
**PATIENT**

Mister Jay Pizzo

**PRESENTING CLINICAL SIGNS**

Intermittent coughing for 3 months. Dry cough. Improved some on course of Doxycycline, but still present. Tamaril-P helped some, but still intermittent coughing. Not on any meds currently.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: PE: no audible heart murmur RADS (attached): bronchial pattern. CBC (11/8/22): WNL

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**
**BREED**

Mix

**SEX**

MN

**AGE**

9yr

**WEIGHT**

55lb

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			1.3	1.0	43	78	0.3
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	1.5	1.2		3.4	3.5	

**INTERPRETED BY**

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

**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. 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). No visible pericardial or free pleura fluid was noted. A focal homogeneous mild suspect consolidated lung present in the right pericardial thorax measuring 2.0 cm in diameter. No evidence of pulmonary parenchymal mineralization. Aerated lung was present in the left thorax.

**IMAGING PERFORMED BY**

Dr. Ebersole

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

Dr. Goodman

**INVOICE**

12288ag

**ULTRASONOGRAPHIC FINDINGS**

- Normal echocardiogram
- Suspect focal mild consolidated lung right pericardial thorax

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11/28/2022



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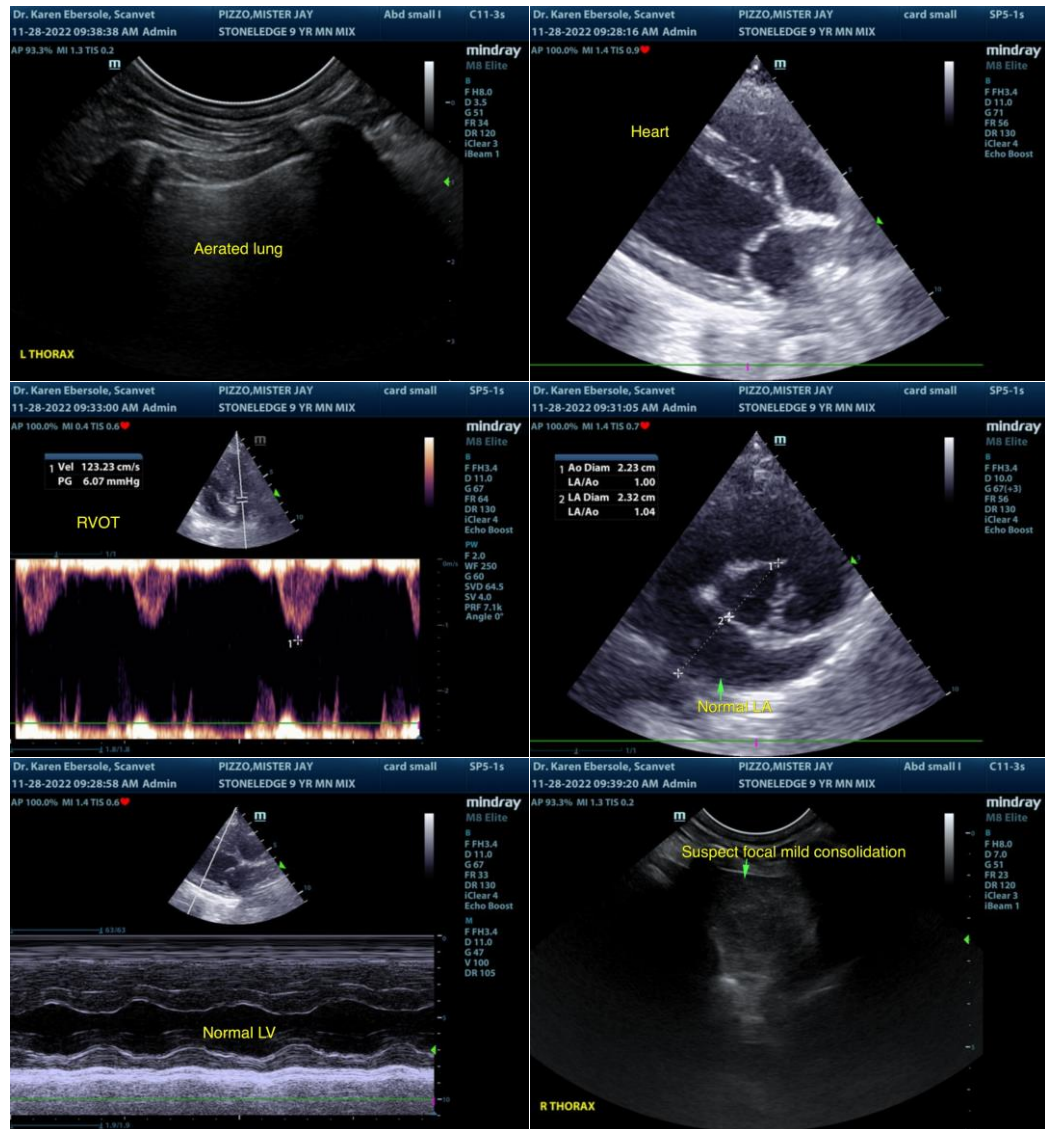
Scanvet

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The lack of structural or functional cardiomyopathy including no evidence pulmonary hypertension indicate that the coughing is non cardiogenic in origin and indicates the likelihood of primary upper or lower respiratory disease as a primary factor. The focal suspected consolidated lung may suggest minor focal fluid filled parenchyma or infiltration with inflammatory infiltrates. No overt evidence of pulmonary neoplastic criteria. Lower airway sampling would be required for further assessment and/or definitive diagnosis.



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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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