


PATIENT

Tika Rutherford

PRESENTING CLINICAL SIGNS

coughing, rads show possible lung masses currently on hydrocodone

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART
BREED

Pug X

SEX

FS

AGE

14 years

WEIGHT

29 lbs.

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		<1.0	--	1.1	37.9	70.2	0.3
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	108	1.4	0.83		2.9	2.6	

INTERPRETED BY

 R. McKenzie Daniel,
 DVM, DABVP

**IMAGING
 PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Halton Peel AH

REFERRING VET

Dr. Walters

INVOICE

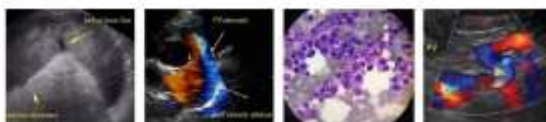
13010

DATE

1/10/22

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size and structure. Chamber volume and blood echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented minor irregular age-related changes that are not clinically significant at this time with adequate extension in systole and union in diastole. The **left ventricle** presented normal free wall and septal thicknesses with linear contour. The **myocardium** presented some echogenic remodeling consistent with expected age-related change. **Contractility** of the ventricular walls was adequate and in normal range for this breed and patient size. The **left ventricular outflow** tract demonstrated normal laminar flow with subjectively unremarkable structure. Subjective assessment of the **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated expected findings for this age patient. Mild insufficiency was noted on color doppler assessment. The **right ventricle** was of normal size (1/3 diameter of LV), echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No dilation due to heartworm disease, cuor pulmonale, stenosis, or pulmonic hypertension was noted. No visible **pericardial** or free pleural fluid was noted. Overt or definitive cardiac, pericardial or mediastinal masses were not evident. Although not definitive, potential for a focal area of atypical lung adjacent to the heart within the labeled right thorax may be possible.



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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Overtly normal cardiac structure and function
- Minor TR - estimated pulmonary pressure gradient not consistent with clinical pulmonary hypertension
- Possible focal atypical right lung

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural or functional cardiomyopathy including no evidence of left or right heart chamber enlargement, systolic dysfunction, or evidence of clinical pulmonary hypertension as a cardiogenic cause of the patient's cough. Given the cardiac presentation, primary upper or lower respiratory cause of the cough is suspected.

Although not definitive, potential for focal atypical lung within the right thorax is possible. However, this was not definitively visualized on the provided radiographs. Correlation with radiology consultation could be considered. No indication for cardiac medications was noted. Continued as-needed respiratory support +/- lower airway sampling for further clarification is recommended.

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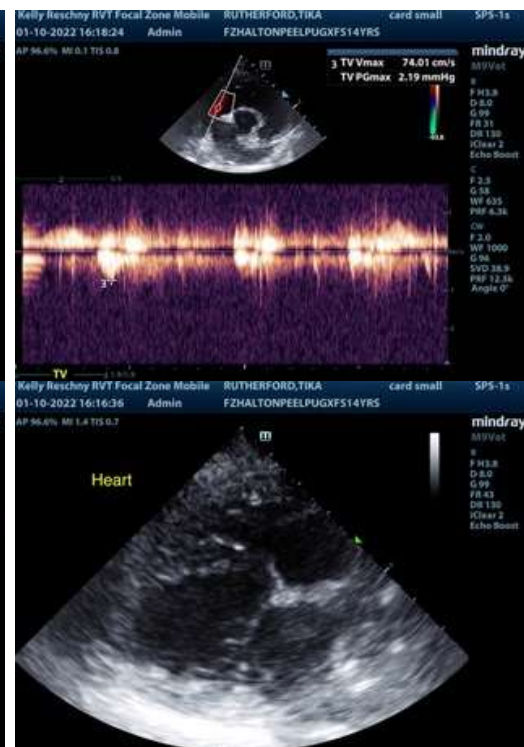
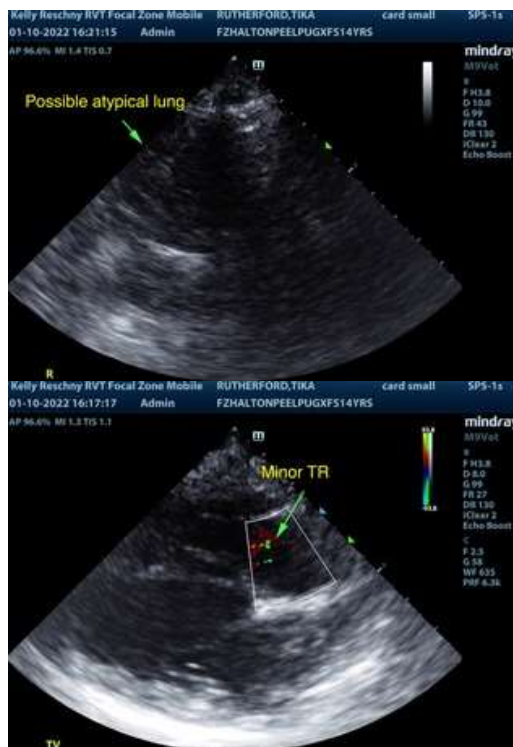
Dr. Walters

