



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Chico Ayley

SPECIES
Canine

BREED
Australian Shepherd

SEX
Neutered male

AGE
11 years

WEIGHT
32 kg

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Varga

HOSPITAL NAME
Shuswap VC

REFERRING VET
Dr. Varga

INVOICE
31454

DATE
7/4/22

History: Presented on emergency June 19 and diagnosed with pericardial effusion on TFAST. Pericardiocentesis done at emerg clinic and 220ml sanguinous effusion retrieved. Pt has been doing better since. Ultrasound performed as a re-check for pericardial effusion and to hopefully rule in/out a heart base tumour.

Abnormal PE/Chem/CBC/UA Results: Was in cardiac tamponade at initial presentation (prior to pericardiocentesis). Current exam at time of ultrasound was generally unremarkable. HR= 104, pulses strong and synchronous. No arrhythmia or murmur noted. MM pink, moist. CRT<2sec. CBC (at time of pericardiocentesis) - moderate leukocytosis characterized by mature neutrophilia and monocytosis. CHEM - mild elevation ALT U/A - unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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). No visible **pericardial** or free pleura fluid was noted. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window. Mural tissue thickening was noted at the junction between the right auricle and right ventricular free wall at the base of the anterior tricuspid valve leaflet. This is a common area for hemangiosarcoma. However, the tissue is relatively uniform. The nodule measured 2.6 x 2.37 cm. The tissue thickening is persistent in multiple views. Tissue impingement into the right atrium was noted, which would suggest an expansive process. There is no pericardial effusion noted at the time.

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	<1.3	28-40	40-100	<0.6
PATIENT			NM	1.7	37	68	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				
PATIENT				32 kg	4.35	3.04	



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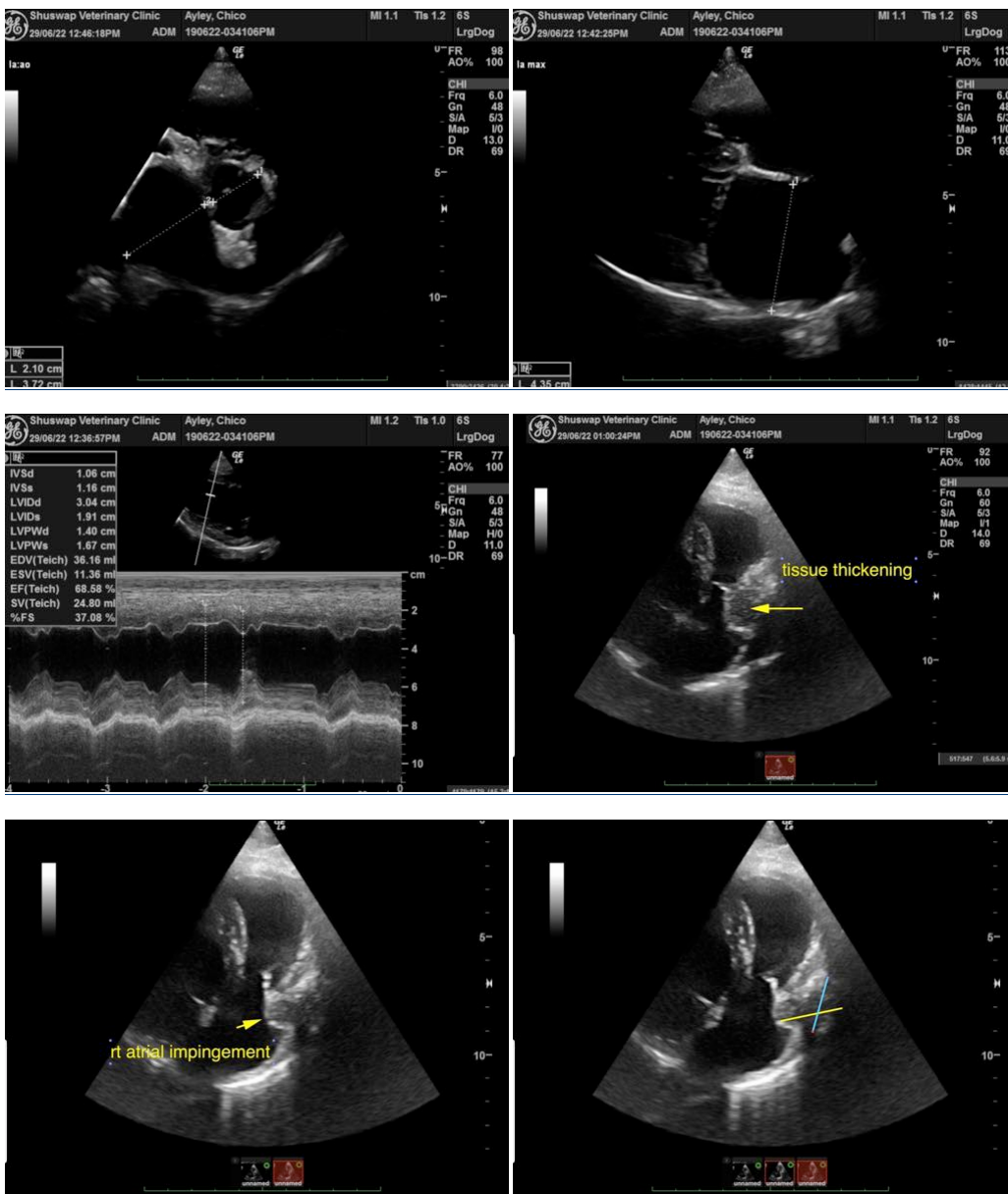
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ULTRASONOGRAPHIC FINDINGS

Concerning tissue nodule at the right auricular and right ventricular free wall junction. Concern for hemangiosarcoma without pericardial effusion at this time.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend screening abdominal sonogram for concurrent lesions in the spleen, iliac lymph node, liver or elsewhere as well as updated chest radiographs. Recheck sonogram is recommended in 2 weeks or earlier if any clinical signs develop.





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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.

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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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info@SonoPath.com

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