



**PATIENT PRESENTING CLINICAL SIGNS**

Gracie Carr 7/12/23 Heart muffled, increased inspiratory effort, bloody fluid in L thorax. Abnormal PE/Chem/CBC/UA Results: Radiographs large amount of fluid, poor cardiac detail, difficult to evaluate heart = pleural effusion. Plt 113. Chem WNL. HW test negative. Cytology on drained fluid pending.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

**BREED**

Chesapeake Bay Retriever

**SEX**

Female

**AGE**

2 Years

**WEIGHT**

73 Pounds

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	Up to 1.6	28-40	40-100	<0.6
PATIENT			NM		~20		0.4
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							

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Harold Mike Beard

**HOSPITAL NAME**

Animal Care VC

**REFERRING VET**

Dr. Chris Ward

**INVOICE**

43801

**DATE**

7/13/23

**Cardiac Presentation**

The cardiac presentation revealed normal internal volumes yet hypocontractility and bradyarrhythmia. Chamber sizes were normal, yet a large amount of pleural effusion was present of unknown cause. Left atrial size was normal at 3.6 cm. No pericardial or pleural effusion noted. Some irregular tissue was noted along the aorta, which may represent a neoplastic process. However, granulomatous disease, lung lobe torsion, thoracic carcinomatosis or similar possible. Pleuritis possible. Passive congestion liver pattern noted. this may be owing to the bradyarrhythmia or obstructive disease in the caudal mediastinum.

**ULTRASONOGRAPHIC FINDINGS**

- Non-cardiogenic pleural effusion with bradyarrhythmia

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

STAT EKG recommended to assess for lethal arrhythmia. Pleurocentesis and drainage with cytospin of the free fluid indicated. The Dexdomitor sedation is influencing the bradycardia. However, EKG indicated regardless. Chest CT after pleural drainage would be appropriate, yet the heart does not appear to be the primary issue in this patient. Abdominal sonogram recommended to assess for comorbidities that may be influencing the thoracic presentation. Idiopathic chyloous effusion is also a potential depending upon pleural fluid evaluation.



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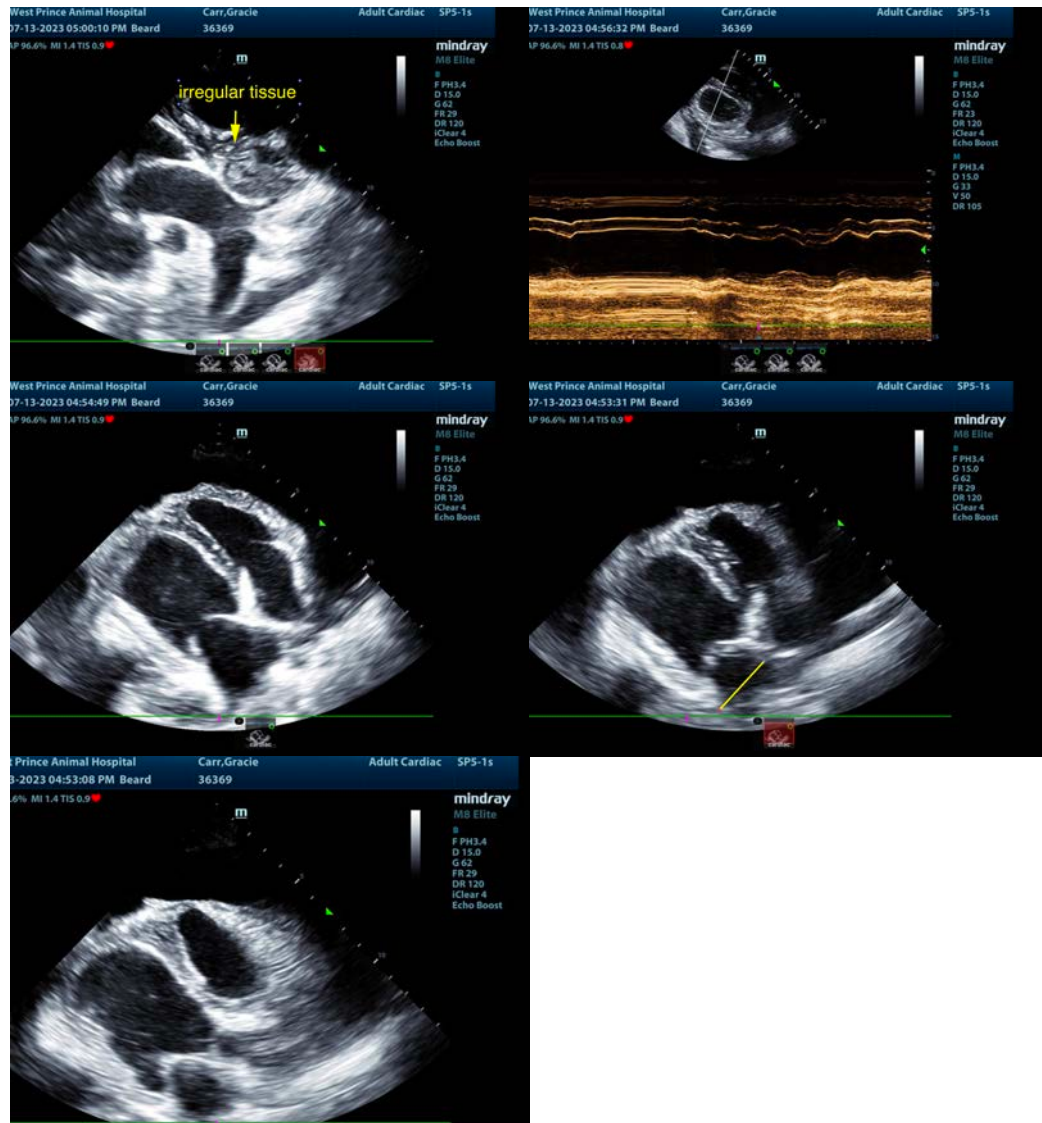
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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