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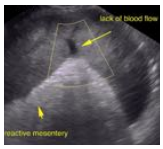
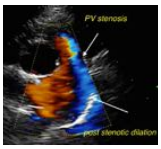
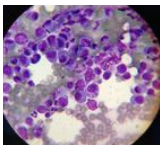
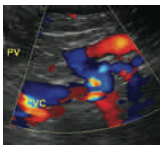

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1-800-838-4268 info@sonopath.com

PATIENT

Quigley Duffy

SPECIES

Canine

BREED

Affeenpinscher Mix

SEX

Neutered male

AGE

11 years

WEIGHT

15.3 lbs

PRESENTING CLINICAL SIGNS

History: Cardiomegaly, heart murmur, interstitial pattern in lungs. 3/12 started on Pimo 1.25mgs BID, Lasix 1/2 tab 12.5mgs BID (on low dose Pred and Percorten for Addisons), and Gabapentin for back joints.
Abnormal PE/Chem/CBC/UA Results: ALP 296, neuts. 15, ProBNP 710.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable insufficiency. 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 or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of infiltrative disease was visible. The heart base revealed a 3.0 x 2.7 cm, mixed echogenic mass that was likely deriving from the aortic body/aortic body tumor/chemodectoma.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez , CVT

HOSPITAL NAME

Legacy AH

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Dr. Pontenzone

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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			1.4	1.7	59	95	NM
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		1.79	1.21	15.3 lbs		2.55	

ULTRASONOGRAPHIC FINDINGS

Heart base mass creating an appearance of enlarged left atrium; however, no significant volume overload was present. The position of the mass would suggest aortic body tumor.

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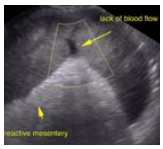
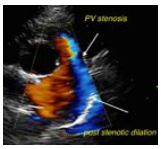
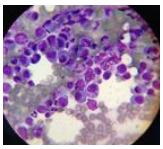
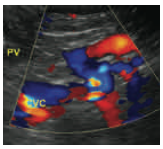

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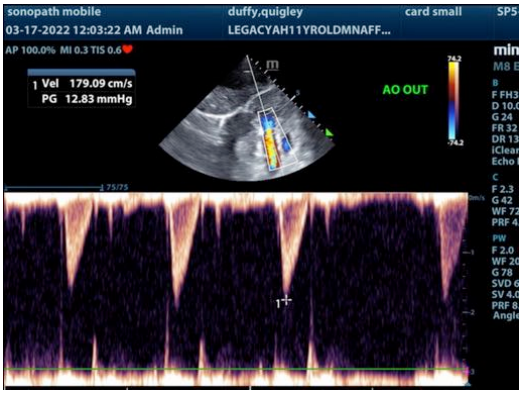
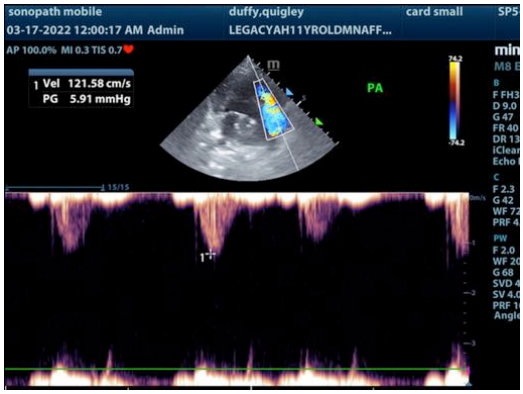
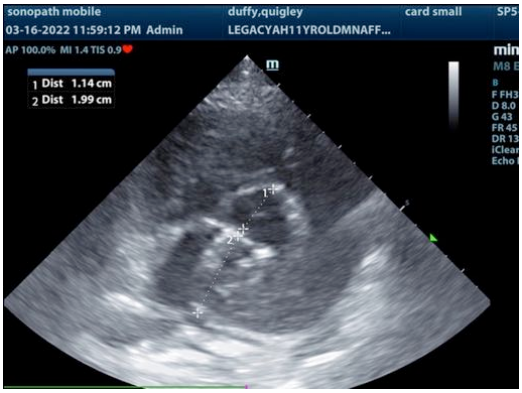
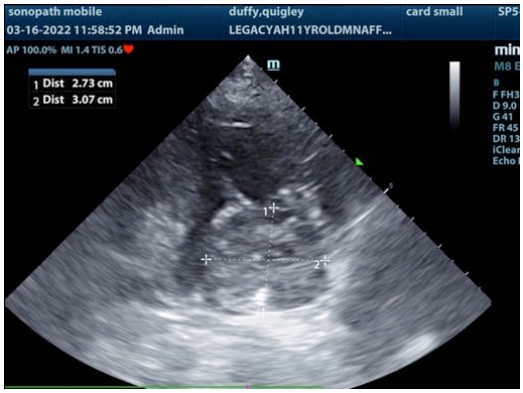
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

