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Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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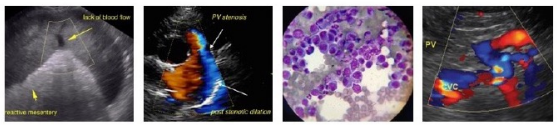

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT
Sam Finn

SPECIES
Canine

BREED
Shih Tzu X

SEX
Intact Male

AGE
9 Years

WEIGHT
7 kg

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Kelly Reschny

HOSPITAL NAME
Collegeway AH

REFERRING VET
Dr. Hanna

INVOICE
36989

DATE
4/19/22

PRESENTING CLINICAL SIGNS

coughing, especially at night, not eating possible fluid in lungs on rads
Abnormal PE/Chem/CBC/UA Results: please see attached rads

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	5.51	2.6	NM	1.06	49	83	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	BELOW	BELOW	BELOW	BELOW
PATIENT	120		1.04		2.38	2.43	

Cardiac Presentation

The **echocardiogram** presented a prominent **right heart** with mild **right ventricular** hypertrophy. Minor tricuspid insufficiency noted. Normal **right atrial** size. 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 (Pickiwickian syndrome). The **left heart** demonstrated a linear **ventricular septum**. Contractility was functionally adequate demonstrated by the FS% measurement. **Mitral** insufficiency noted. No significant **left atrial** dilation was noted. The **left ventricular outflow** demonstrated normal flow patterns and velocities through the aortic valve. Non-cardiogenic pleural effusion noted. The visible **extra-cardiac** tissues were uniformly linear without evidence of masses, infiltrative or inflammatory mediastinal tissue. No evident arrhythmic activity was noted during the exam.

ULTRASONOGRAPHIC FINDINGS

- Non-cardiogenic pleural effusion
- Stage B1 valvular disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal sonogram recommended to assess for primary disease that may be metastatic to the chest. Pleurocentesis and cytospin recommended to assess for exfoliating neoplasia or inflammatory sediment. CT with contrast of the chest after pleural drainage would be optimal. No cardiac medications recommended. This is not a cardiac issue. Even though valvular disease is present, it is well compensated. Internal chambers sizes are normal, contractility and structure is normal other than Stage

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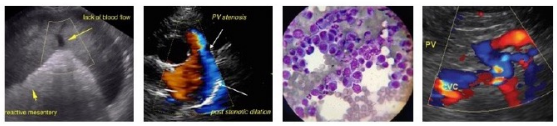

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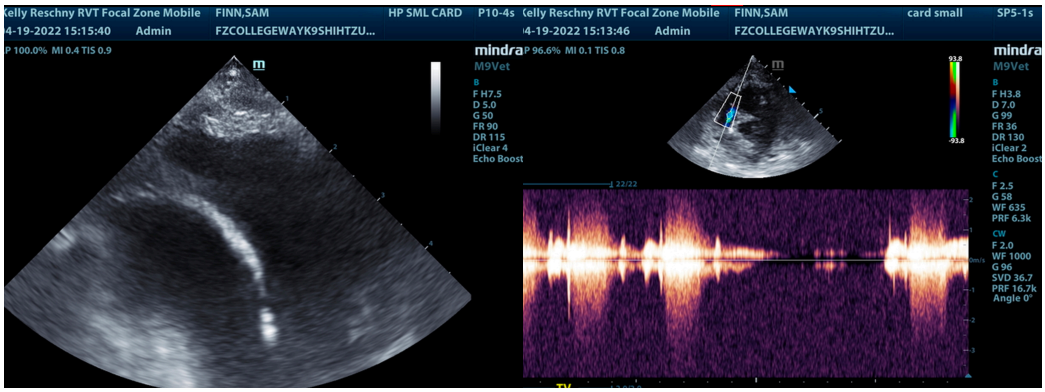
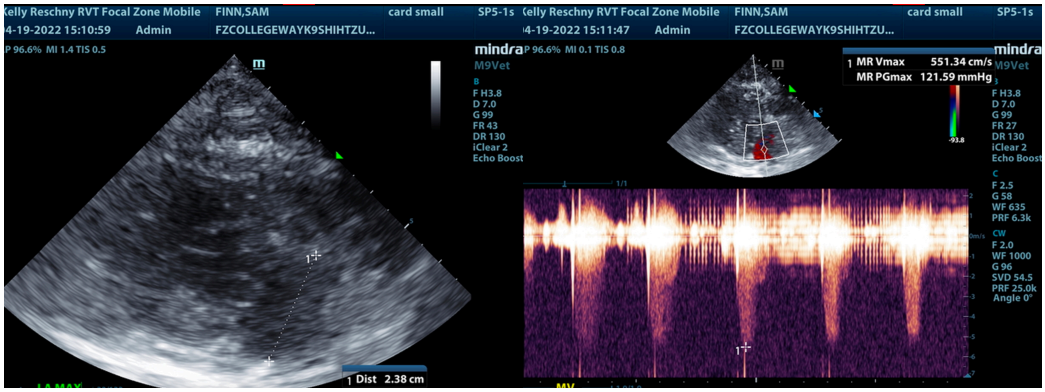
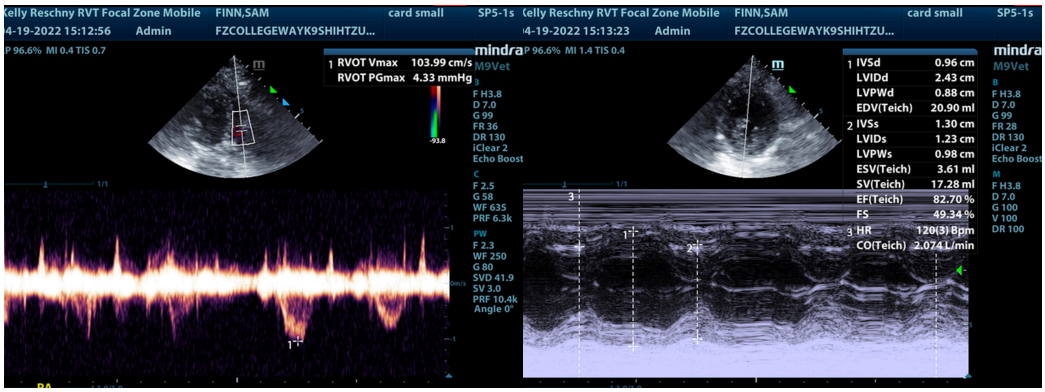
B1 valvular disease.

Radiographs: Right-sided cardiomegaly with pleural effusion, volume contracted vasculature, suggestive for non-cardiogenic pleural effusion.







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