


**PATIENT**

Bowie Vonderfecht

**SPECIES**

Canine

**BREED**

Miniature Schnauzer

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

13.3 lbs

**INTERPRETED BY**

 Eric Lindquist, DMV,  
 DABVP, Cert. IVUSS,  
 CEO of SonoPath.com

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

 Westwood Regional  
 VH

**REFERRING VET**

Dr. Hartwick

**PRESENTING CLINICAL SIGNS**

History: Patient presents for CHF with pulmonary edema diagnosed via radiology review (Antech Imaging). Currently on O2 support, getting Lasix 5mgs/kg IV BID, Pimobendan 0.3 mgs/kg PO BID. Abnormal PE/Chem/CBC/UA Results: CBC/Chem: NSF.

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

The left ventricle was comprised of a mass that measured 4.0 x 3.6 cm. There was concentric thickening of the right ventricle. The left ventricular septum was significantly stiff as was the left ventricular free wall. The left ventricular septum measured 1.5 cm. Hypokinesis was noted in the ventricular septum, left ventricular free wall and right ventricular free wall. Chamber sizes were normal in the left atrium and right atrium. Contractility was subnormal. Mitral insufficiency was present, yet well compensated. The pattern is most consistent with infiltrative sarcoma of the myocardium with hypocontractility. Comet tail lung pattern was noted. The left ventricular septum impinged upon the left ventricular outflow owing to mass effect. Secondary aortic insufficiency was noted. The outflow velocity was somewhat subnormal at 90. The left ventricular mass effect appeared to escape the pericardium and impinge upon and infiltrate the diaphragm. No pericardial or pleural effusion was noted; however, B lines/comet tails are noted in the alveolar pattern which may be non-cardiogenic pulmonary edema or manifestation of metastatic disease.

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base:)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	5.5	2.5	NM	1.5	Variable 10-15%		0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	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		0.89		13.3 lbs	2.69 max	2.06	

**ULTRASONOGRAPHIC FINDINGS**

Myocardial infiltrative pattern primarily involving the left ventricular septum, but also left ventricular free wall and right ventricular free wall. No volume overload.

Concurrent mitral and tricuspid insufficiency with mass effect upon the left ventricular outflow tract. Pericardial escape to the diaphragm and adherence or invasion into the diaphragm caudally.

