



**PATIENT**

Puty Wilson

**SPECIES**

Canine

**BREED**

Pomeranian

**SEX**

FS

**AGE**

14 years

**WEIGHT**

N/a

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Diane Mcfadden

**HOSPITAL NAME**

Advanced VC

**REFERRING VET**

Dr. Gadd

**INVOICE**

15081

**DATE**

10/5/22

**PRESENTING CLINICAL SIGNS**

significant coughing.

**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	<1.3	28-40	40-100	<0.6
PATIENT				1.4	43.5	78.1	0.1
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	1.2	1.1		2.2	2.3	

**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 mild vegetative thickening which may suggest mild endocardiosis. Potential for mild MR is possible, although evidence of significant MR was not evident. The **left ventricle** presented thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented mild increased endocardium echogenicity, which may suggest age-related changes or minor fibrosis. **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. Hypochoic, indistinctly visualized mass was present in the area of the heart base as well as the area of the right atrium and auricle with suspected mild impingement upon the right atrial free wall. The mass measured approximately 4.4 cm x 3.0 cm. **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). Normal RVOT velocity was noted. Scant pericardial effusion was present without overt evidence of concurrent free pleural fluid.

**ULTRASONOGRAPHIC FINDINGS**

- Heart base mass in area of the right atrium / auricle
- Scant pericardial effusion



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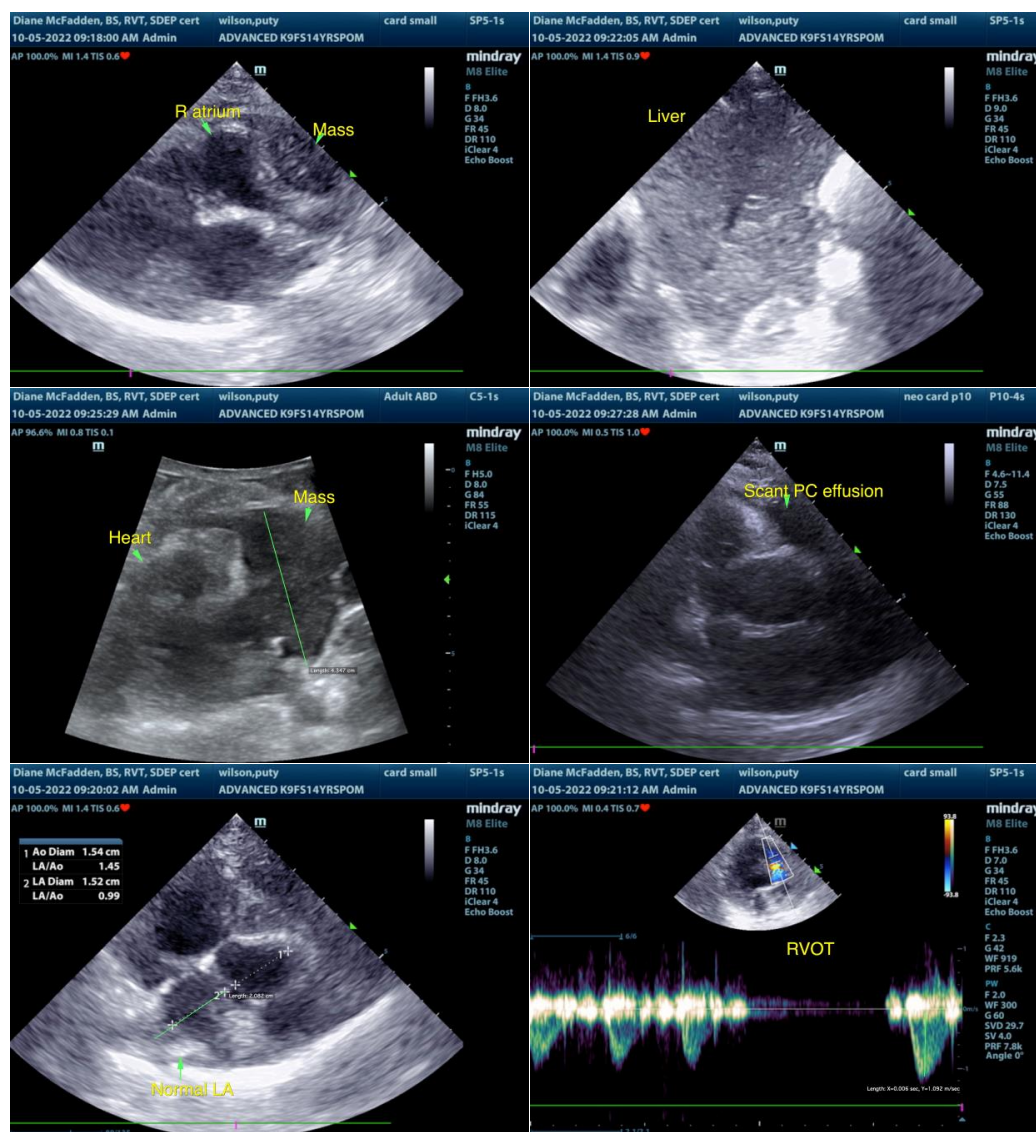
## DATE

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The heart base to right atrial / auricle mass is consistent with neoplastic criteria with considerations including sarcoma, chemodectoma, or other. Although evidence of impingement upon the right atrial free wall was present, no evidence of cardiac tamponade as evidenced by no obvious cranial abdominal ascites or hepatic congestion on brief cranial abdominal sonographic assessment. No overt evidence of clinical pulmonary hypertension, given lack of RA/RV enlargement, although this potential cannot be definitively excluded given the patient's significant coughing.

Referral for an oncology consult for potential chemotherapy and/or radiation options could be considered. However, a very guarded to unfavorable long-term prognosis is indicated. No indication for cardiac medications. As needed respiratory support is recommended.





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**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.

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