


PATIENT PRESENTING CLINICAL SIGNS

Isis Maniero

History: Patient with history of heart disease presents for suspicion of DCM/CHF based on radiographs taken this morning. Increased RR and respiratory effort, coughing. Receiving Lasix injection today, is on Theophylline.

SPECIES

Canine

BREED

Pit Bull Mix

SEX

Spayed female

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient revealed mitral and tricuspid insufficiency with mild left atrial enlargement. Complete filling of the left atrium was noted on color flow assessment of the mitral valve. Contractility was mildly subnormal. The right ventricle and right atrium were unremarkable. This is consistent with advanced stage B2 valvular disease. However, the aorta was deviated owing to concurrent heart base mass that measured 5.2 cm. The heart base mass is likely obstructing the vena cava inflow as passive congestive pattern is noted in the liver. The mass appeared to overly or obstruct the vena cava flow into the right atrium. No pericardial effusion was noted at this time. The vena cava was dilated and measured 1.5 cm at the diaphragm. Dilated hepatic veins were also noted on rapid sweep of the cranial abdomen.

AGE

11 years

WEIGHT

46.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Ramapo Valley AH

REFERRING VET

Dr. Katara

INVOICE

32340

DATE

8/16/22

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	6.0		NM		28	55	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	123	2.07	1.41	46.2 lbs	5.75	4.43	

ULTRASONOGRAPHIC FINDINGS

Stage B2 valvular disease with concurrent heart base mass. The mass obstructed vena cava inflow.

Myocardial insufficiency.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation is warranted for further definition of the mass and to determine if the mass is truly deriving from the heart or regional tissue. I recommend blood pressure measurements and continuation of the Lasix therapy and add ace inhibitor at 0.5 mg/kg s.i.d. progressing to b.i.d. and Pimobendan at 0.3 mg/kg b.i.d. Recheck echocardiogram in 3-4 weeks for any refinement of therapy. The cough may be owing to mainstem bronchus with impingement by the left atrium and/or the heart base mass as well as possible primary respiratory disease. The prognosis is poor long term depending



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upon the growth nature of the heart base mass. Aortic body tumor or other connective tissue tumor or sarcoma is possible.

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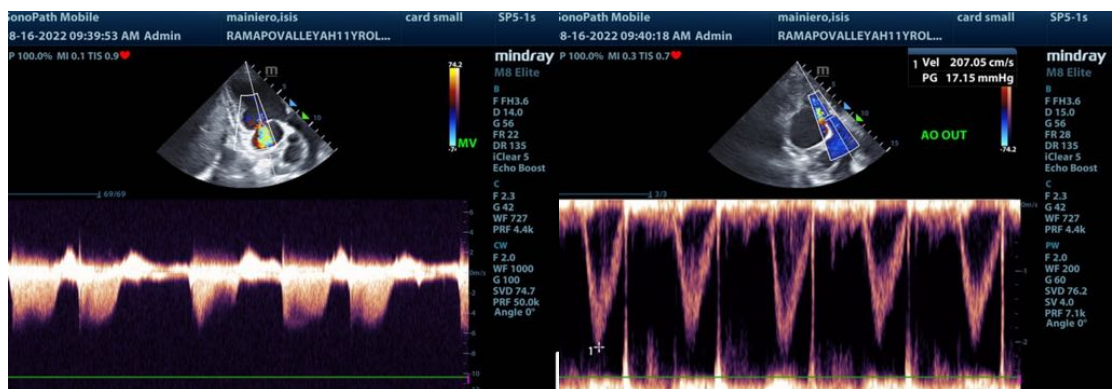
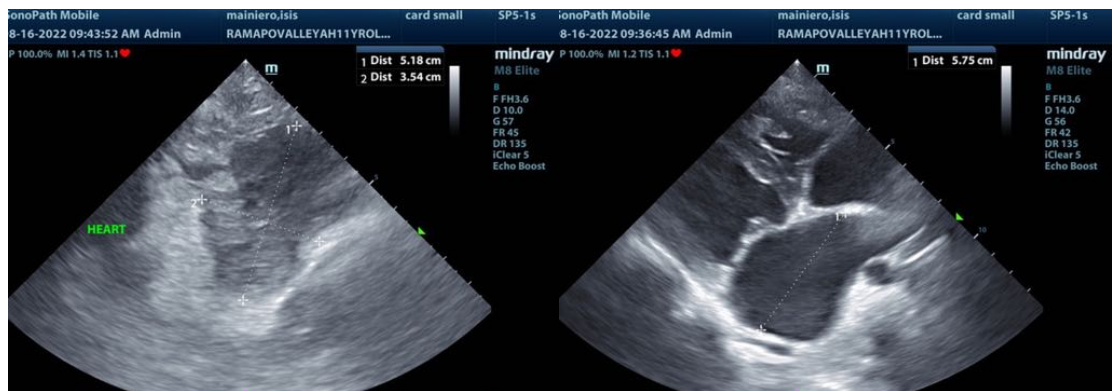
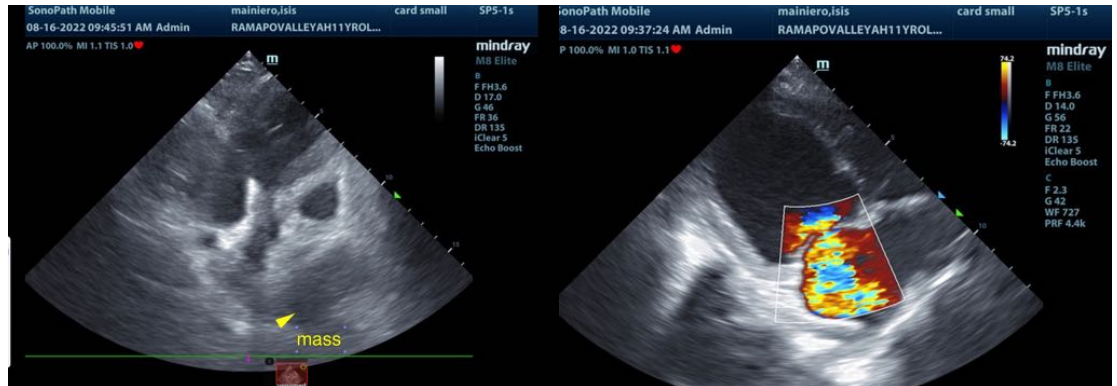
Dr. Katara

