



**PATIENT PRESENTING CLINICAL SIGNS**

Selena Jacome  
 Pleural effusion. Current meds: Furosemide  
 Abnormal PE/Chem/CBC/UA Results: Mild elevated wbc

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

Canine

**BREED**

Husky

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

67 Pounds

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			1.0	1.2	26	52	0.1
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	178	1.0	0.67		3.7	3.3	

**Cardiac Presentation**

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The **mitral** valve presented minor insufficiency, measuring 5.5 m/sec, not clinically significant. The **left ventricle** presented thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). Non-cardiogenic pleural effusion noted. A mixed hypoechoic lung mass was noted at the base of the heart, measuring approximately 3.0 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
 DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

All Creatures Great &  
 Small Denville

**REFERRING VET**

Dr. Ashmore

**ULTRASONOGRAPHIC FINDINGS**

- Normal echocardiogram with mitral insufficiency, not a clinical issue
- Non-cardiogenic pleural effusion
- Lung mass

**INVOICE**

34218

**DATE**

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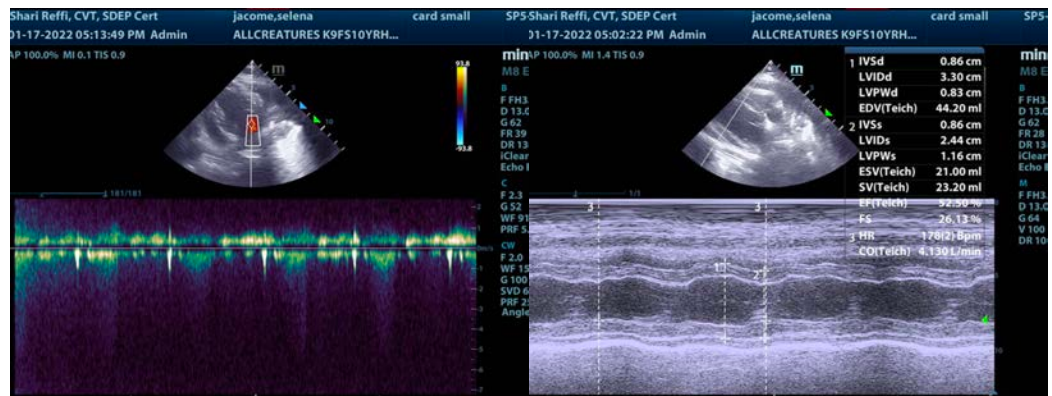
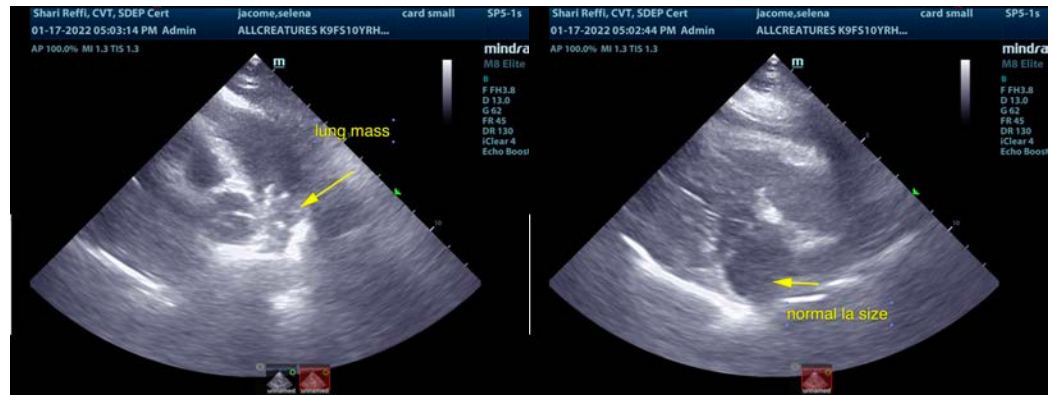
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Pleurocentesis recommended with cytopsin to assess for exfoliating neoplasia. Abdominal sonogram recommended to assess for primary disease. CT of the chest would be ideal in this patient to further assess distribution of the pathology. Thoracic carcinomatosis, lymphomatosis or similar suspected. This may be primary thoracic or related to primary abdominal pathology, hence the necessity for abdominal sonogram.





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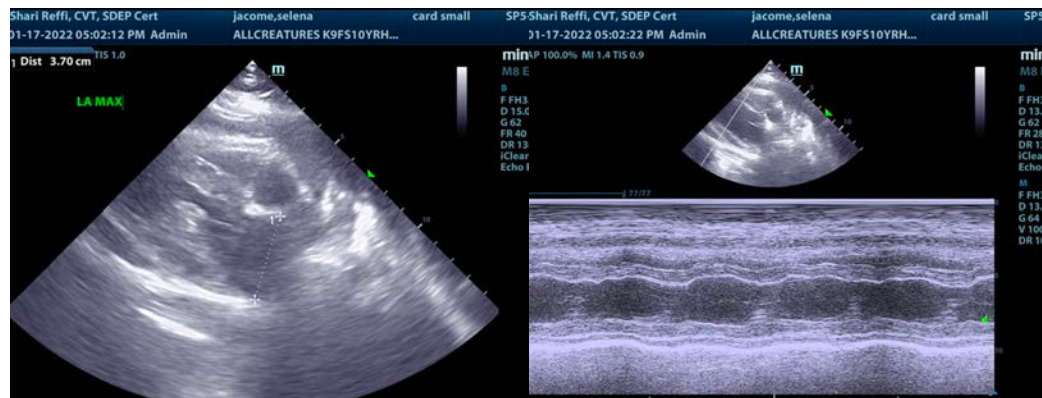
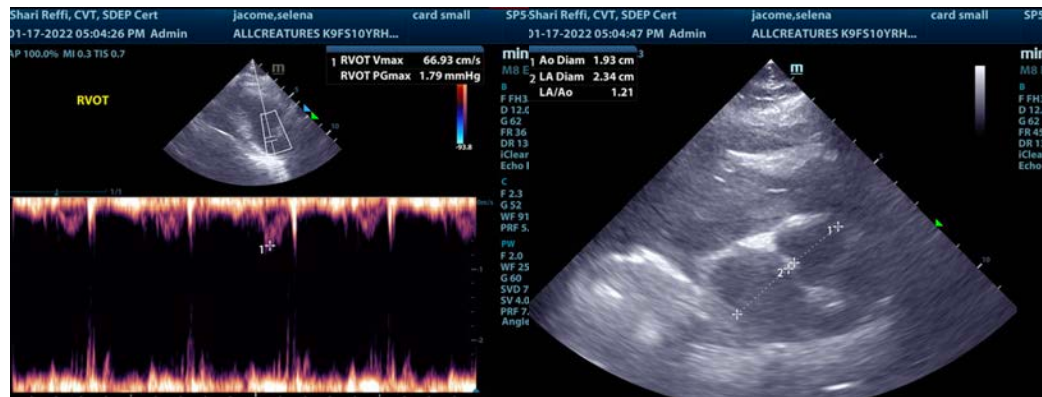
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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