



PATIENT

Rusty Meshnick

SPECIES

Canine

BREED

Vizsla

SEX

MN

AGE

10 years

WEIGHT

104 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Bladek

INVOICE

15204

DATE

10/13/22

PRESENTING CLINICAL SIGNS

Off feed, increased HR, not panting, lungs in bad shape, Febrile, PU/PD. X-rays: heart silhouette no visible, susp D. Cardiomyopathy.

Abnormal PE/Chem/CBC/UA Results: WBC 22420, ALKP 754

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC PARAMETERS	VMAX (m/s)	VMAX (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
PATIENT				1.2	36	68.9	0.33
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC PARAMETERS	(BPM)	VMAX (m/s)	MAX (m/s)	(kg)	2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	120	1.7	0.87		4.3	3.9	

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. No overt MR on Doppler. 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. Normal LVOT velocity was noted. 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. No overt TR on Doppler. 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). Normal RVOT velocity was noted. No visible **pericardial** free fluid was noted. Moderate volume free pleural fluid was present exhibiting potential for mild echogenic changes, which may suggest mild pleural effusion and cellularity. No obvious masses were noted in the cranial mediastinum, pericardial and extracardiac regions. Rapid view of the cranial abdomen revealed no evidence of concurrent ascites or overt evidence of hepatic congestion.



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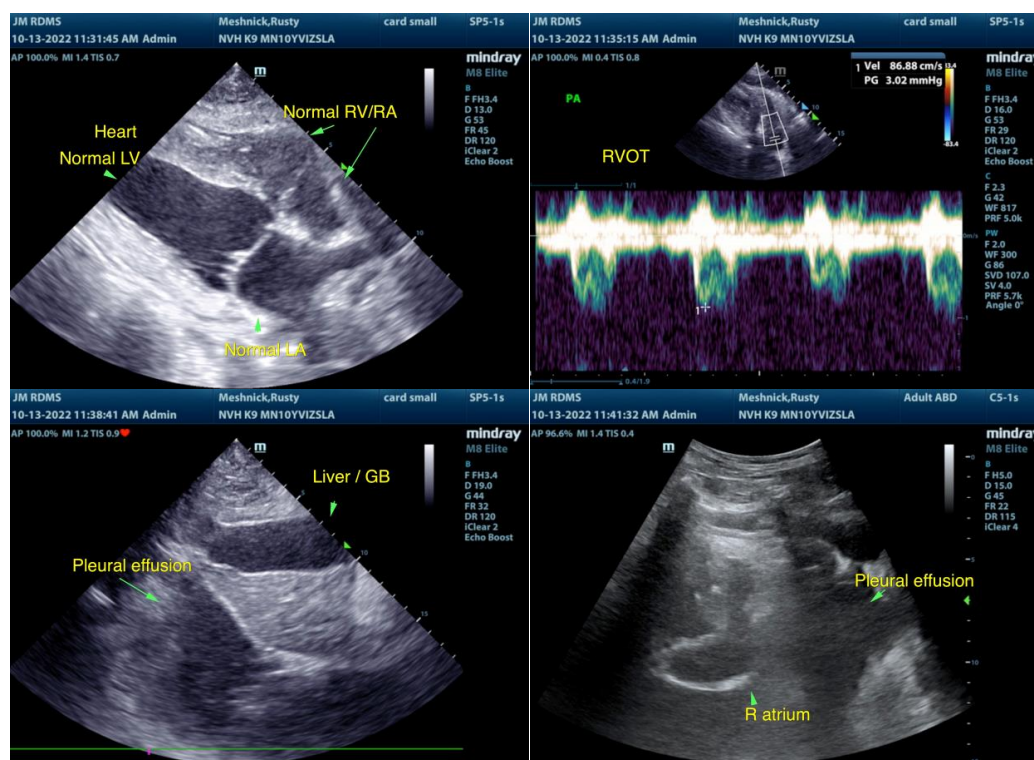
10/13/22

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram
- Moderate volume pleural effusion - noncardiogenic

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural or functional cardiomyopathy, including no evidence of LV systolic dysfunction, left or right heart chamber enlargement, or evidence of clinical pulmonary hypertension as an overt cardiac contributor to the pleural effusion. Diagnostic and therapeutic thoracocentesis with pleural effusion analysis, cytospin cytology +/- C/S if evidence of inflammatory cells is recommended for further assessment. Thoracic CT may be indicated for further clarification.



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



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