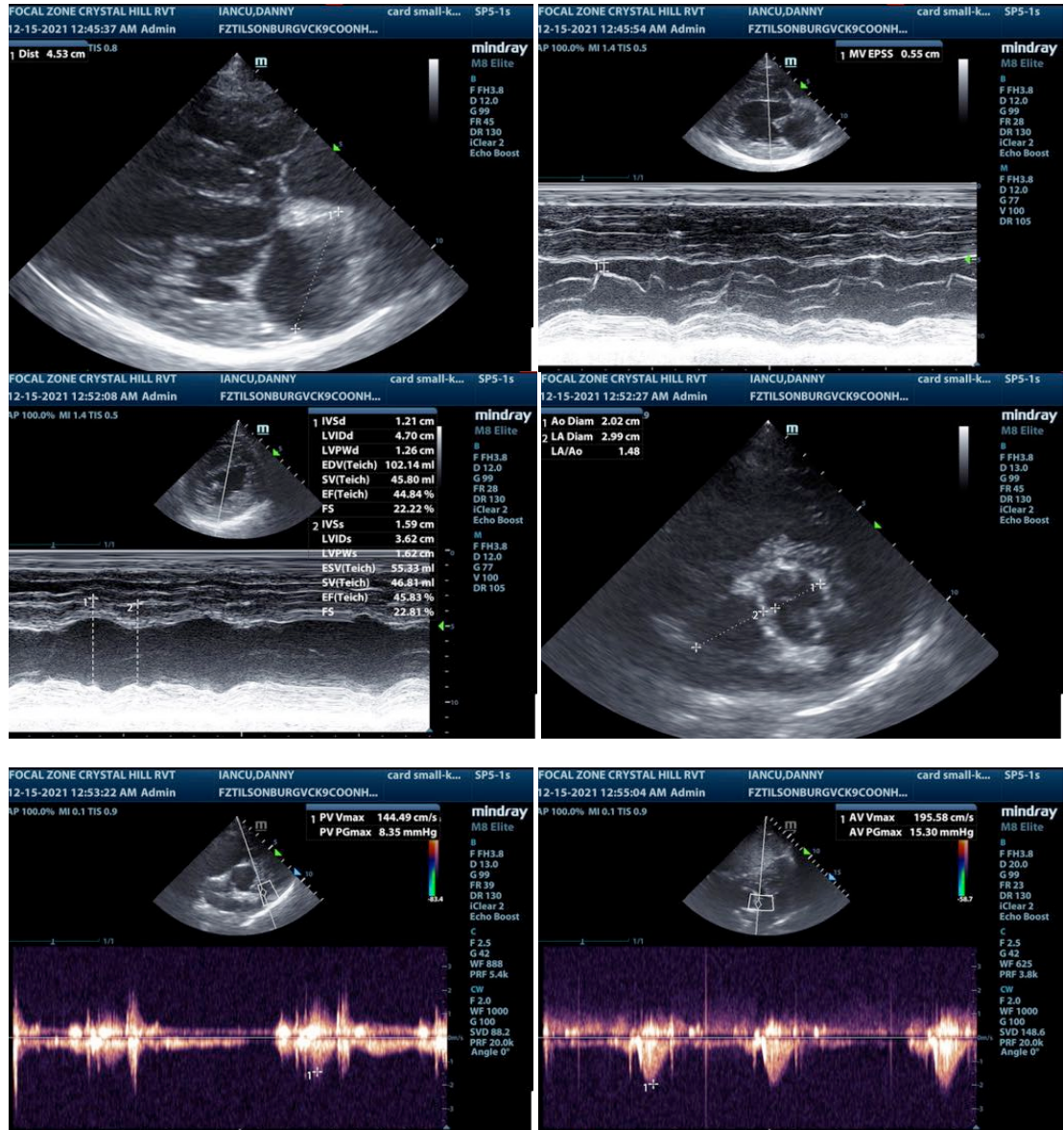
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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