

PATIENT PRESENTING CLINICAL SIGNS

Erin Maclean arrhythmia heard, no murmur heard, area of concern in left lungs on rads
Abnormal PE/Chem/CBC/UA Results: please see attached rads

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine

BREED

Doodle

SEX

Spayed Female

AGE

11 Years

WEIGHT

33 Pounds

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	NM	1.1	48.1	83.1	0.28
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	100	2.2	1.5		3.0	2.7	

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. Intermittent arrhythmia noted. No evidence of peripheral pleural pathology within the left lung. However, potential nodule noted on the radiograph may be within the pulmonary parenchyma surrounded by air and visible.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Collegeway AH

REFERRING VET

Dr. Hanna

INVOICE

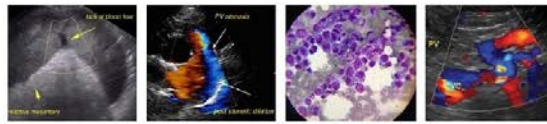
26394

DATE

10/20/21

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram



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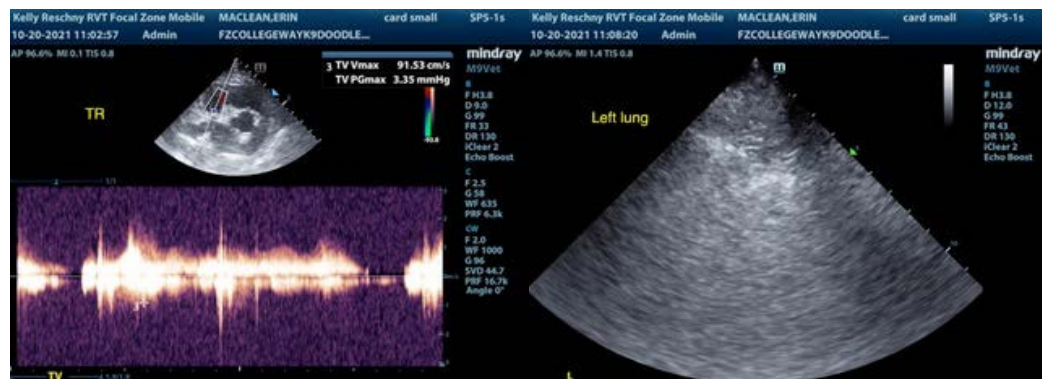
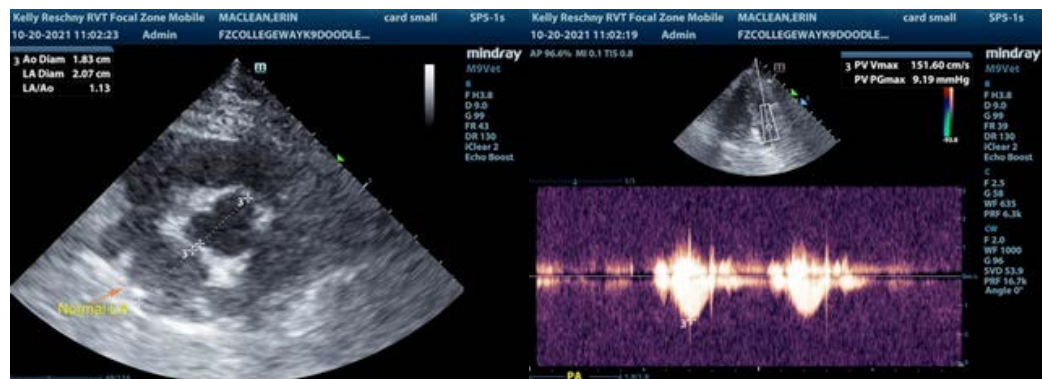
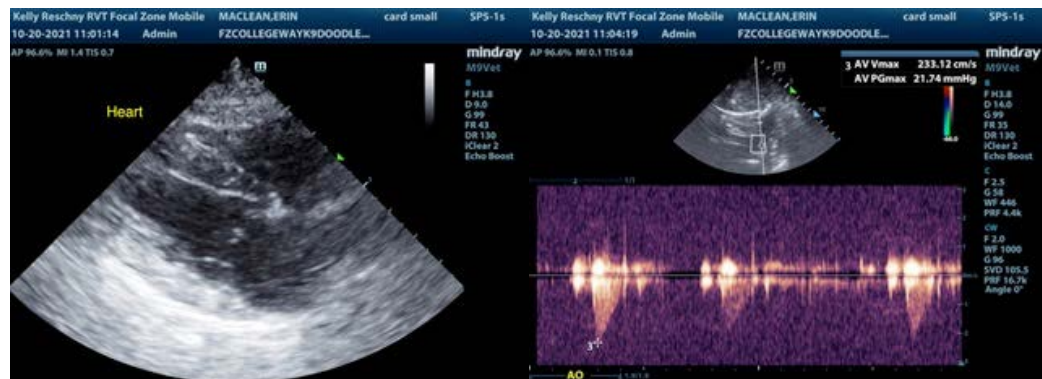
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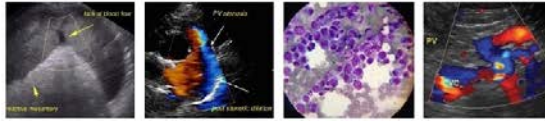
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac structure and function without evidence of significant valvular insufficiency, systolic dysfunction, or evidence of clinical pulmonary hypertension. No indication for cardiac medications used to treat structural cardiomyopathy. Further assessment of the arrhythmia may include ECG or holter monitor for further clarification. Radiographic monitoring of the potential nodular area within the left lung recommended. If the patient is exhibiting respiratory abnormalities or coughing, this is going to be non-cardiogenic in origin, and lower area sampling may be indicated.





PATIENT

Erin Maclean

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.

SPECIES

Canine

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.

BREED

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info@SonoPath.com

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