
**PATIENT PRESENTING CLINICAL SIGNS**

Hoss Deas Distended tense abdomen with fluid wave. Unable to palpate organs Irregular arrhythmia. No murmur was noted. No crackles were noted over thorax The patient presented with decreased appetite, moderately distended abdomen with fluid noticed,  
**SPECIES** Abnormal PE/Chem/CBC/UA Results: mild regenerative anemia

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**
**BREED**

Bulldog

**SEX**

Intact Male

**AGE**

12 Years

**WEIGHT**

78.8 lbs

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			1.3		25		0.4
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					3.5	3.5	

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**Cardiac Presentation**

Superimposing upon the left atrium, a 2.0 cm echogenic nodule was noted. This may represent a portion of a heart base mass. However, no pericardial or pleural effusion was noted. Left atrial and left ventricular volumes were normal. Hypocontractility noted in the left ventricle with arrhythmogenic disease. No pericardial effusion noted. The right atrium was enlarged with a 1.5:1 ratio with the left atrium. Mitral and tricuspid insufficiencies present. The right ventricle was dilated. Hepatic veins were not dilated in this patient, even though a considerable amount of ascites was present.

**IMAGING PERFORMED BY**

Andrea Nicastro, DVM,  
 Diplomate ACVIM  
 (Small Animal Internal  
 Medicine)

**ULTRASONOGRAPHIC FINDINGS**

- Mitral and tricuspid insufficiencies with hypocontractility
- Right atrial and right ventricular enlargement

**HOSPITAL NAME**

Southside AH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The irregular heart base nodule may represent a focal manifestation of a systemic neoplastic process. I do not believe that the heart is a primary issue in this patient. It is likely an effector organ owing to systemic process and/or associated with systemic neoplasia. Given the ascites that is not cardiogenic, recommend assessment for abdominal neoplasia. CT of the chest would be ideal. EKG warranted to control arrhythmogenic disease. Assessment for systemic shock also indicated. No specific cardiac medications recommended other than possible anti-arrhythmics.

