



PATIENT

Emma Pignatello

SPECIES

Canine

BREED

Golden Retriever

SEX

Female Spayed

AGE

11 years

WEIGHT

78.5lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

A. Nicastro, DVM

HOSPITAL NAME

Flowertown Animal
Hospital

REFERRING VET

Dr. Pignatello

PRESENTING CLINICAL SIGNS

History: Few days history of cough. Diffuse pulmonary mets on radiographs. History of splenic nodules, which were not suspected to be neoplastic. Oncologist recommended echo to assess for RA mass. Not anemic. No murmur.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no prolapse into the left atrial lumen. Mild central mitral regurgitation with a normal left atrial dimension. Normal LV diameter with adequate myocardial function. The tricuspid valve appears normal with trace tricuspid regurgitation. Suspicious hypoechoic lesion associated with the right AV groove (1.8 x 2.0cm). The lesion is seen from the four-chamber view and cannot be visualized in ancillary views. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. No obvious aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. Irregular rhythm throughout the study.

CARDIAC CHART

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	NA	NA	NM	1.2	38	70	NM
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	NM	2.1	0.99	35.6	2.6	4.4	2.7
*Normal chamber parameters expressed as a mean value (SD)							
BODY WEIGHT DEPENDENT PARAMETERS							
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>							
Adapted from June Boon, Veterinary Echocardiography, 1998							
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435							
Hansson et al, Vet Rad and Ultrasound 2002							
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995							
				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
				10	1.50 (3.8)	3.27 (3.5)	2.06 (3.1)
				15	1.83 (2.0)	3.71 (2.4)	2.43 (2.1)
				20	2.02 (1.9)	4.14 (2.2)	2.80 (2.0)
				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
				40	2.62 (5.2)	5.48 (6.1)	3.96 (5.4)
				50	2.88 (7.1)	6.07 (8.3)	4.46 (7.4)

INVOICE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac dimensions and function, with no obvious dysfunction or dilation of the left heart. No significant valvular leaks are visualized, and no evidence of pulmonary hypertension.

A suspicious hypoechoic lesion is seen in the right AV groove; however, this is certainly not definitive. The lesion cannot be seen from ancillary views and normal soft tissue is possible.



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Ultrasound is largely insensitive for extra cardiac masses (especially in the absence of active effusion) making definitive answers difficult. That being said, in light of splenic findings and metastasis to the lungs there is concern in this case and advanced imaging, such as thoracic CT scan may be indicated if this will change treatment. **Additionally, arrhythmias are noted throughout the study and an ECG is strongly recommended.**

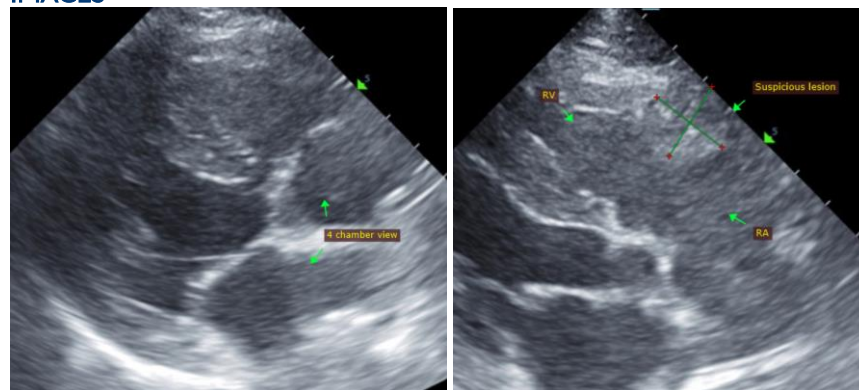
Monitor for development of a heart murmur, cough, labored breathing, exercise intolerance or collapse episodes.

PLAN

ECG strongly recommended. Consider advanced imaging if this will change treatment plan/outcome.

Otherwise, an echocardiogram is recommended in 1-2 months to reassess the right AV groove.

IMAGES



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. This report was generated using transcription software, and minor dictation errors may be present. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com



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