


PATIENT PRESENTING CLINICAL SIGNS

PATIENT Brumby Busatto Loud breathing for last 3-4 months bark is "broken" - struggling last couple months, does not sound right decreased respiratory sounds bilaterally meds: Apoquel 16mg BID, Metacam 35kg dose SID

SPECIES Abnormal PE/Chem/CBC/UA Results: BW-WNL HR 160 rads: - Prominent pulmonary vasculature - Increased opacity at heart base and carina - Mild dorsal displacement of trachea at level of carina - In VD increased right sided cardiac silhouette - Caudo dorsal lung lobes diffuse mild interstitial pattern - Cranioventral lobes - prominent lobar signs, decreased opacity - Increased size of cranial mediastinum - in right lateral, increased opacity of lung parenchyma in area of accessory lobe Please see attached rads

Canine

BREED

Aussie

ULTRASONOGRAPHIC EXAMINATION OF THE HEART
SEX

MN

AGE

12yr

WEIGHT

33kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Main Street AH

REFERRING VET

Dr. Borchu

INVOICE

11702ag

DATE

09/26/2022

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				1.24	39.2	70.8	0.32
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				
PATIENT	128	1.5	1.0		3.5	3.4	

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. 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 overt masses or overt pulmonary pathology in the visible window.



PATIENT **ULTRASONOGRAPHIC FINDINGS**

Brumby Busatto

- Normal echocardiogram

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural or functional cardiomyopathy as a definitive cause of a cardiac component of the radiographic pulmonary abnormalities or abnormal respiratory sounds. Definitive evidence of extracardiac or regional pulmonary pathology was not overtly evident including no evidence of pleural effusion. No indication for cardiac medications. Potential for emerging mild cranial mediastinal pathology cannot be definitively excluded although was not overtly visualized. As needed respiratory support is recommended.

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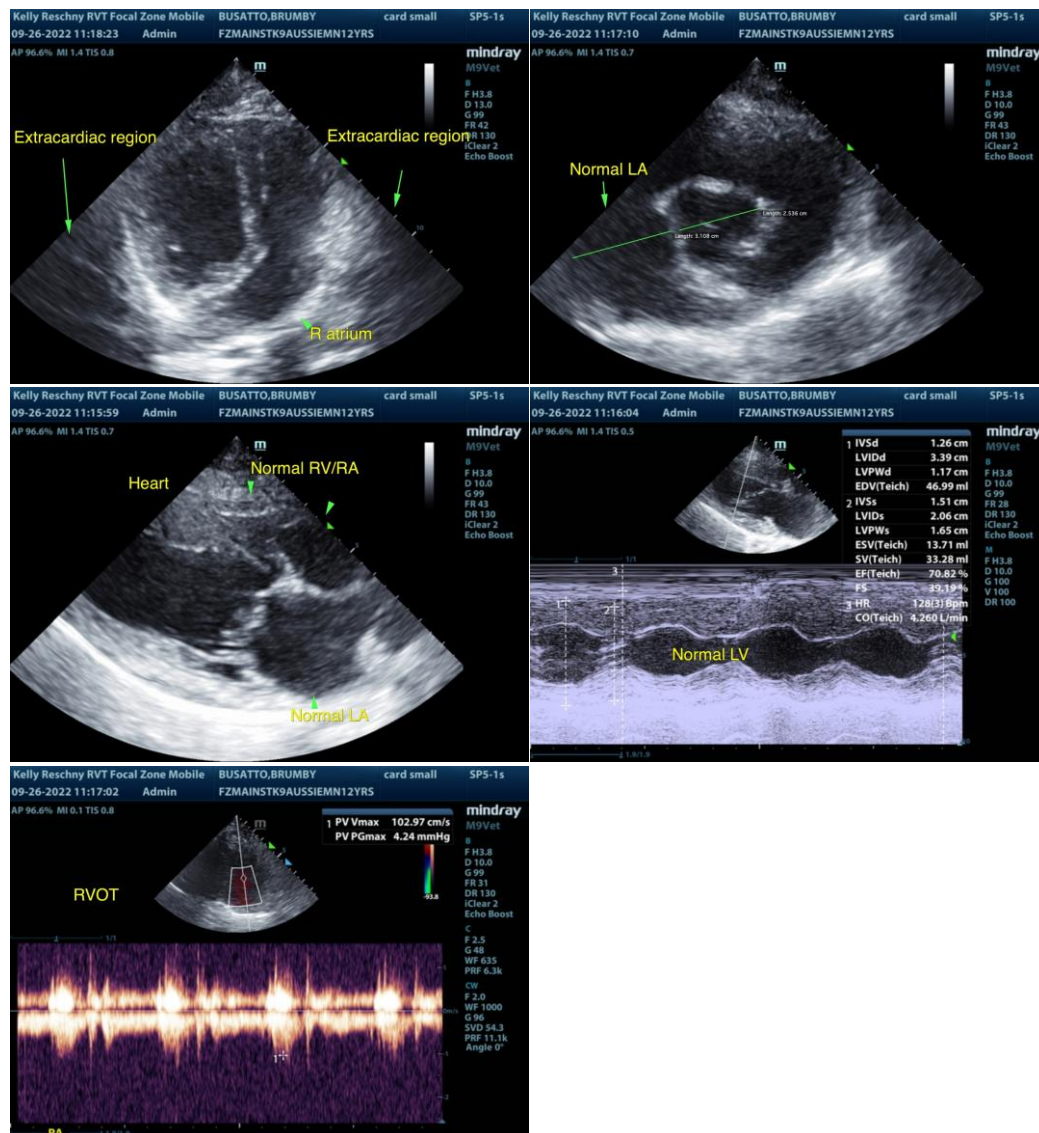
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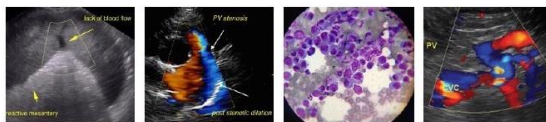
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

Brumby Busatto

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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