



PATIENT

Hank Davis

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

Lab Retriever

SEX

Neutered Male

Presented 7/25/22 for labored breathing. No heart murmur. Scanned in STERNAL and STANDING position Radiologist report - There is a large volume of pleural fluid, bilaterally. There is marked associated lung lobe atelectasis. The cardiac silhouette is obscured. Detail in the visible cranial abdomen is thought satisfactory with no suggestion of ascites. Conclusion Severe bilateral pleural effusion of undetermined and many possible etiologies. There is marked associated lung lobe atelectasis. Consider thoracic ultrasound as additional diagnostics and to possibly guide fluid aspiration. Treated with Furosemide 130mg IM while in clinic, sent home on Furosemide 50mg 2 tabs PO BID and Amoxicillin 750mg PO BID
Abnormal PE/Chem/CBC/UA Results: in house cytology- fluid is serosanguinous- mast cells, macrophages, poss lung tissue- rbc's Will send slides to pathologist

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

AGE

13 Years

WEIGHT

70 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING BY

Loetitia Saint-Jacques, LVT

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			NM	1.05	--	--	0.1
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		1.0	0.71		2.4		

Cardiac Presentation

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 normal structure and volume. **Contractility** was poor, likely owing to possibly shock. 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. Mild **tricuspid** insufficiency at 2.3 m/sec. 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). No visible **pericardial** or free pleura fluid was noted. The extracardiac space presented a large amount of echogenic pleural effusion and variable areas of lung consolidation and pleural adhesions. This is a non-cardiogenic pleural effusion.

HOSPITAL NAME

Pine Creek VC

REFERRING VET

Dr. Denny Nolet

INVOICE

39862

DATE

7/27/22



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Hank Davis

ULTRASONOGRAPHIC FINDINGS

SPECIES

Canine

- Non-cardiogenic pleural effusion and lung consolidations – Thoracic neoplasia such as carcinomatosis, pyothorax, migrating foreign bodies, lung lobe torsion all potentials.
- Shocky heart with normal structure and normal volume

BREED

Lab Retriever

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Neutered Male

Recommend pleural drainage in this patient with abdominal sonogram to assess for concurrent disease. pleurocentesis and cytopsin recommended to assess for neoplastic cells as well as culture. Chest drain and or thoracotomy likely indicated. However, screening the abdomen for primary disease would be also indicated. Recommend diminishing the Furosemide in this patient, as the patient appears normal to volume contracted, and the fluid accumulation is not cardiogenic. Assessment for shock also indicated. Prognosis is guarded.

