



PATIENT PRESENTING CLINICAL SIGNS

Shadow Henry History: Presented for acute respiratory distress, panting at rest

SPECIES Abnormal PE/Chem/CBC/UA Results: See attached - CBC 8.99, Hemo 20.7, retic 170.8, CHEM ALT 127, rest WNL

Canine Radiographs revealed pleural effusion, diffuse alveolar pattern and cranial mediastinal mass.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Standard Poodle

SEX

Spayed Female

AGE

2013

WEIGHT

68 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Amanda Crook-SDEP
Certified Clinical
Sonographer

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. David Gray

INVOICE

14115

DATE

10/31/21

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	--	--	NM	1.0	--	--	NM
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	--	--	--	--	--	--	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. 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). The cranial mediastinum revealed a 10+ cm mixed hypoechoic undifferentiated lymph node mass. Other lymph node base masses noted throughout the chest with a mild to moderate amount of pleural effusion. The visible heart appeared unremarkable.

ULTRASONOGRAPHIC FINDINGS



PATIENT

Shadow Henry

- Diffuse thoracic neoplasia, primarily lymph node based, not surgical
- Secondary pleural effusion owing to lymphatic obstruction, suspect lymphoma or similar neoplasia

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal sonogram would be ideal for staging purposes. Ultrasound guided FNA of the thoracic mass, Pleurocentesis and cytospin all indicated. Prognosis is poor long term depending upon responsiveness to chemotherapy and if concurrent disease is present in the abdomen.

BREED

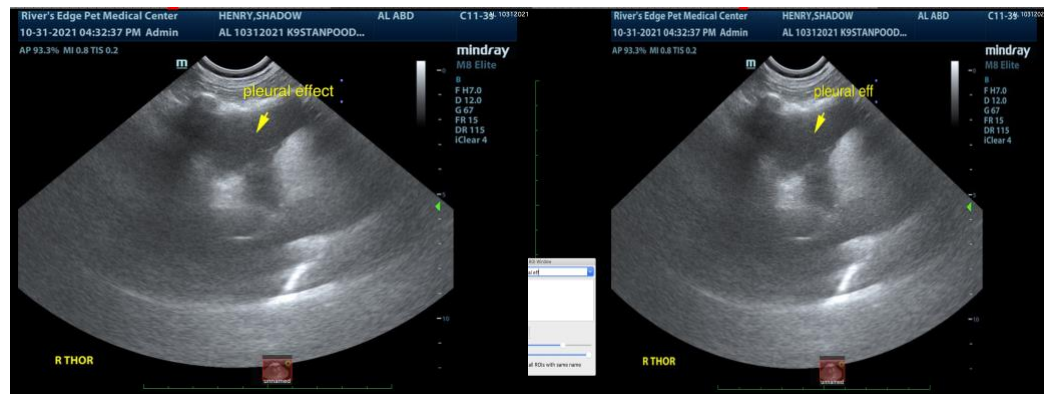
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SEX

Spayed Female

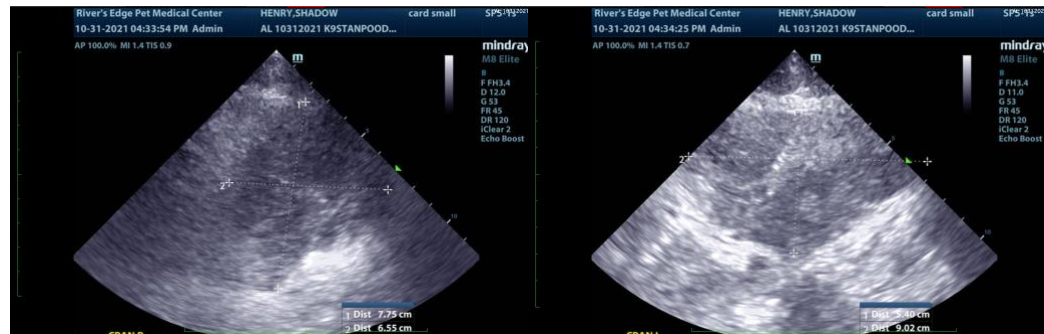
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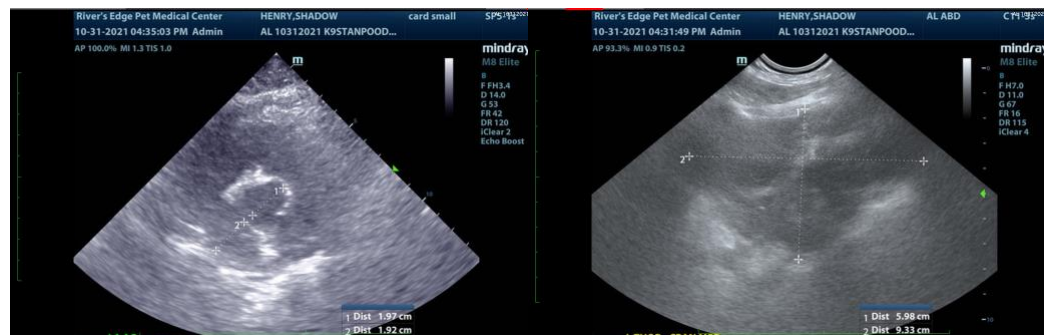


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

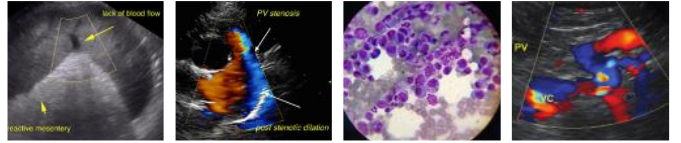
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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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PATIENT

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

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