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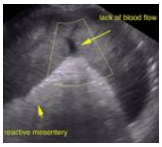
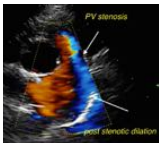
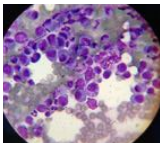
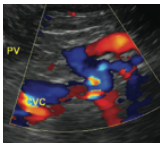

PATIENT

Bryce Woodhill

SPECIES

Canine

BREED

Boxer

SEX

Nettuered male

AGE

6 years

WEIGHT

77.5 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Summers

INVOICE

46648

DATE

8/16/23

PRESENTING CLINICAL SIGNS

History: Syncopal episodes. mm white during them. rads wnl. Grade III/VI murmur noted (louder on right side) (new murmur).
Abnormal PE/Chem/CBC/UA Results: No medications. Bloodwork not available.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size. 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 3 m/sec and is not clinically significant at this time. 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 heart base in this patient revealed an isoechoic mass attached to the caudal aspect of the aorta and superimposed upon the left atrium and extended caudally beyond the acoustic window. The mass measures approximately 5 x 7 cm. The position of it is that of an aortic body tumor; however, connective tissue tumor is also possible, hemangiosarcoma is less likely. The clinical value of this mass may be related to underlying hypertension or arrhythmogenic disease. The patient was mildly tachycardic at the time of the sonogram. No pleural or pericardial effusion was noted.

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	Up to 1.6	28-40	40-100	<0.6
PATIENT			1.3		51	84	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		1.3	1.1	77.5 lbs	3.6	2.85	

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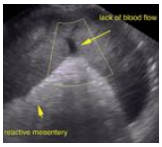

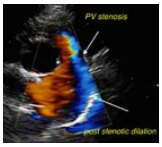

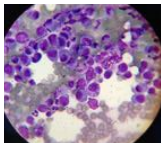
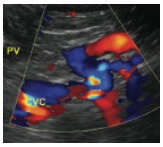

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ULTRASONOGRAPHIC FINDINGS

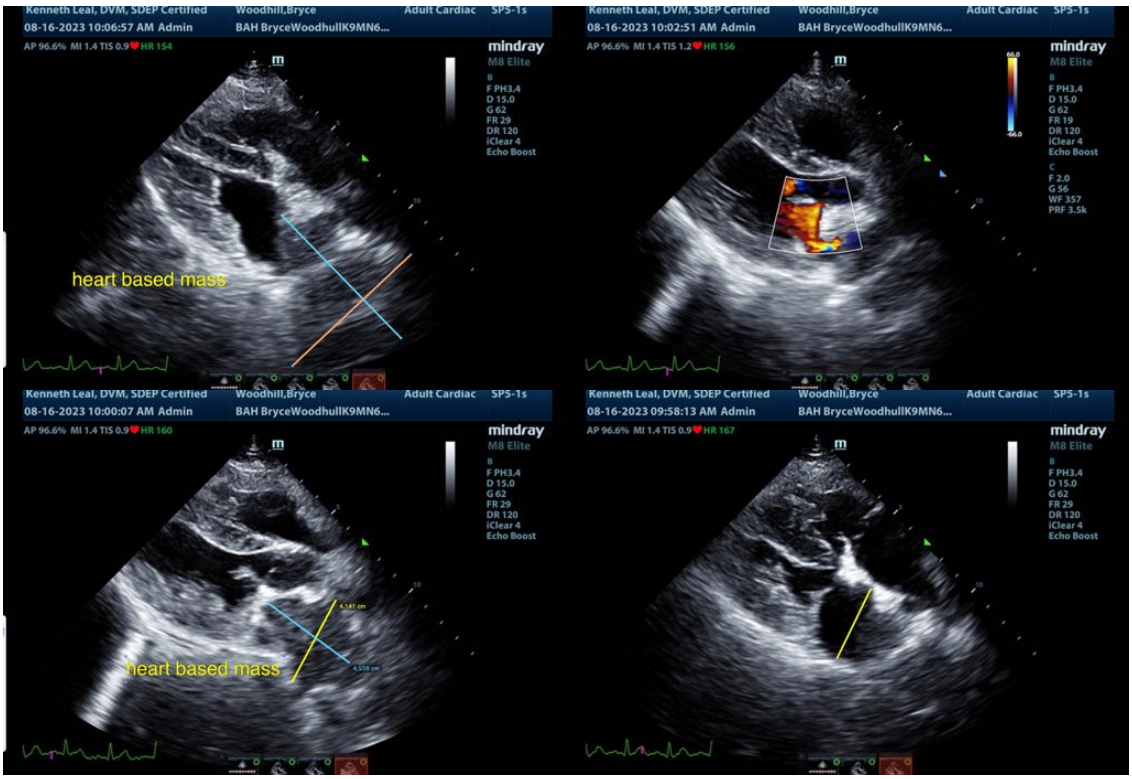
The heart appears functional from a subjective standpoint other than tricuspid insufficiency.

