



PATIENT PRESENTING CLINICAL SIGNS

Sadie Walker

History: Increasing exercise intolerance over past few months, now will not go for walks at all. Not eating, lethargic and coughing. Treated with Doxycycline for Lyme + (3 weeks ago) with minimal improvement. Cytospin done of tapped pleural fluid, sent for cytology.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: PE: tachypneic, quiet but alert. RADS (attached): pleural effusion with possible variable sized nodular changes in R middle lung lobe. CBC/Chem/T-4: WNL except Globulins elevated.

BREED

Lab Mix

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

SEX

Spayed Female

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 thorax in this patient revealed nodular, undifferentiated pleural and free fluid enveloping the base of the heart. The pleural effusion is non-cardiogenic. Areas of lung consolidation was also noted.

AGE

13 years

WEIGHT

52 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Sanders

INVOICE

96548

DATE

3/2/22

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	1.25	35		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		2.0	1.44	4.8 kg	3.14	3.2	

ULTRASONOGRAPHIC FINDINGS

Thoracic neoplastic pattern. Carcinomatosis or similar.



PATIENT

Sadie Walker

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

13 years

WEIGHT

52 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Sanders

INVOICE

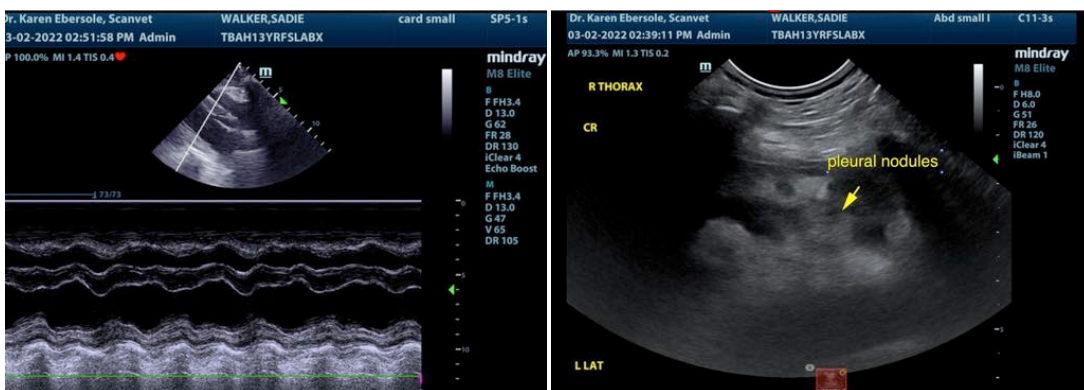
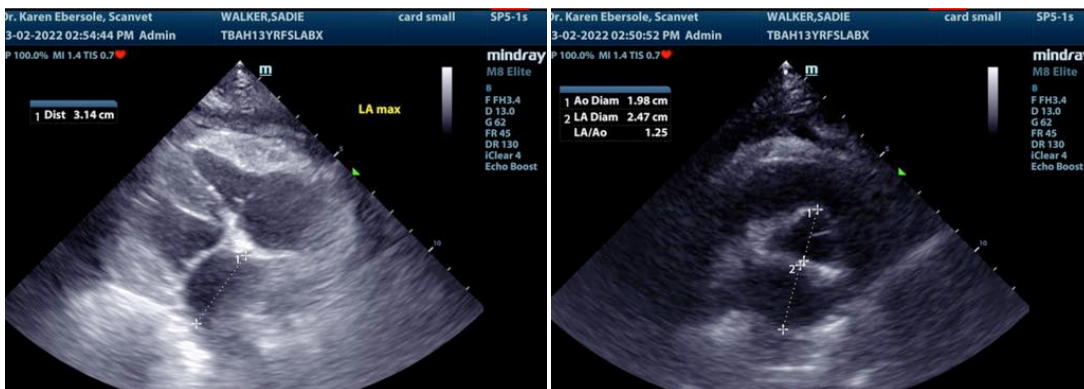
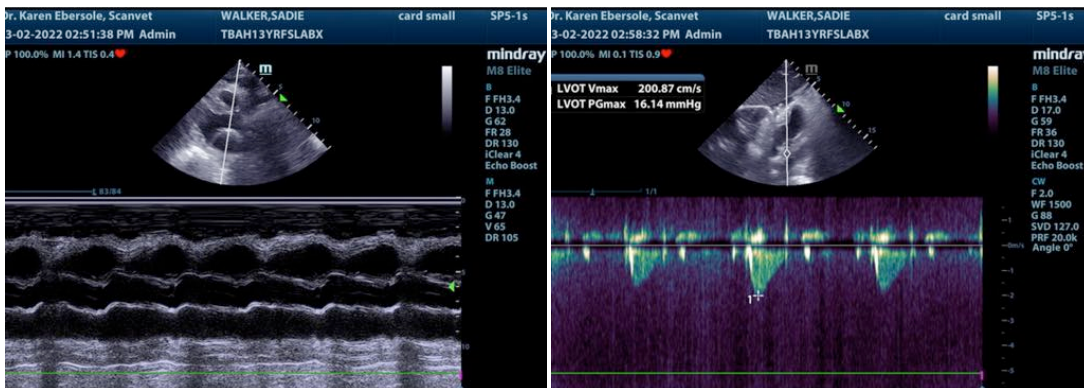
96548

DATE

3/2/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pleurocentesis and cytospin is recommended with immediate slide preparation to assess exfoliating neoplasia. Abdominal sonogram can be considered to assess for primary disease that may be metastatic to the chest.





PATIENT

Sadie Walker

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

13 years

WEIGHT

52 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

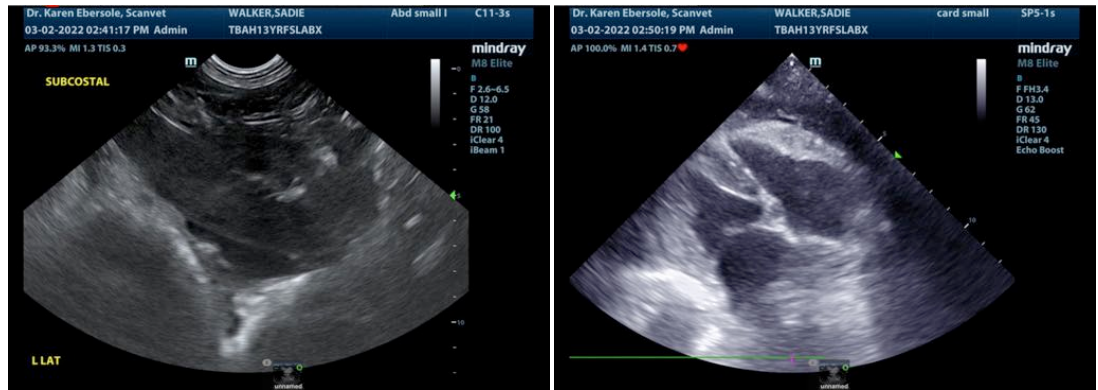
Dr. Sanders

INVOICE

96548

DATE

3/2/22



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