



PATIENT PRESENTING CLINICAL SIGNS

CJ Charlesworth History: staging for MCT removal on caudal R hip-3 view chest rads show large density at R middle lung lobe meds: Pepcid, reactine

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine

BREED

Boxer

SEX

Spayed Female

AGE

5 Years

WEIGHT

30 kg

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	<1.3	28-40	40-100	<0.6
PATIENT	--	--	NM	1.2	39	70	0.4
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	--	1.4	0.91	--	3.9	3.8	--

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hartzel AH

REFERRING VET

Dr. Hobbs

INVOICE

20382

DATE

1/5/23

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 evidence of **pericardial** effusion or overt cardiac tumors noted. Primarily homogenous to mild irregular pulmonary mass lesion, appearing to occupy the mid to caudal right thorax, was present, measuring approximately 6-7 cm in diameter. Concurrent minor to mild volume pleural effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram
- Pulmonary mass lesion with concurrent minor to mild volume pleural effusion



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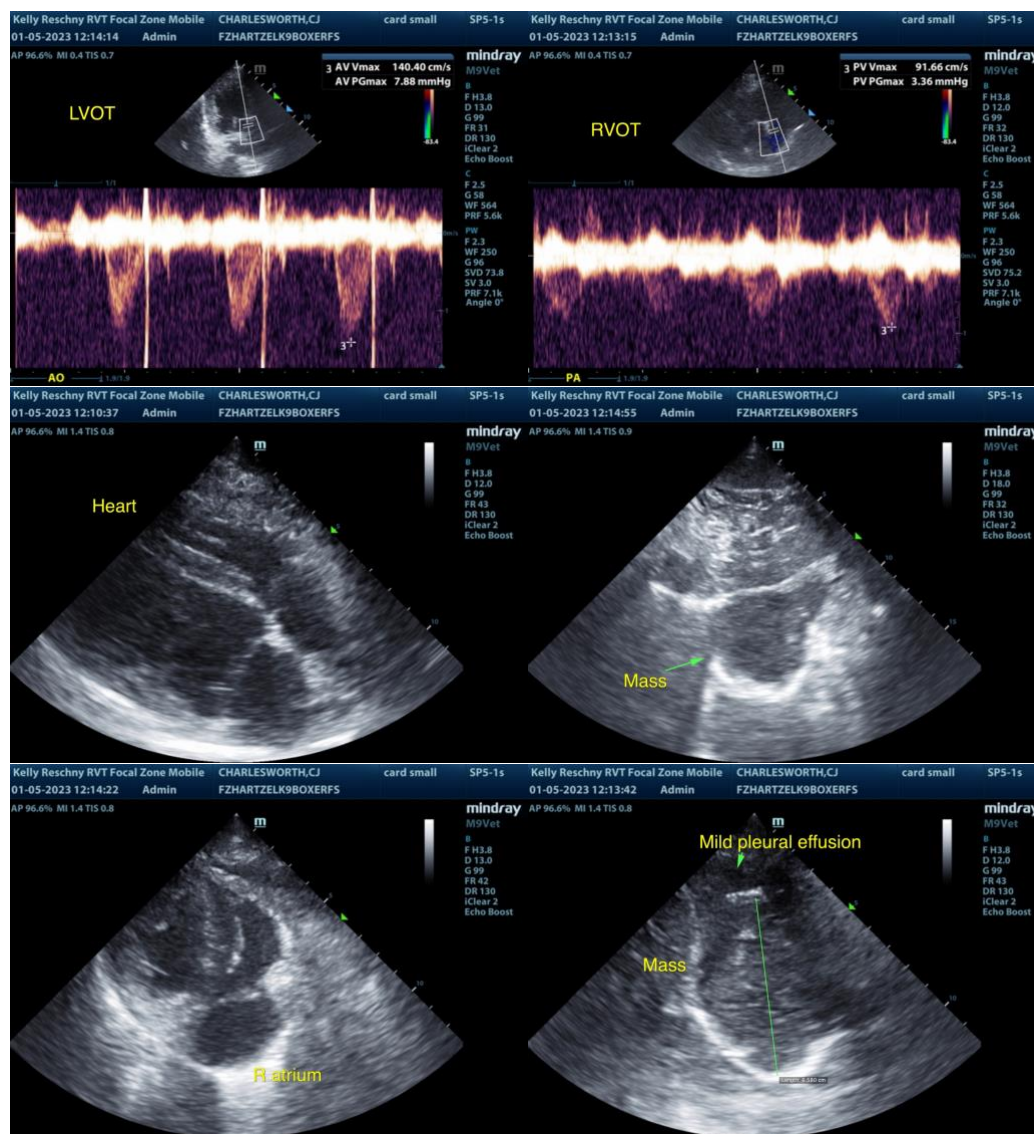
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pulmonary mass lesion was nonspecific with potential considerations, including consolidation, pneumonia, granuloma, neoplasia or other. Given the patients history of mast cell tumor, concern for primary or metastatic neoplastic pulmonary mass lesion is warranted, although not definitive.

Assuming normal clotting status and if accessible, ultrasound guided FNA of the pulmonary mass lesion for cytology +/- culture and sensitivity, if clinically indicated, is recommended. Alternatively, thoracic CT for further assessment and clarification of the pulmonary mass lesion, as well as assessment for non-evident or overt additional lesions or overt metastatic disease could be considered. Guarded to very guarded prognosis.



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



PATIENT

can be of any further assistance please contact me.

CJ Charlesworth

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