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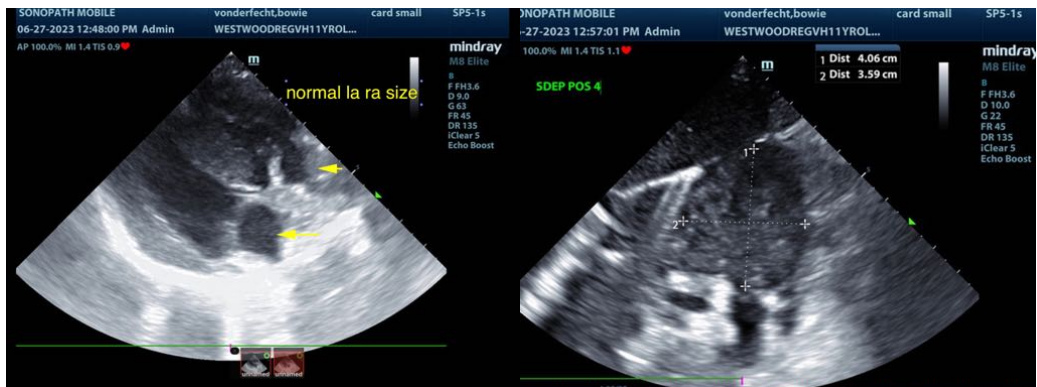
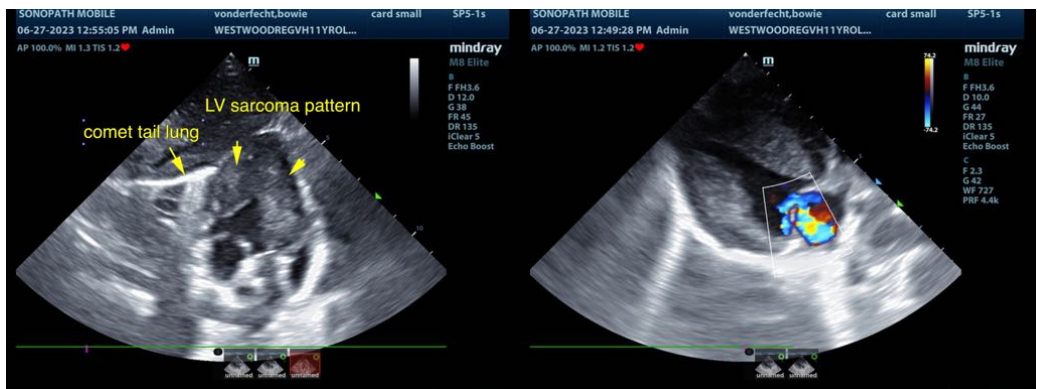
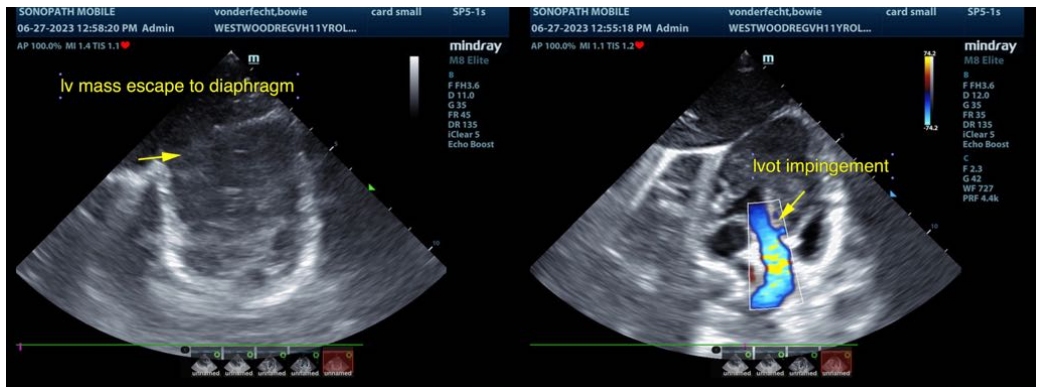
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Chest CT would be ideal to assess the complete extent of the neoplastic infiltrative process. There is no volume overload at the time of the sonogram. Pimobendan can be continued in this patient. Lasix should be diminished. An abdominal sonogram is recommended to assess for comorbidity/lymphoma/lymphosarcoma type presentation with other organ systems. Oncological/cardial referral is recommended for potential therapy. Blood pressure measurements and EKG are indicated.