**REFERRING VET**

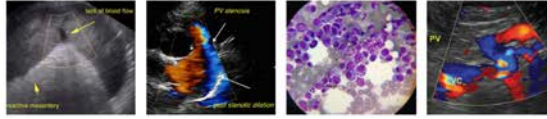
Dr. Brock Sauls

**INVOICE**

34149

**DATE**

1/12/22



**PATIENT**

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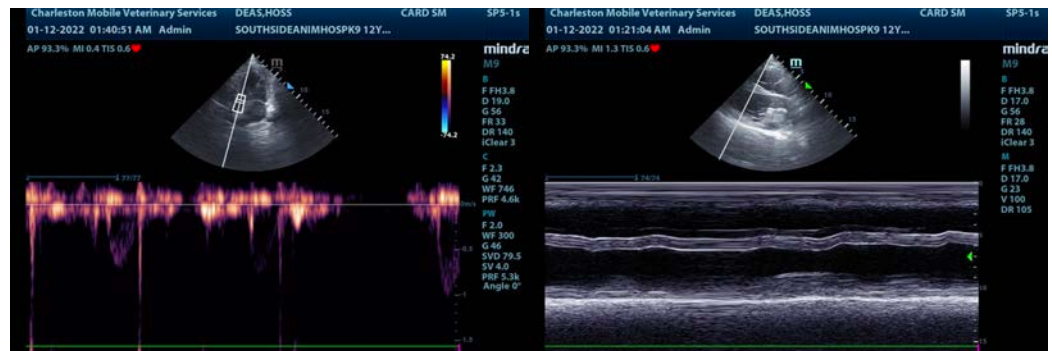
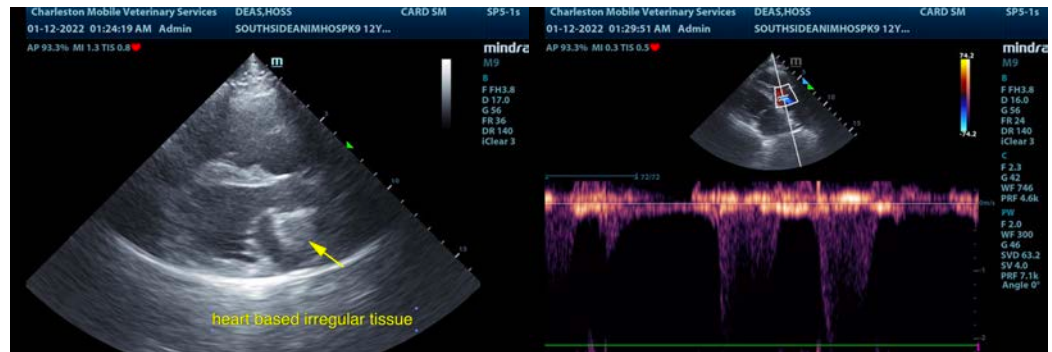
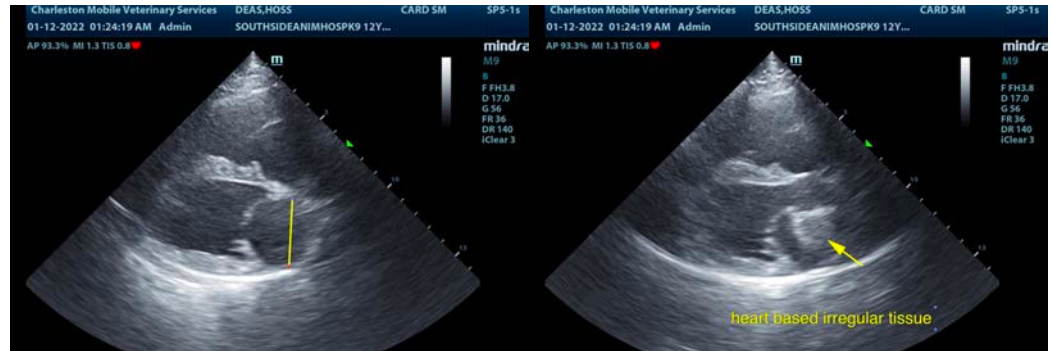
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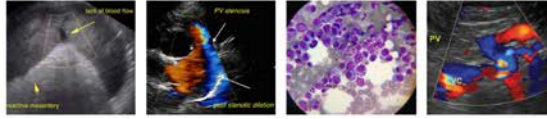
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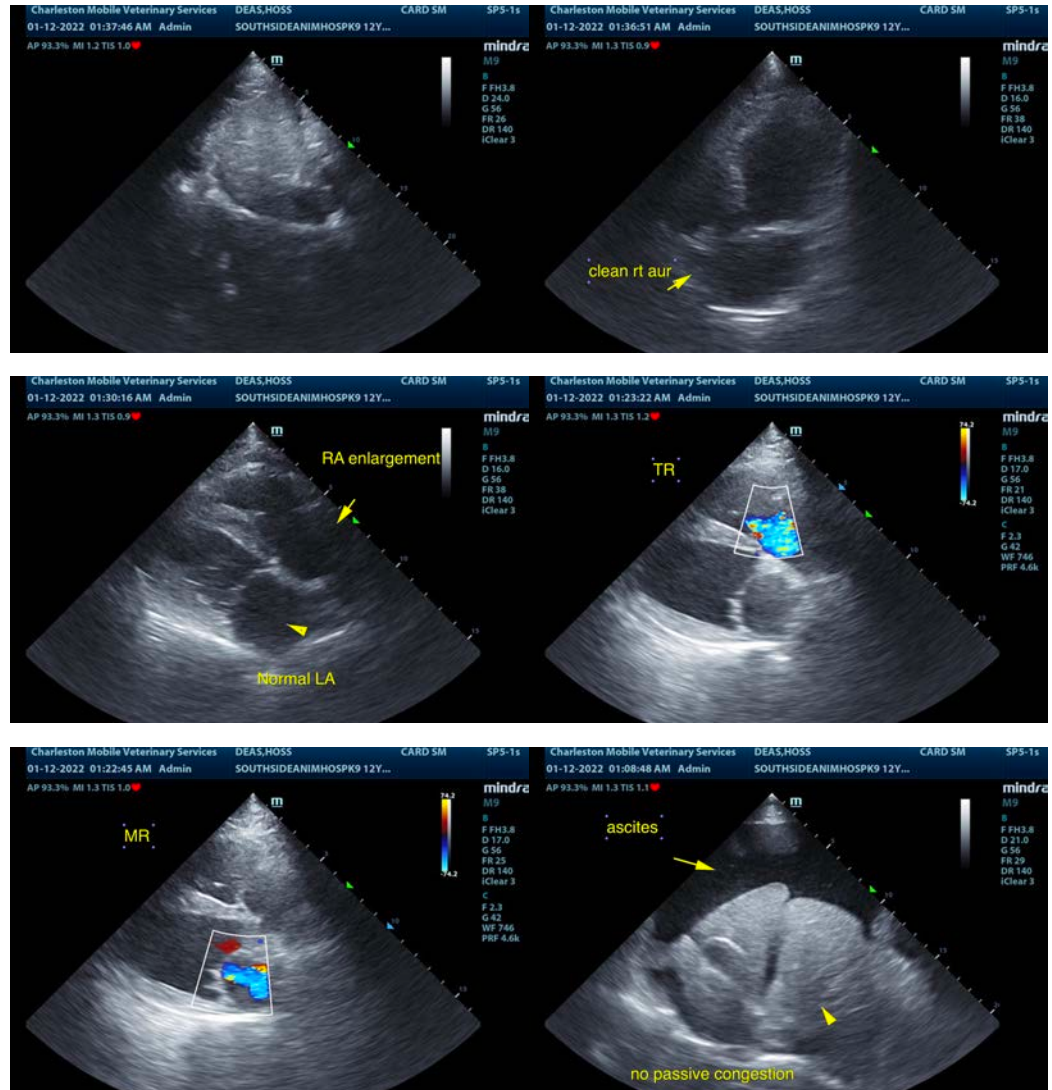
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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