

PATIENT PRESENTING CLINICAL SIGNS

Winston Guerra

Dyspneic, chest mass on x-ray. Hx of MCT, cutaneous-removed 8/12/2020, regulated diabetic. Current meds: Vetsulin, Tussigon (PRN).

SPECIES

Canine

BREED

Pug

SEX

Neutered male

AGE

12 years

WEIGHT

22 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

North Haledon VC

REFERRING VET

Dr. Mansfield

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram presented a prominent **right heart** with mild **right ventricular** hypertrophy, and enlarged **right atrial** size. There was no significant **tricuspid** regurgitation. No evidence of neoplasia was noted in the right auricle, or elsewhere in the heart. The **pulmonary artery** was uniformly prominent with mildly depressed pulmonic velocity measured on PW Doppler. No overt heartworms were noted in the main or visible deep pulmonary arteries. Yet, theoretically heartworms could be present in the deep pulmonary vasculature out of visible sonographic range. More likely, however, this prominent right heart is due to excessive intra-thoracic pressures caused by chronic respiratory disease or potentially excessive intra-thoracic fat (Pickwickian syndrome). The **left heart** demonstrated a linear **ventricular septum**. Contractility was functionally adequate demonstrated by the FS% measurement. The **mitral valve** was not significantly insufficient and no significant **left atrial** dilation was noted. The **left ventricular outflow** demonstrated normal flow patterns and velocities through the aortic valve. No evidence of tumor, pericardial or pleural effusion was noted. The left thorax revealed a 4.0+ cm ill-defined parenchymal mass.

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			1.2	1.23	47	80	0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	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	127	1.3	0.87	22 lbs	2.82	2.72	

INVOICE

96165

DATE

2/21/22

Rapid view of the abdomen revealed multi-focal, nodular hepatic changes and secondary ascites.



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ULTRASONOGRAPHIC FINDINGS

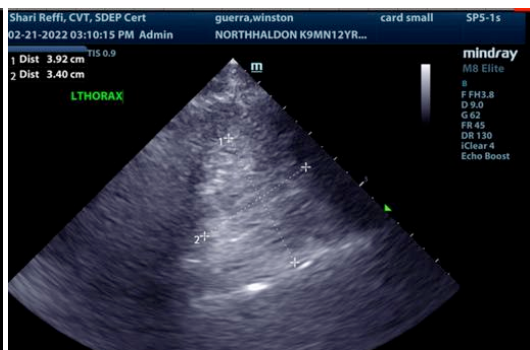
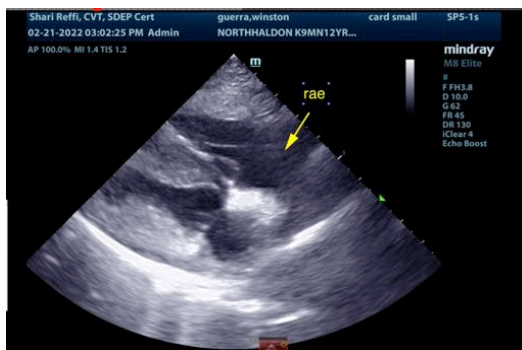
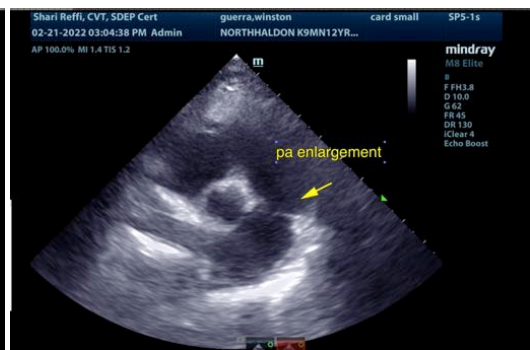
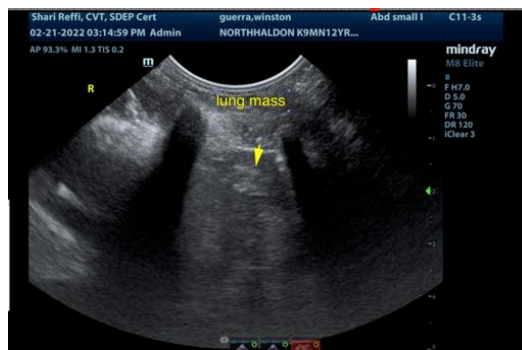
Cor pulmonale cardiac presentation.