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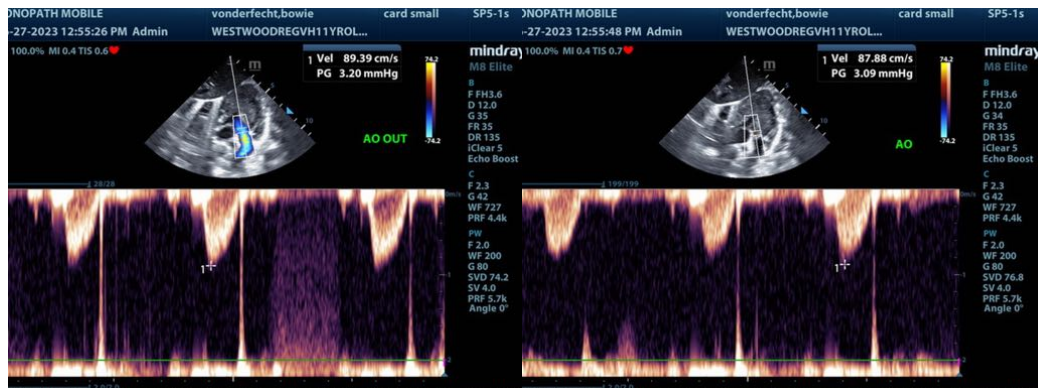
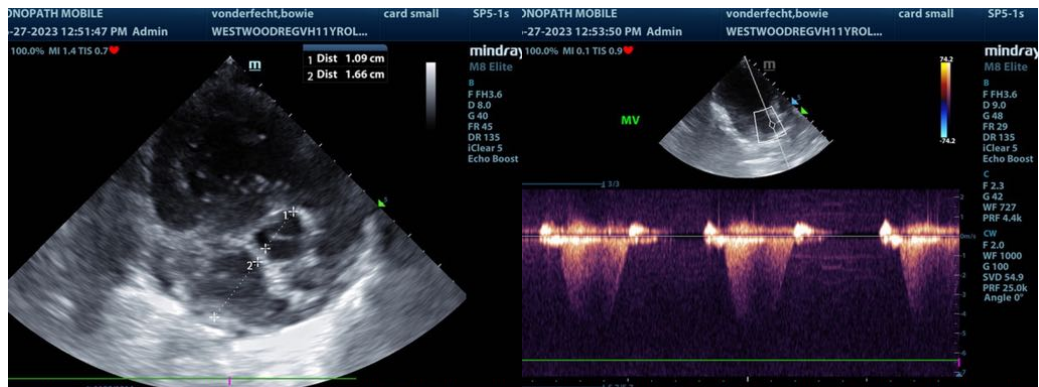
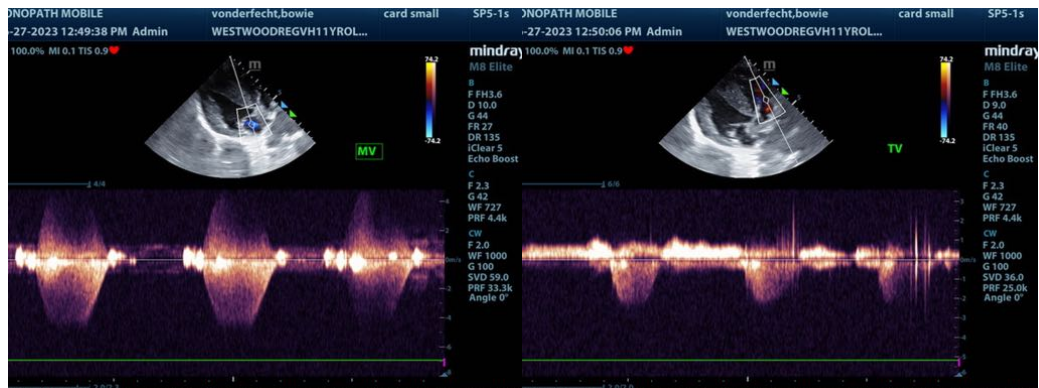
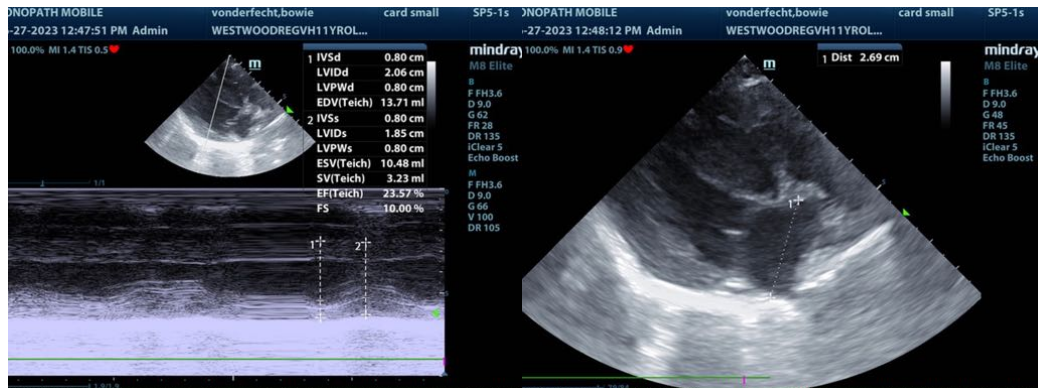
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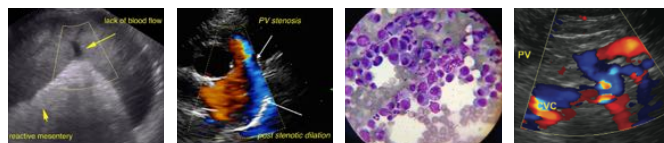
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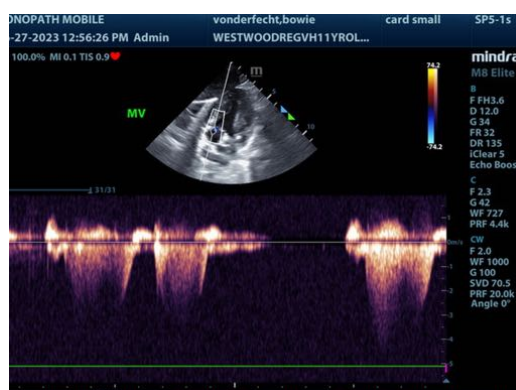
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

Info@SonoPath.com