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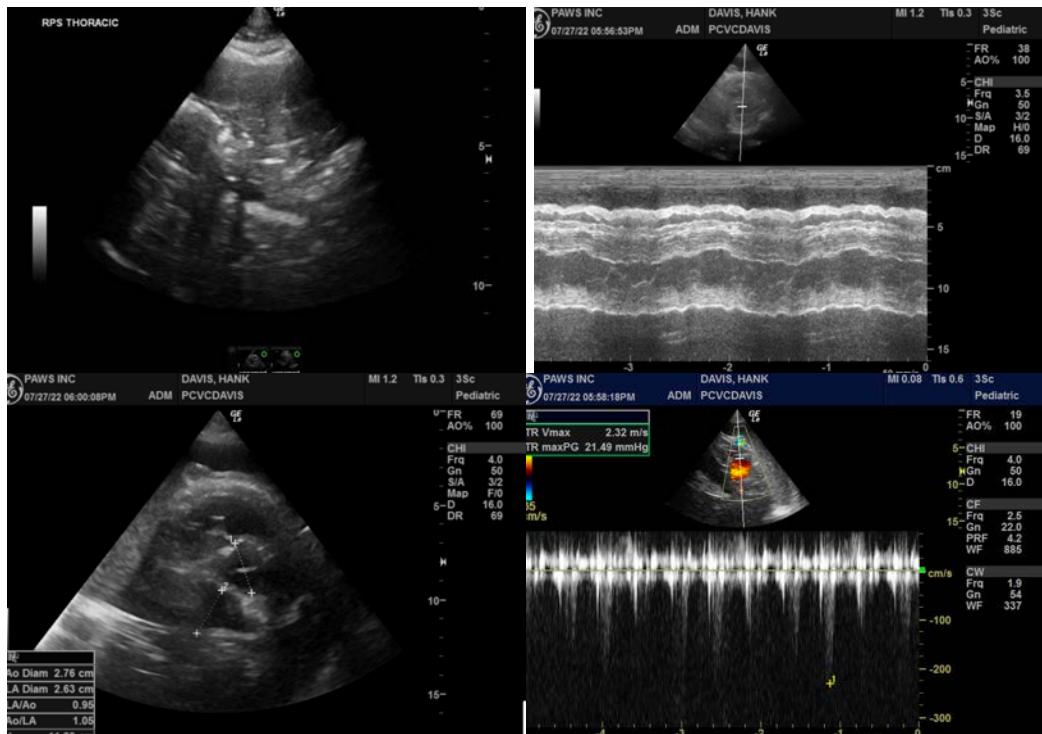
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Loetitia Saint-Jacques,
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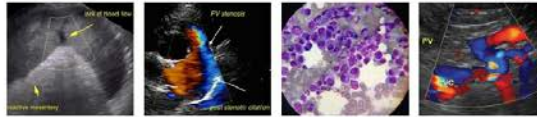
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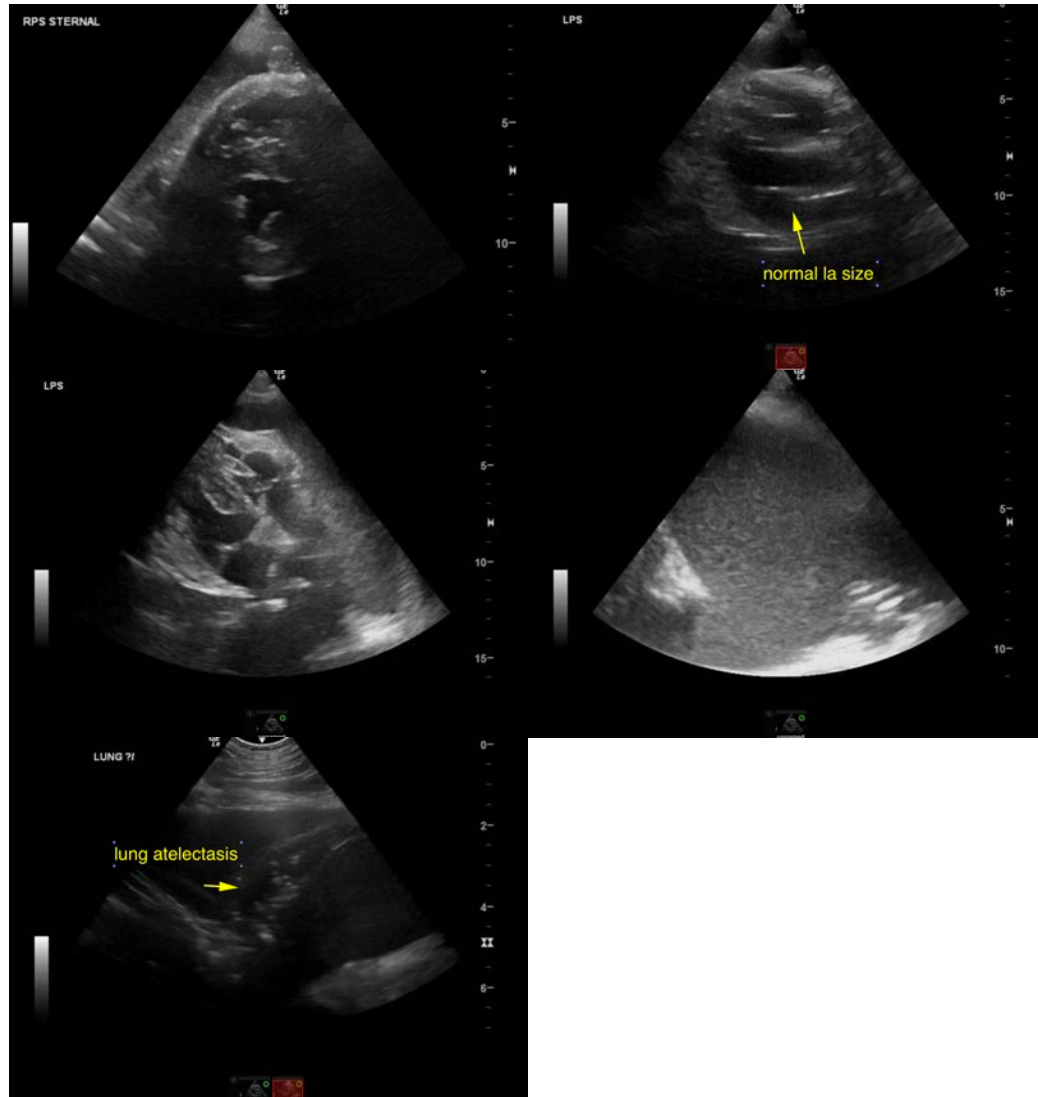
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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