


RESENTING CLINICAL SIGNS
DATE

8/23/21

History: History of recurrent pericardial effusion. Echo on 6/11/21 showed thickening of the right AV groove, but no distinct mass, while no mass was seen in a recheck 5 days later. Effusion was hemorrhagic with increased mesothelial cells, some mild atypical changes, chronic, and inflammatory. No growth on culture. Slowing down again, reluctant to jump, not as peppy.

PERFORMED BY:
ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study. This exam is compared to the one performed 6/16/21.

Dr. Brian Barnes

INTERPRETED BY

 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

Left atrial size is normal. The mitral valve leaflets are very mildly thickened, and a very mild jet of eccentric mitral regurgitation is present. Left ventricular dimensions are normal. Left ventricular systolic function is mildly hyperdynamic. The aorta and aortic valve appear normal, though trace aortic insufficiency is present. The right atrium and right ventricle are mildly underfilled. The tricuspid valve appears normal, though trace tricuspid regurgitation is present. The pulmonary artery and pulmonic valve appear normal, though trivial pulmonic insufficiency is present. No shunting lesions are visualized. A mild to moderate volume of exudative pericardial effusion is present. Within the effusion, there is an ~1.61 cm x 0.66 cm echogenic structure.

PATIENT

ECG during echo: Sinus rhythm

Aries Narayan

LA - 19.6 mm (prev. 21.6 mm)
 LVIDd - 18.9 mm (prev. 20.9 mm)
 LVIDs - 10.9 mm (prev. 10.9 mm)
 FS - 42.3% (prev. 47.8%)
 RA - 9.8 mm (prev. 16.3 mm)
 LVOT - 1.09 m/s (prev. 1.50 m/s)
 RVOT - 0.78 m/s (prev. 1.16 m/s)

SPECIES

Canine

BREED

Poodle

ASSESSMENT/RECOMMENDATIONS
SEX

FS

This examination demonstrates a mild to moderate recurrence of Aries' pericardial effusion, and it's likely that the effusion is the cause of her recent clinical signs. There is a structure located within the effusion seen in today's exam, however, whether it could be a mass that is bleeding into Aries' pericardial space or whether it is a non-neoplastic structure, such as a thrombus or fibrin deposition, cannot be determined from the image set.

AGE

6 y

Pericardiocentesis is recommended in order to relieve Aries' suspected cardiac tamponade.

Pericardiectomy can be considered in order to prevent future episodes of tamponade. If this procedure is to be considered, cardiac CT or MRI may be warranted beforehand to more comprehensively evaluate for the presence of cardiac neoplasia, as its presence may influence the decision to move forward with pericardiectomy.

WEIGHT

3.4 kg

If CT/MRI is not performed, a recheck echocardiogram is recommended in 4 months, sooner if clinical signs compatible with cardiac tamponade recur.

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Barnes



DATE

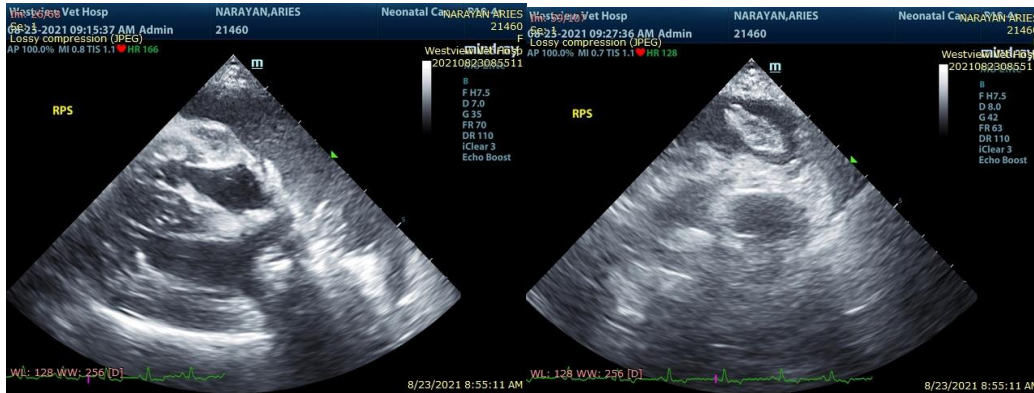
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

PATIENT

Aries Narayan

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.

Keith Blass, DVM, MS, DACVIM (Cardiology)
KeithBlass@gmail.com
631-804-5754

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