



**PATIENT PRESENTING CLINICAL SIGNS**

**Sarah Frato** History: Coughing, gag non-productive when smoke was in the area. Hx Squamous Cell Carcinoma (toe). Rad: Bilat pleural eff., sm. volume soft tissue in both pleural spaces causing retraction of the lungs from the thoracic wall, abdomen normal (rad report attached), Current meds: Spironolactone, Loratadine, Primor

**Canine** Abnormal PE/Chem/CBC/UA Results: Ca 12.1

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

Labrador Retriever

**SEX**

Spayed female

**AGE**

12 years

**WEIGHT**

77.6 lbs

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** insufficiency was noted at 2.27 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). A large amount of thoracic fat was noted in this patient with pleural thickening/lung density in the left caudal lung. Pleural effusion was noted with a tissue density in the left caudal lung field. This appeared to be separate from the heart and likely deriving from lung.

**INTERPRETED BY**

Dr Brittany Sinclair, BVSc(hons), DACVECC

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Animal Hospital of Sussex County

**REFERRING VET**

Dr. Spinks

**INVOICE**

44991

**DATE**

6/27/23

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		2.27	1.02	1.14	25	32	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		1.1		77.6 lbs	3.9 max	4.81	

**ULTRASONOGRAPHIC FINDINGS**

Normal echocardiogram with left caudal lung mass and pleural effusion.



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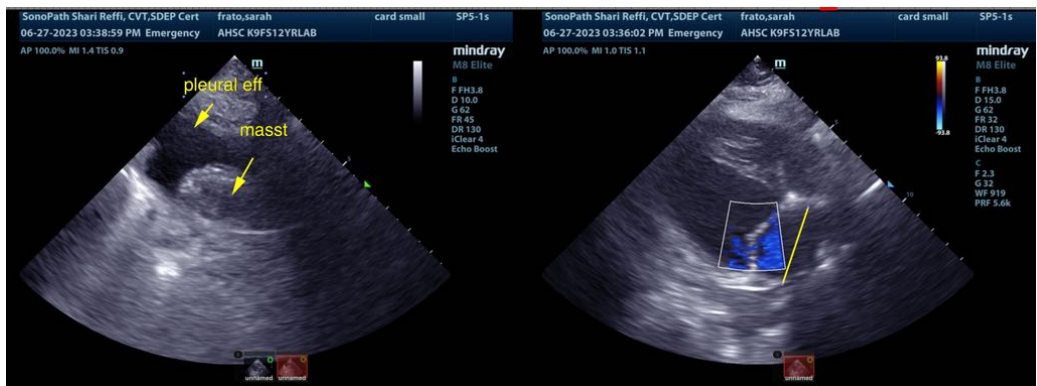
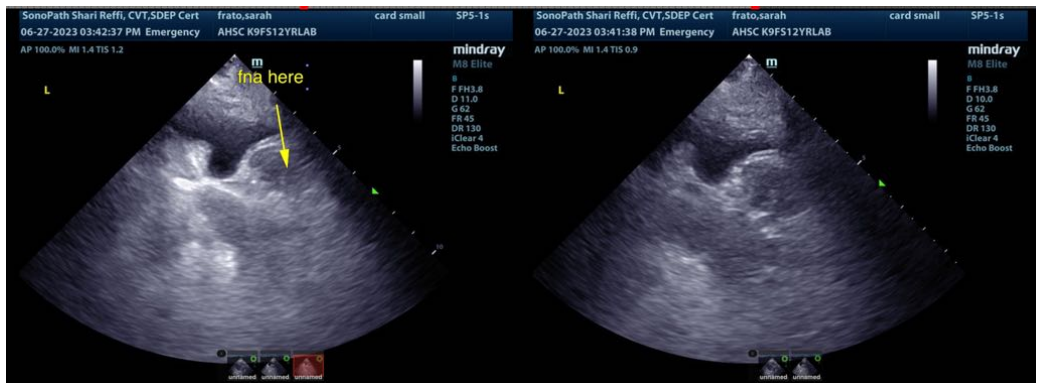
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Chest CT is warranted to assess for potential surgical options and distribution. Sedation and ultrasound-guided FNA could be performed at the time of CT for further definition. The lesion may be resectable.

**ABOUT SONOPATH CT SERVICES:**

**SonoPath CT Services** are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at <https://sonopath.com/services/vetimaging/>





**PATIENT**

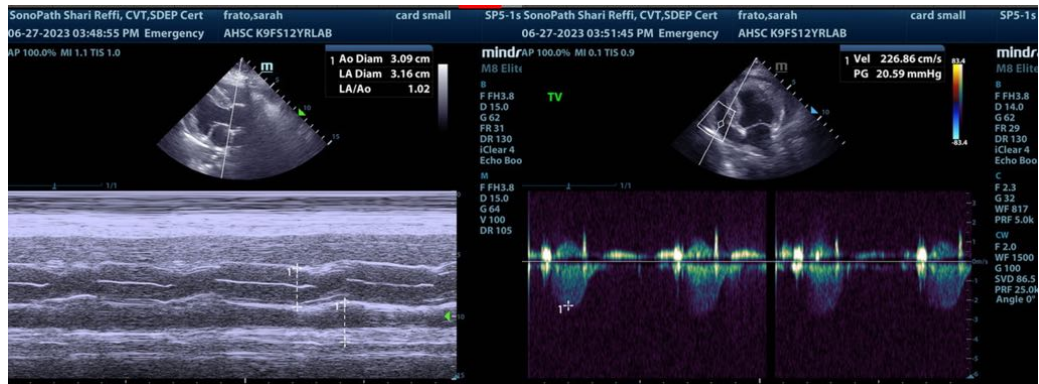
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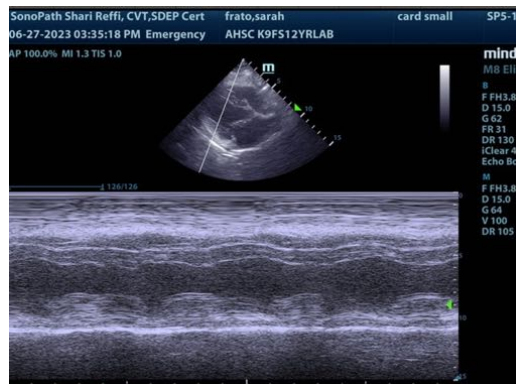
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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