



PATIENT

Thor Kastanes

SPECIES

Canine

BREED

Boxer

SEX

MN

AGE

10 years

WEIGHT

70.4 lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Senn, Foxlake AH

INVOICE

12407

DATE

10/20/21

PRESENTING CLINICAL SIGNS

-Irregular heartbeat noted with dry hacking cough. Thor has concurrent liver disease and is a seizure patient.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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			NM	1.4	37.8	71.4	0.33
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	121	1.4	1.1		4.2	3.7	

Cardiac Presentation

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 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. Mild tricuspid valve insufficiency was present on color doppler. 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. No overt evidence of arrhythmogenic disease.



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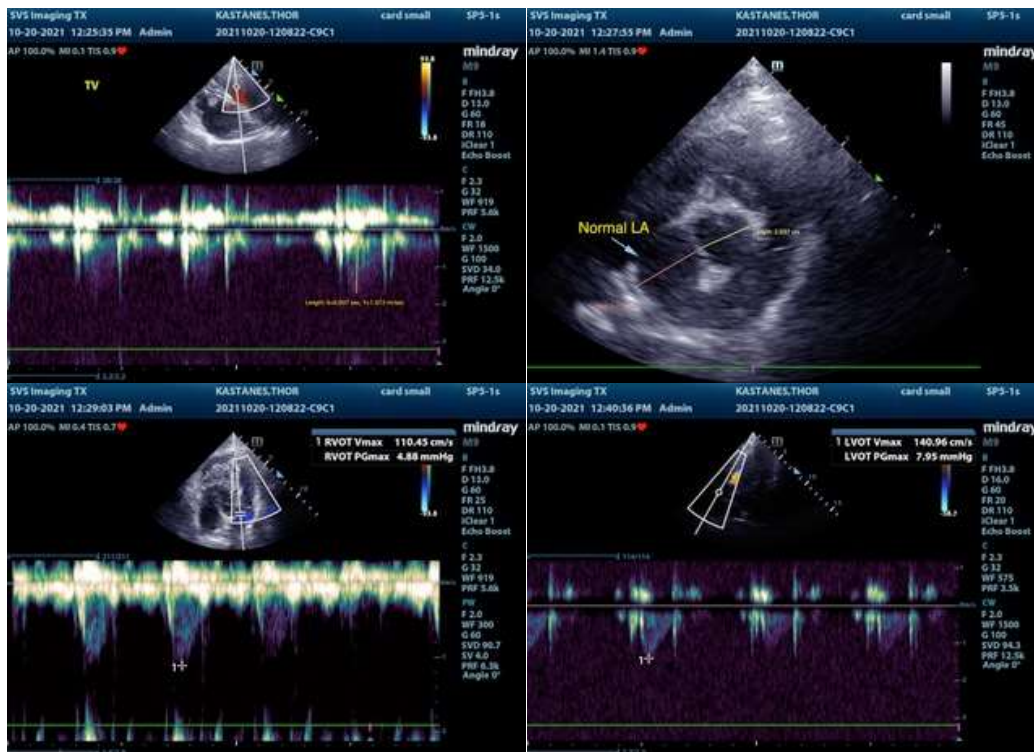
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Overtly normal cardiac structure and function
- Mild tricuspid valve insufficiency - estimated pulmonary pressure gradient not consistent with clinical pulmonary hypertension

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant structural or functional cardiomyopathy as well as no overt evidence of significant arrhythmogenic disease or systolic dysfunction. Given the breed and propensity for arrhythmogenic right ventricular cardiomyopathy, ECG assessment or Holter Monitor may be indicated. Intermittent arrhythmia may also be secondary to systemic disease, given the reported liver disease. Given the lack of left or right heart chamber enlargement, as well as no evidence of clinical pulmonary hypertension, the coughing in this patient is likely noncardiogenic in origin. No Indication for cardiac medications.





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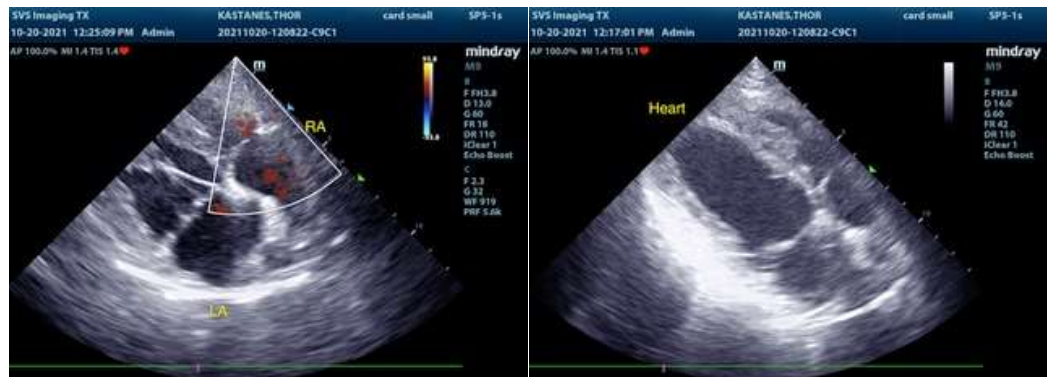
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com