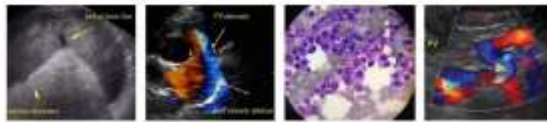
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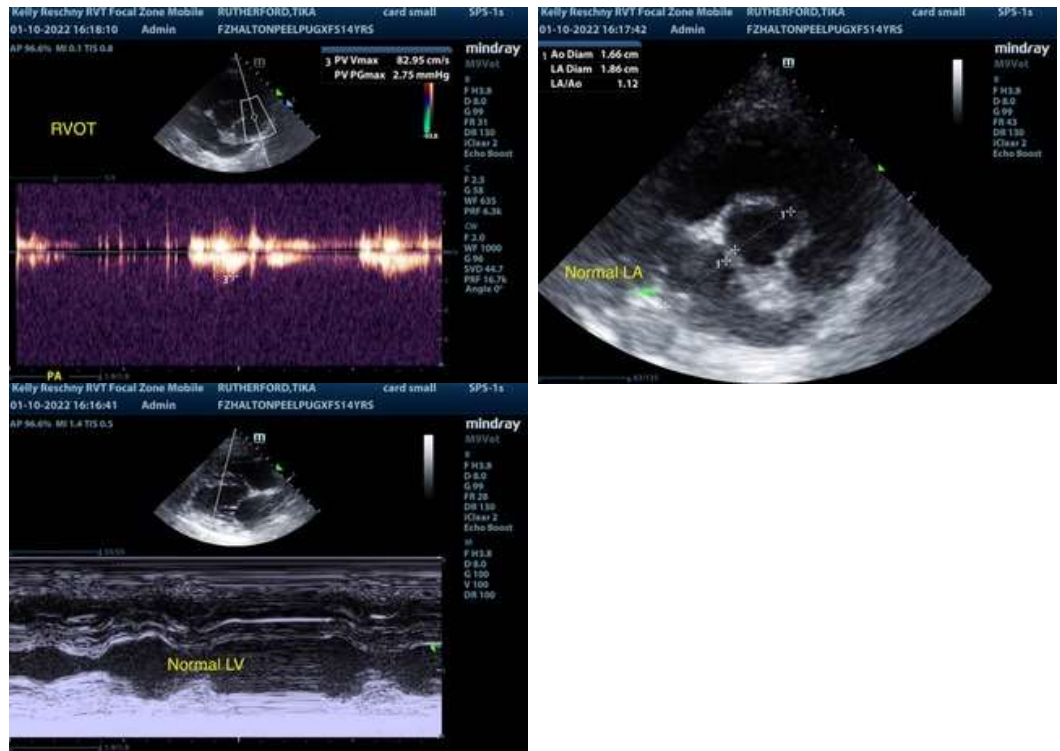
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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