Heart base mass, suspected to be aortic body tumor, yet connective tissue mass is also possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest CT would be ideal to assess the extent of the mass with likely aortic body tumor. Holter monitor (can be obtained from our office) would be ideal as well as serial blood pressure measurements in this patient as hypertension may be associated with this sort of mass as well as arrhythmogenic disease. The tricuspid insufficiency is likely the cause of the audible murmur.

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/



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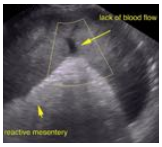
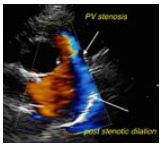
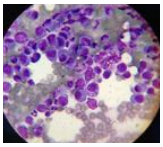
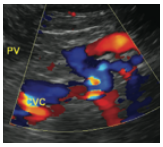

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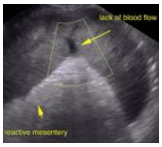
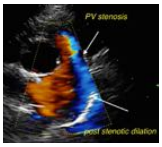
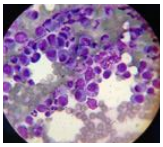
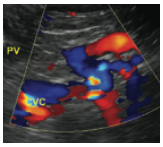

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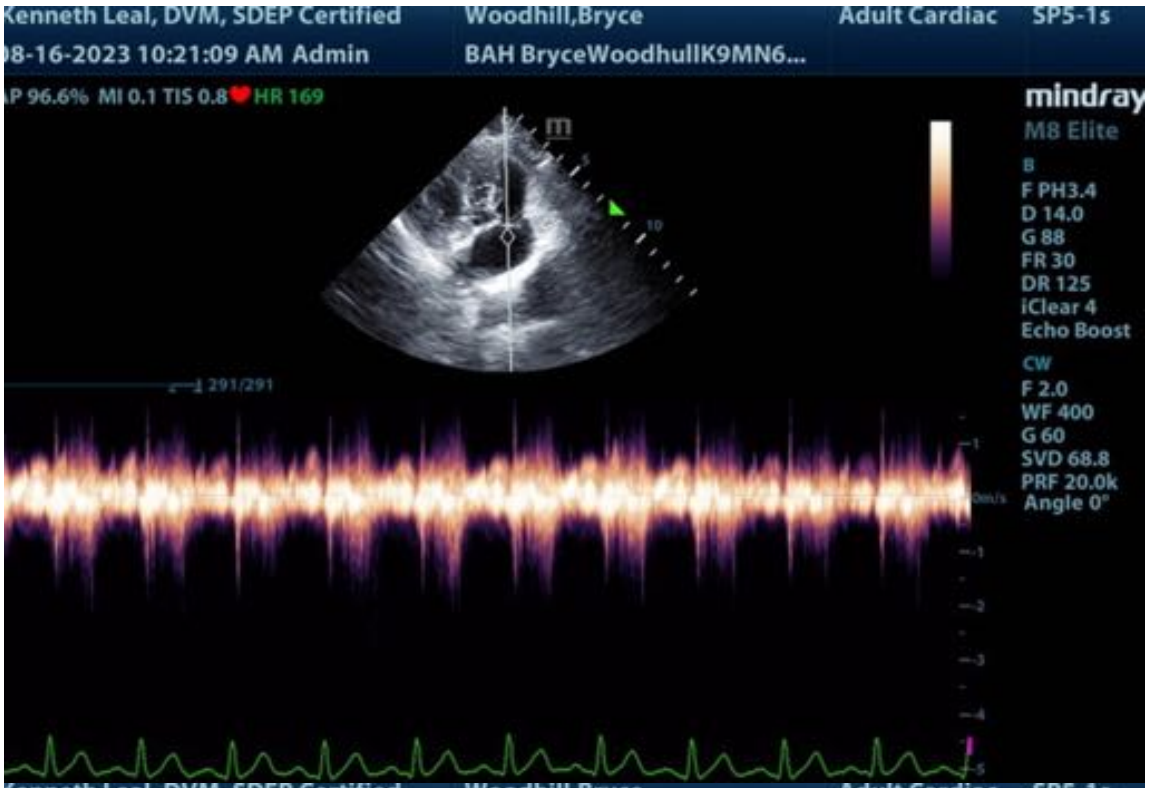