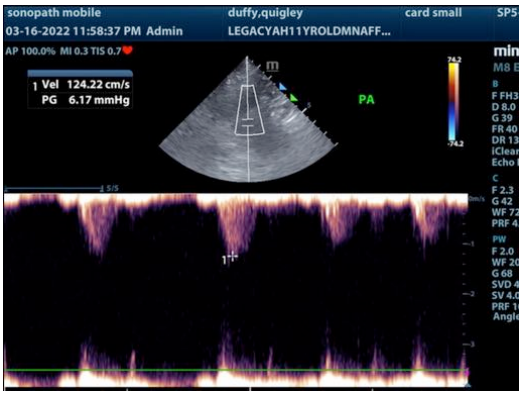
Blood pressure measurements are recommended. No specific therapy is recommended. Exercise intolerance may develop owing to pulmonary inflow obstruction. I recommend continuation of current protocol. Chest CT would be ideal given the reported pulmonary changes. These are typically slow growing expansive tumors. No pericardial effusion is noted at this time.

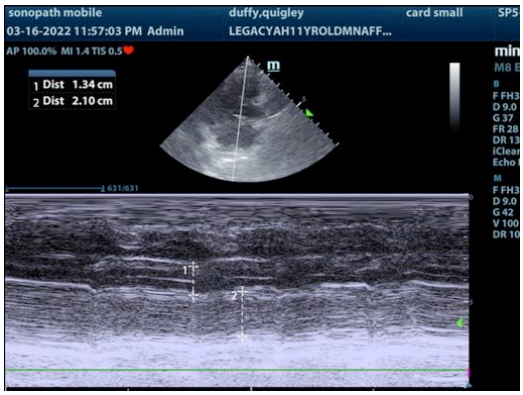












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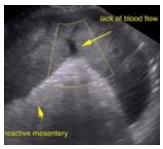
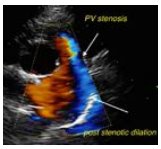
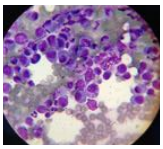
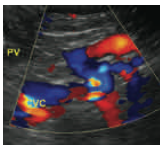

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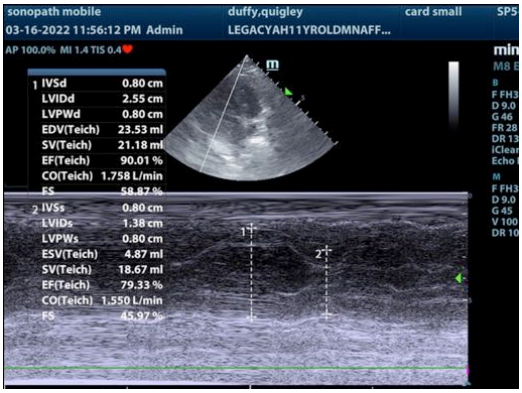

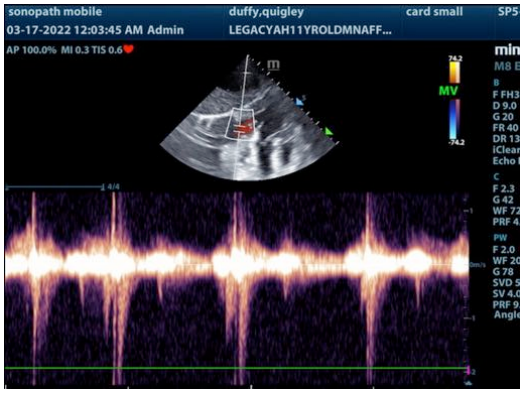

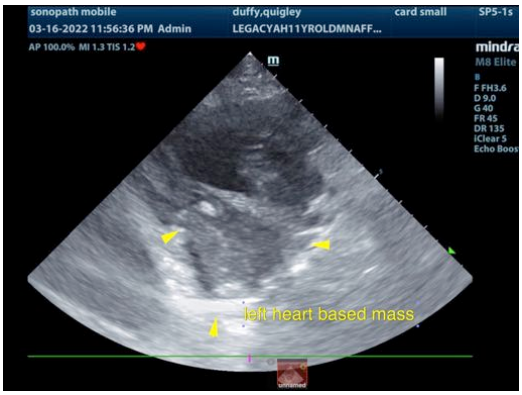

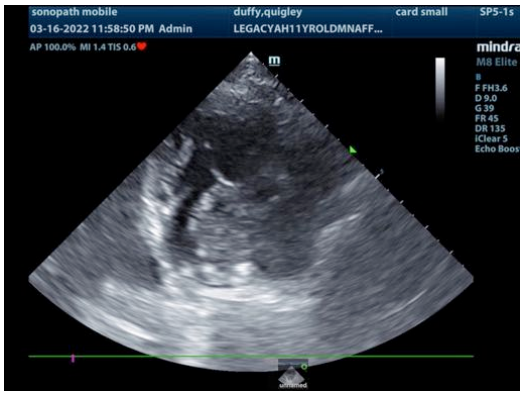

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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