



PATIENT
Sherlock Morissette

SPECIES
Canine

BREED
Bloodhound

SEX
Male Neutered

AGE
5 years

WEIGHT
119.5lbs

INTERPRETED BY
Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan,
RDCS

HOSPITAL NAME
Mass Veterinary
Services

REFERRING VET
Dr. Masloski

INVOICE
31565

DATE
6/27/23

PRESENTING CLINICAL SIGNS

History: Sherlock presented to the ER on June 14 for hyporexia, lethargy, heavy panting and bloated belly. History gastropexy. He was noted to have pericardial, pleural and abdominal fluid. The abdominal fluid (1200 ml retracted) was consistent with a modified transudate. The pleural fluid (375 mls retracted) showed marked mesothelial atypia, possible mesothelioma. Thoracic radiographs: S/P thoracentesis. Evidence of pneumothorax and pleural fluid. No evidence of heart base mass lesion or pulmonary metastatic disease. Recommend echocardiogram and, ideally, gated contrast enhanced CT of the thorax. Presently, Sherlock is doing well with a good appetite and improved activity level. On exam: NSR, no murmurs noted, slightly muffled heart sounds, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 180-190 mmHg (stressed/panting). Currently, no medications *No sedation for study.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is normal with adequate myocardial function. Subtle septal bounce. 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. No MR.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity.

Right ventricle: The RV is prominent.

Right atrium: The RA is prominent.

Tricuspid valve: The tricuspid valve appears normal with no 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: No pericardial effusion. Scant pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 150bpm.

2-Dimensional Measurements

Ao diam (cm)	2.5
LA diam (cm)	3.3
LA:Ao (Swe)	1.3
IVS thickness (cm)	1.2
LVID diastole (cm)	3.8
PW thickness (cm)	1.1
LVID systole (cm)	2.0
FS (%)	47

Doppler Measurements

PV Vmax (m/s)	0.96
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

The left heart dimensions and function are normal with no evidence of significant structural disease. What is unusual in this case is the right heart is prominent to mildly enlarged with a subtle septal bounce/paradoxical motion. This can be consistent with constrictive pericarditis, particularly given the history. That being said, the pericardium itself does not appear thickened or calcified, making this of unknown relevance. No obvious masses are identified; however, these are easily missed in the absence of active pericardial effusion. No additional issues are identified.



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These findings rule out typical right-sided CHF as the cause of tricavitary effusion. The right heart findings must be interpreted in light of the entire clinical picture, fluid cytology, etc. In total, recommend gated thoracic CT as was suggested by the CXR report as a reasonable next step.

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Canine

RECOMMENDATIONS

- No cardiac medications are clearly indicated.
- Recommend further evaluation as discussed.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

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Bloodhound

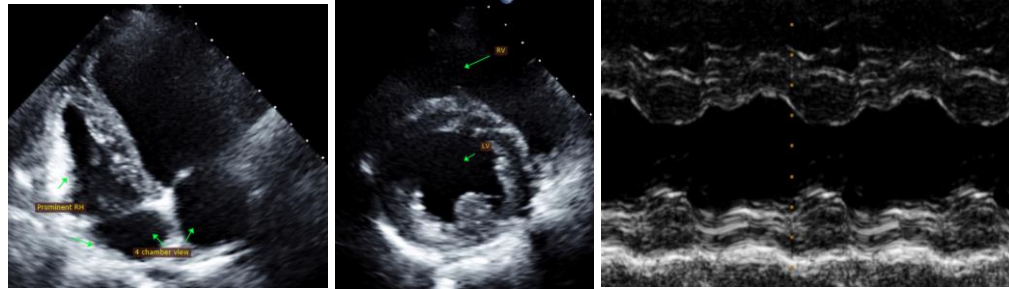
PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 6 months.

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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. 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.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

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

HOSPITAL NAME

Mass Veterinary Services

Echocardiogram performed by:

Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

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