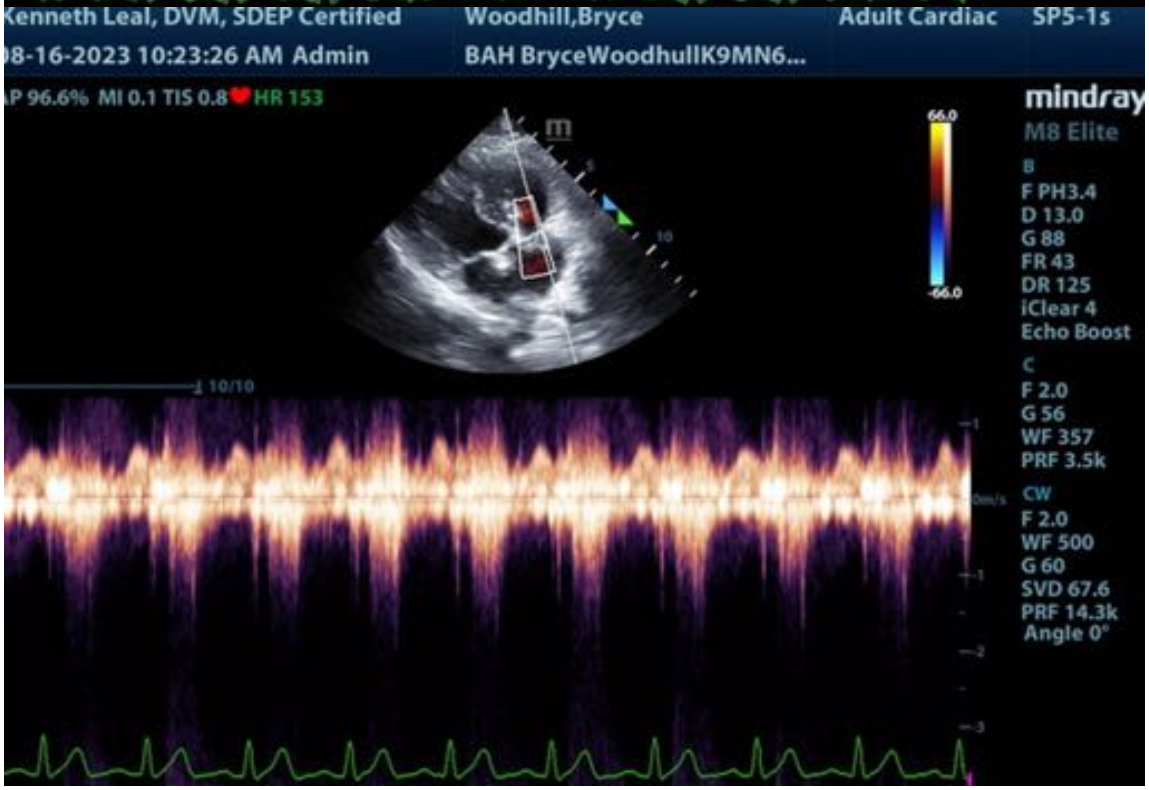

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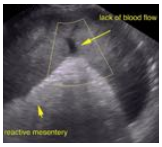
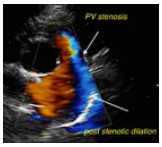
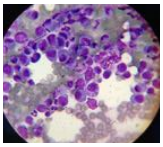
