



PATIENT

Laci Sullivan

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Female Spayed

AGE

13 years

WEIGHT

21.2lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Norfolk County
Veterinary Service

REFERRING VET

Dr. Poor

INVOICE

22360

DATE

2/4/22

PRESENTING CLINICAL SIGNS

History: Presented for abdominal distension and collapse episodes with excitement. On exam, MM muddy, tachycardia, abdominal effort with breathing. Radiographs: pleural effusion; ascites. ALT 216; ALP 605; AST 53; Glob 2.0; TCO2 28 (H). Having bi-cavity ultrasound exams.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: The LV diameter is normal with adequate myocardial function. LV wall thicknesses are normal.

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Trace/mild eccentric mitral regurgitation.

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency. No obvious heart base tumor is identified although hyperechoic tissue can be seen around the root (suspect fat).

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: Normal RA dimension. No obvious evidence of cardiac tamponade. No intra or extra-tumors are identified associated with the right atrium.

Tricuspid valve: The tricuspid valve appears normal with trace tricuspid regurgitation.

Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

Pericardium/other: Small volume pericardial effusion seen without obvious evidence of tamponade. No significant pleural effusion noted. Large volume ascites is seen on sub-costal views. No obvious cardiac masses.

2-Dimensional Measurements

Ao diam (cm)	1.6
LA diam (cm)	2.2
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.7
LVID diastole (cm)	2.6
PW thickness (cm)	0.8
LVID systole (cm)	1.6
FS (%)	37

Doppler Measurements

PV Vmax (m/s)	0.98
AoV Vmax (m/s)	0.92
MR Vmax (m/s)	NM
TR Vmax (m/s)	NM
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

The cause of the clinical signs is tricavitary effusion. The cardiac dimensions and function are largely normal with mild mitral regurgitation. No obvious cardiac or extra-cardiac tumors are identified; however, it is important to note that small masses are easily missed, and a thoracic CT scan or MRI would be necessary to fully evaluate the surface of the heart. What is confounding is there does not appear to be obvious cardiac tamponade present, which is the most common cause of collapse episodes in dogs with pericardial effusion. Based upon a lack of tamponade, the simple presence of tricavitary effusion is the likely cause syncope, and further investigation is fluid origin is certainly advised.

Given these findings, no clear cause of the effusion(s) is identified on echocardiogram or abdominal ultrasound. The next step in this case would be a diagnostic pericardiocentesis



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to determine the type of effusion present and submit for cytology/culture. If this cannot be performed safely in your facility, highly recommend referral to a multispecialty center for further evaluation. Advanced thoracic imaging is likely also indicated (such as thoracic CT scan) pending results of sampling and further work up. Discussion with the owner is advised.

Regardless of origin there is may be risk of tamponade and associated clinical signs (collapse, ascites, shock, etc.) in the future. Activity restriction is advised, with immediate reassessment should the patient's clinical status deteriorate in the future.

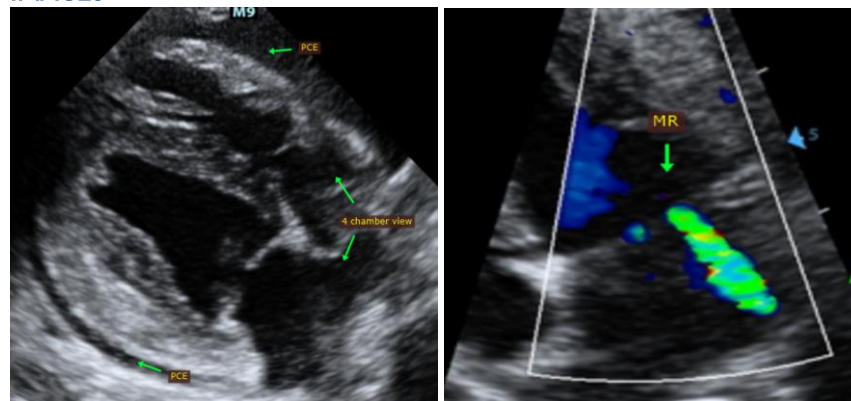
RECOMMENDATIONS

- Diagnostic pericardiocentesis with submission for Cytology. Further workup should be based upon these results. Consider referral as discussed.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.
- Strict activity restriction is advised at this time.

PLAN

- Recommend recheck echocardiogram pending results of additional evaluation.

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.

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