



PATIENT PRESENTING CLINICAL SIGNS

Sadie Volkert

History: Breathing issues for ~1 month. Radiographs (attached) revealed possible caudal lung mass vs pneumonia vs other. Current meds: Administered last night-Dex 8mg, Lasix 25mg bid, Amikacin 250mg sq, Baytril 2.5 mls IV.

SPECIES

Abnormal PE/Chem/CBC/UA Results: Ma 1.4, K+ 3.5, Na/K ratio 42, Chol 359, Neuts 12615, Mono 870

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Collie

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable insufficiency. The **left ventricle** presented normal 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 or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** 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. Mildly hypoechoic lung nodule was noted and measured 1.88 x 1.8 cm; however, the resolution was poor owing to air artifact.

SEX

Spayed female

AGE

10 years

WEIGHT

48 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Companion AH

REFERRING VET

Dr. Tsai

INVOICE

39527

DATE

9/21/22

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	5.07		NM	1.4	34	65	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	129	1.57	0.9	48 lbs	3.7	2.82	



PATIENT **ULTRASONOGRAPHIC FINDINGS**

Sadie Volkert Stage B1 valvular disease, compensated. There was no evidence of clinical cardiac disease noted at this time.

SPECIES Lung nodules.

Canine Dystrophic consolidation from prior episodes of lung disease versus emerging neoplasia.

BREED **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Collie Abdominal sonogram is warranted to assess for comorbidities. Chest CT with contrast would be ideal in this patient. I do not believe that there is a safe acoustic window for ultrasound-guided sampling at this time. If the lesions are to grow further then they may be more accessible for sampling.

SEX

ABOUT SONOPATH CT SERVICES:

Spayed female

SonoPath CT Services are offered at the [Blairstown Animal Hospital](https://www.blairstownanimalhospital.com/). Blairstown animal hospital is just a 30-minute drive west on route 80 from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at

AGE

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<https://sonopath.com/resources/sonopaths-teleconsultation-services-and-sdep-certification/sonopath-ct-services>

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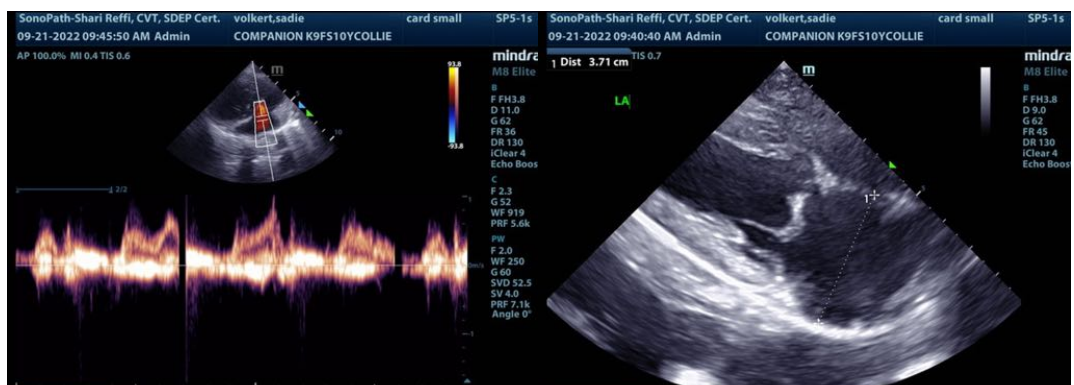
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PATIENT

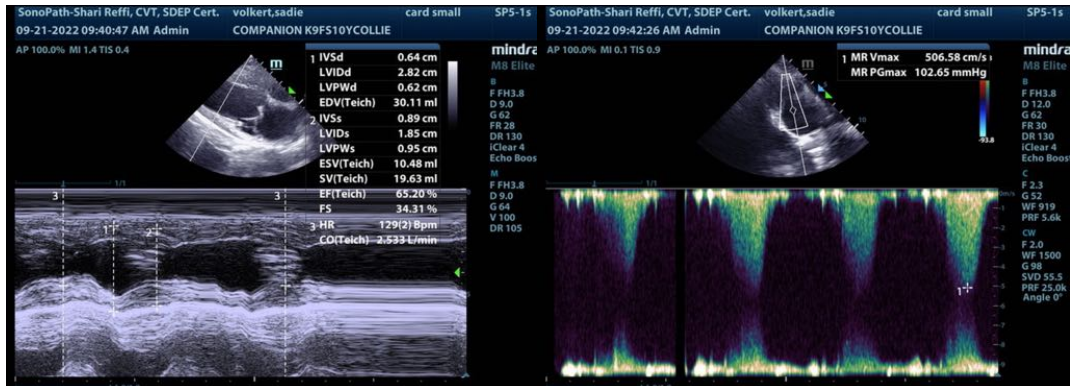
Sadie Volkert

SPECIES

Canine

BREED

Collie



SEX

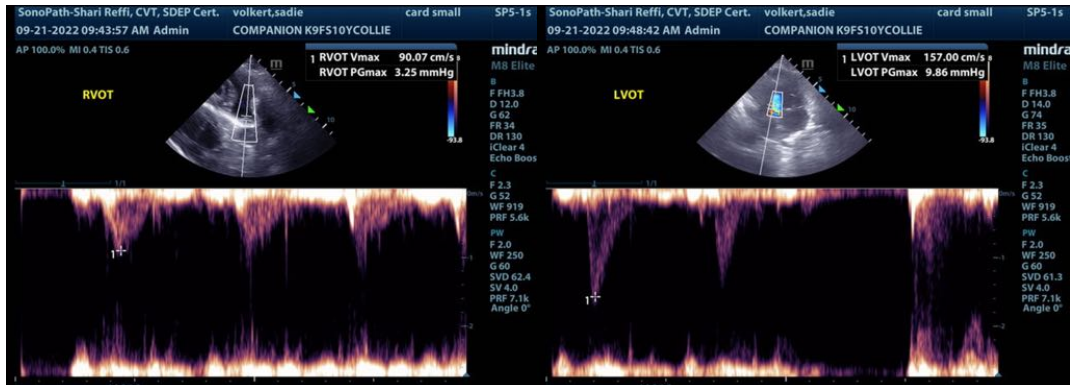
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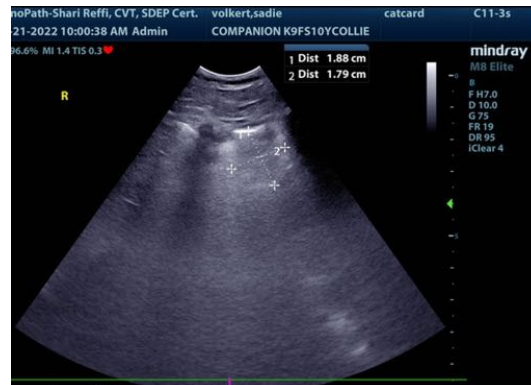
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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