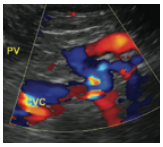

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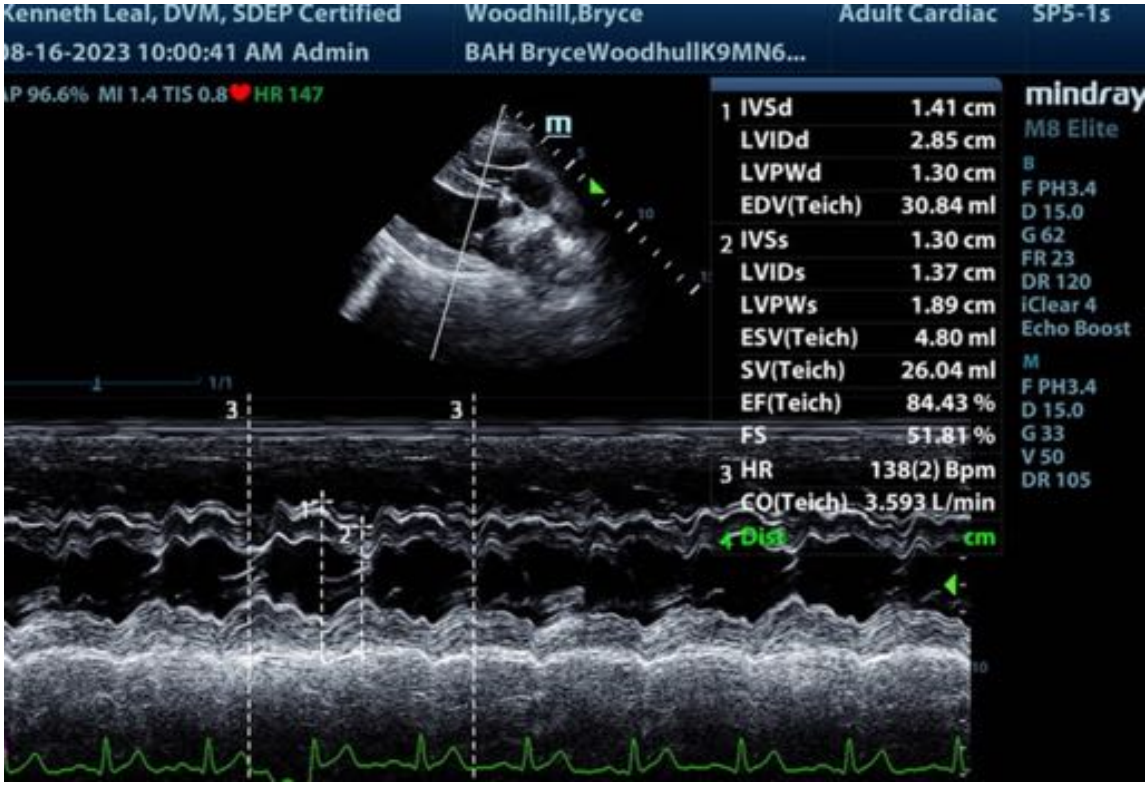

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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