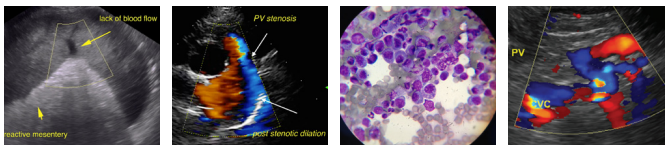
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Sheldon Ahola

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

9 Years

WEIGHT

114 Pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Amanda Lacey-Crook – SDEP Certified Clinical Sonographer

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Jamie Sullivan

INVOICE

35183

DATE

1/28/22

PRESENTING CLINICAL SIGNS

P was diagnosed with a mast cell tumor on the left lateral stifle region. P presented today for pre-surgical work-up and possible mass removal. Surgery was not performed today. Today P received Cerenia, Diphenhydramine injection and hydromorphone (to help with sedation for radiographs and ultrasound. Also as a pre-medication for surgery).
Abnormal PE/Chem/CBC/UA Results: I/H Chem - WNLCardiopet ECG - WNL Radiographs: Thoracic radiographs: On VD thoracic view, there is a widened cranial mediastinum that is also more radiopaque. On lateral thoracic views (both left and right views) - there is an increased tissue density cranial to the heart and in the ventral half of the thorax. Almost appears to be the sternal lymph node but slightly too caudal. Abdominal radiographs: Large and distended bladder. Empty stomach, no signs of abdominal fluid. Hip dysplasia present - moderate in severity and bilateral. History of splenic nodules/mass

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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			NM	1.29	41.3	75.5	0.25
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				
PATIENT	NM	NM	NM		4.7	4.6	

Cardiac Presentation

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** valvular assessment demonstrated adequate linear morphology and kinesis. 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. A focal area of primarily homogeneous to potential consolidated suspected lung tissue was present in the subjective ventral thorax and adjacent to the right heart, measuring approximately 6.0 cm in diameter. Probable aerated lung was noted deep to this potential area of consolidated to atypical lung.

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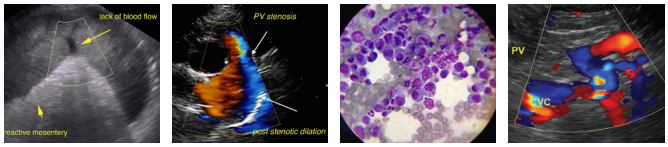

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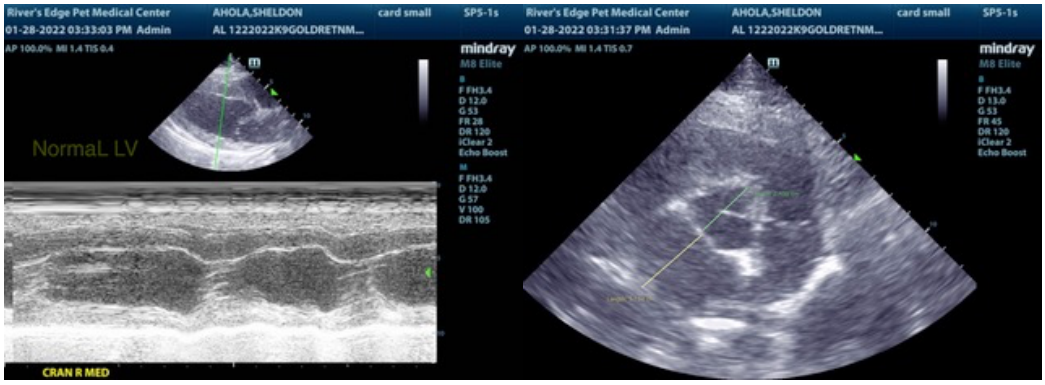
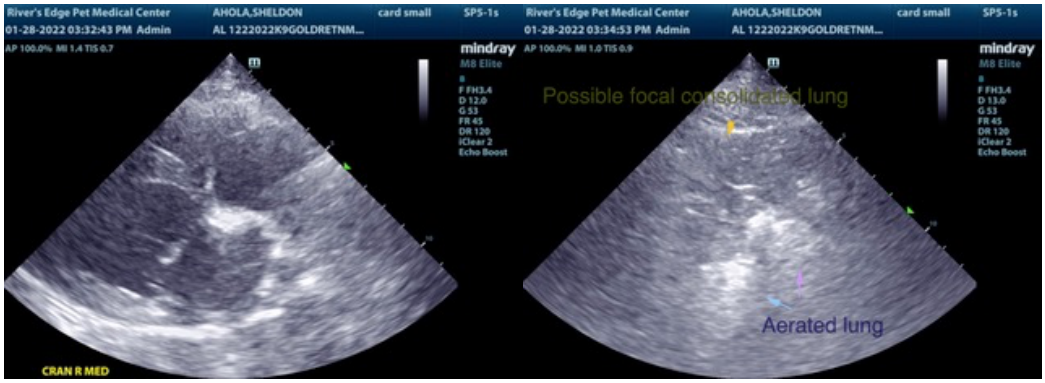
ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram
- Suspect potential focal consolidated lung in cranioventral thorax adjacent to right heart

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural or functional cardiomyopathy. Although not definitive, the suspected area of consolidated or possible atypical lung noted in the cranioventral thorax adjacent to the right heart may coincide with the focal soft tissue opacity noted on the submitted lateral thoracic radiograph. Overt evidence of cranial mediastinal lymphadenopathy or mass was not definitively noted in this study. However, given patient size and conformation, definitive visualization in the area of the cranial mediastinum was limited. Given the patient's history, and if strong suspicion for possible cranial mediastinal pathology, and for further clarification and assessment of suspected area of focal lung consolidation, thoracic CT could be considered.





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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com