Diffuse hepatic disease was noted on rapid view.

Undefined thoracic mass. Suspect metastatic from the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No primary cardiac disease was noted. Full abdominal sonogram and FNA of the liver is indicated. FNA of the thoracic mass would be ideal. It appears to be of lung origin; however, it is adjacent to the heart. FNA may be somewhat challenging. Chest CT would be ideal. The prognosis is poor depending on cytology results and responsiveness to chemotherapy.





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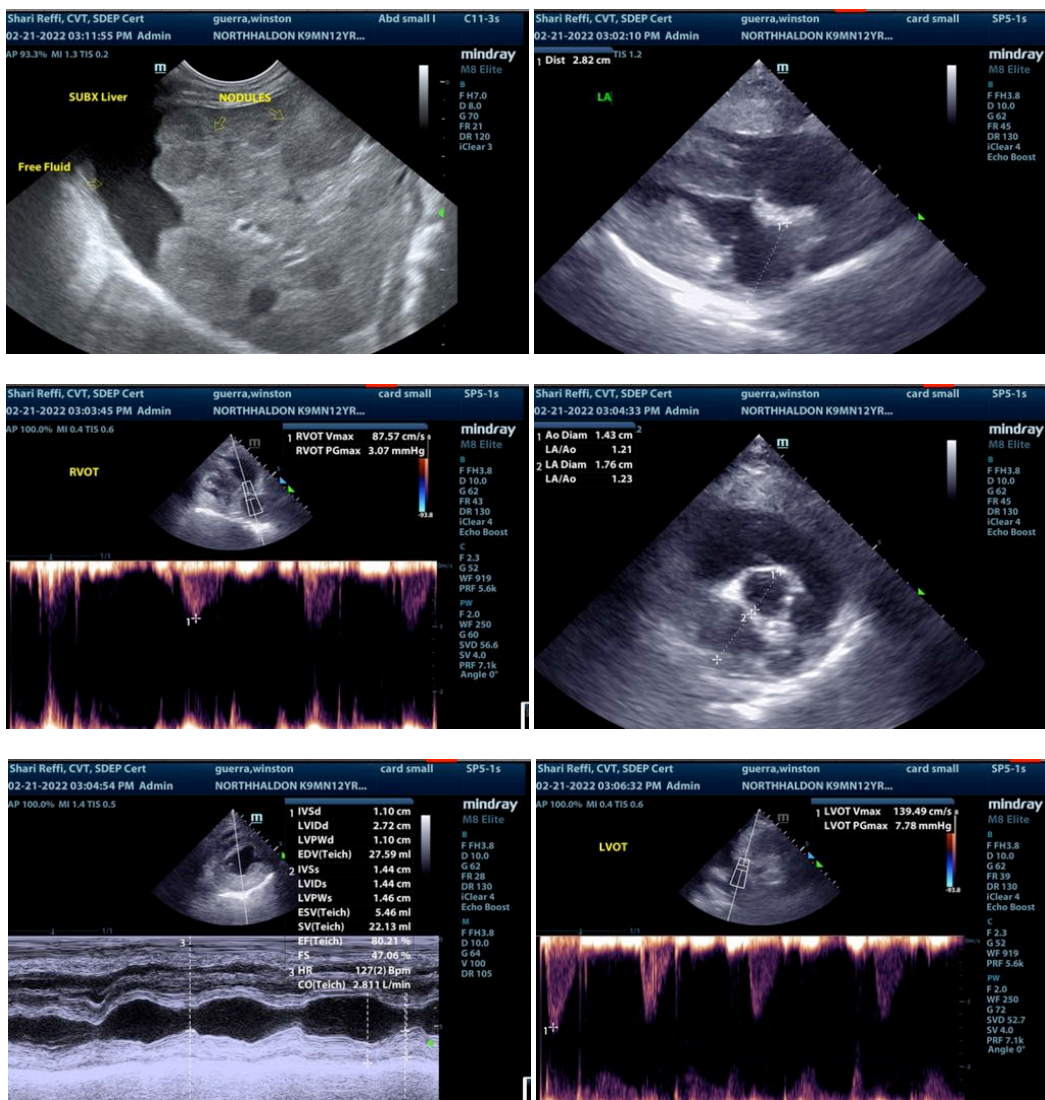
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Info@SonoPath.com