

PATIENT PRESENTING CLINICAL SIGNS

Winston Joyer
Presented for collapsing episodes that happen usually during exercise but intermittently at rest. P collapses without general tremors, no loss of continence. Auscultation: grade II/VI systolic murmur PMI L apex, abnormal rhythm, asynchronous pulses. P otherwise has normal appetite, eliminations, no coughing.

SPECIES
Canine
Abnormal PE/Chem/CBC/UA Results: Brief EKG video recorded. Cycles of 1-2 normal complexes with 2-3 VPC's then a short run of VPC's. CBC and Chem profile from 7/2021 WNL

BREED ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Boxer

SEX	CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
MN								
AGE	NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
11 Years	PATIENT			NM	1.65	33.3	65.6	0.48
WEIGHT	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)
85 lbs								
INTERPRETED BY	NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	PATIENT	NM	1.7	1.2		4.4	4.2	

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

South Willamette Veterinary Clinic

REFERRING VET

Dr. Willaman

INVOICE

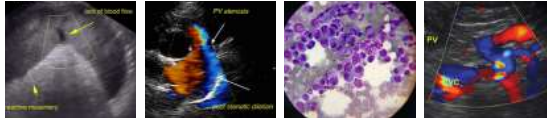
48983

DATE

12-13-21

Cardiac Presentation

The echocardiogram in this patient demonstrated minor increased **left atrial** size based on 2 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 and breed 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/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. Consistent tachyarrhythmia was present. Brief sonographic assessment of the liver revealed no evidence of hepatic congestion or cranial abdominal ascites.



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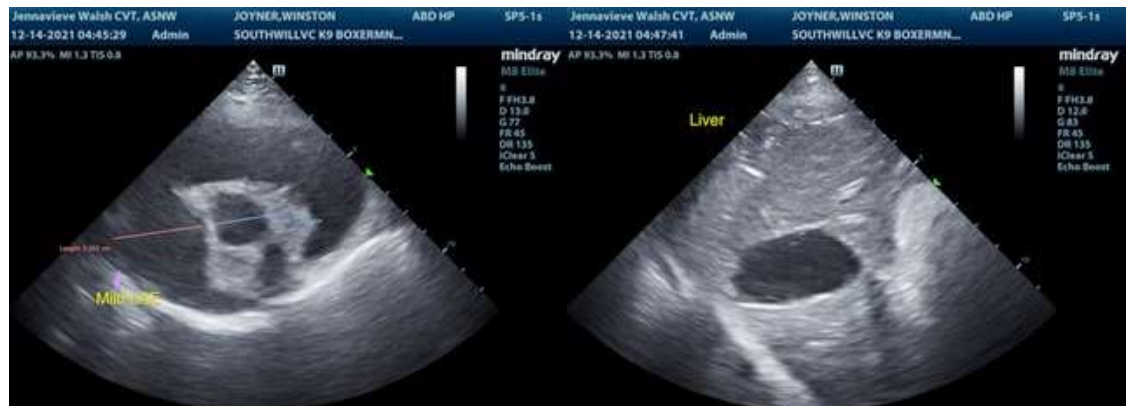
ULTRASONOGRAPHIC FINDINGS

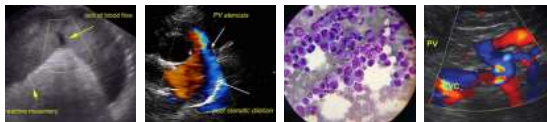
- Overtly normal cardiac structure, minor left atrium enlargement.
- Consistent tachyarrhythmia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary finding in this study is the significant consistent tachyarrhythmia in this patient without evidence of left or right heart chamber enlargement, overt systolic dysfunction, or clinical pulmonary hypertension noted. The murmur in this case is suspected to be a physiologic flow murmur potentially secondary to the tachyarrhythmia although the possibility of a small flow abnormality or valvular insufficiency not visualized in this study cannot be definitively excluded. Regardless, the lack of left or right heart chamber enlargement indicate that any risk secondary to a nonobvious valvular insufficiency or flow abnormality is low. No indication for cardiac medications used to treat structural cardiomyopathy.

Based on ECG assessment and further clarification of the tachyarrhythmia, medical therapy for the tachyarrhythmia is likely indicated. Recheck echocardiogram suggested in 6 months, sooner if clinical signs suggestive of cardiac congestion or failure are noted.





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SPECIES

Canine

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.

BREED

Boxer

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.

SEX

MN

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info@SonoPath.com

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11 Years

WEIGHT

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