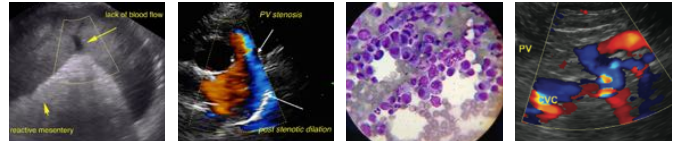
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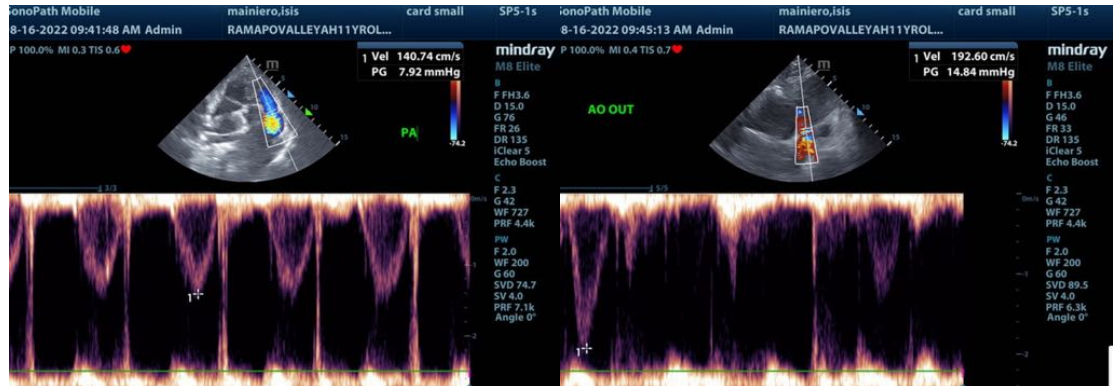
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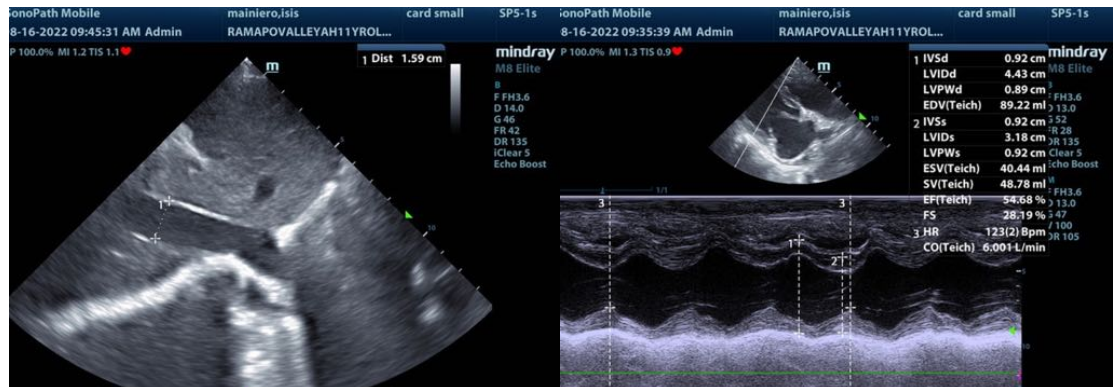
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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