

**PATIENT**

Kaba Czerw

**SPECIES**

Canine

**BREED**

Tibetan Mastiff

**SEX**

MN

**AGE**

6yr

**WEIGHT**

158.6lb

**PRESENTING CLINICAL SIGNS**

P presented on 11/3/25 for not eating and seems to have pain in mouth. Weighed 163.8#. Sedated exam- unremarkable Returned today for US- Rads showed pleural effusion, abd appeared relatively normal Rads attached

Abnormal PE/Chem/CBC/UA Results: Tbil 0.4, usg 1.011 Fecal coccidia- no diarrhea

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO M-mode	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	--	--	--	1.4	25	50	0.55
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LAD LA MAX 4 Chamber	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	94	1.2	0.65	--	5.1	4.7	--

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Stewarts Mountain View AH

**REFERRING VET**

Dr Stewart

**INVOICE**

22921

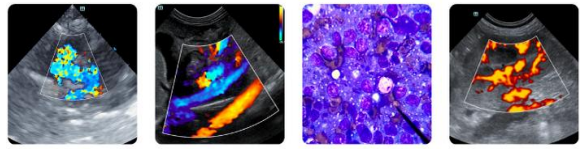
**DATE**

11/10/2025

**Cardiac Presentation**

The echocardiogram in this patient demonstrated normal left atrial size based on 2 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. Minor centralized 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 mildly subnormal as 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. Minor aortic insufficiency on Doppler. 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. Minor 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).

Moderate to significant volume pleural effusion exhibiting mild echogenic effusion component was present.



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Unspecified primarily homogenous to consolidated pericardial to cranial thoracic lung or ill-defined mass was present. Areas of air entrapment within the pericardial lung exhibiting mild comet tail artifact.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary**

- Normal echocardiogram with decreased LV contractility, suspect secondary to sedation.
- Minor MR / TR / aortic insufficiency - not hemodynamically significant
- Non-cardiogenic pleural effusion
- Unspecified homogenous potentially consolidated pericardial to cranial thoracic lung with potential mass lesion - infection / inflammation, consolidation, torsion, neoplasia or other possible

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Correlation with effusion analysis cytology +/- C/S if evidence of inflammatory effusion component is recommended. Given the size of the patient and if effusion analysis is non-diagnostic, thoracic CT would be ideal. A guarded prognosis is indicated. No indication for cardiac medications.

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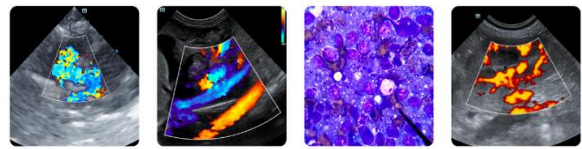
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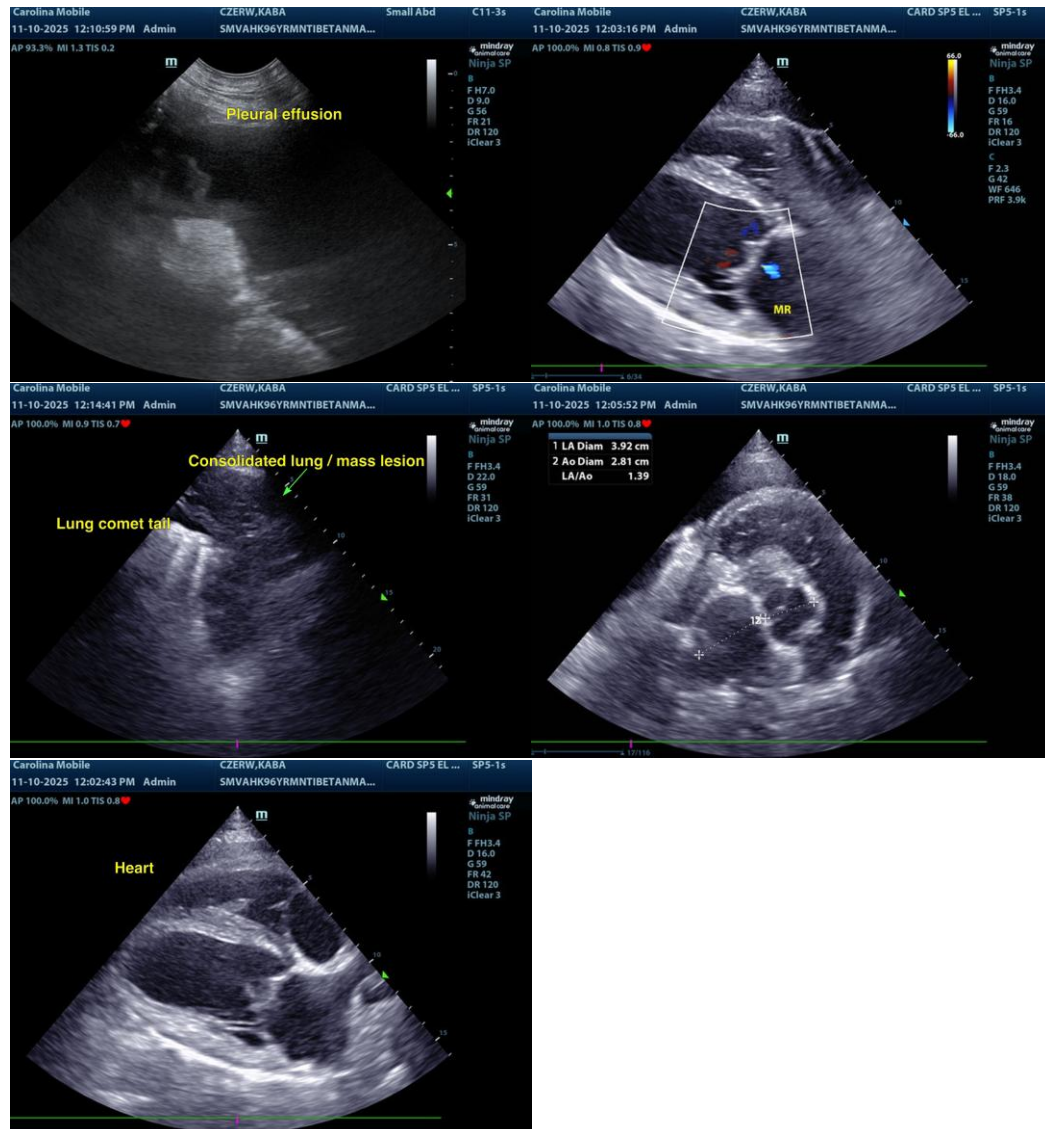
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)  
[info@sonopath.com](mailto:info@sonopath.com)