



PATIENT PRESENTING CLINICAL SIGNS

Rusty Brown Coughing, concern for mass.
 Medication: Clavamox, TemarilP

SPECIES Abnormal PE/Chem/CBC/UA Results:
 Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED *Cardiac Presentation*

Golden Retriever Mix

SEX

MN

AGE

2015

WEIGHT

45.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. Green

INVOICE

12343ag

DATE

12/01/2022

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 was present. 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. Mild TR present 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 subjective mild increased diameter compared to the aorta with mild pulmonic insufficiency present on Doppler. No visible pericardial or free pleura fluid was noted. A pericardial pulmonary lesion exhibiting areas of air entrapment and distal comet tail artifact within the lesion aerated lung interface was present. The pulmonary lesion measured ~ 5-6 in diameter but potentially larger.

ULTRASONOGRAPHIC FINDINGS

- Overall normal cardiac structure and function with mildly prominent pulmonary artery
- Mild TR
- Mild pulmonic insufficiency
- Homogeneous pericardial pulmonary lesion exhibiting areas of air entrapment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The confirmed pericardial pulmonary lesion was non-specific with considerations including consolidation, inflammation/infection/pneumonia, granuloma, neoplasia or other. The coughing is non-cardiogenic although the possibility of some degree of pulmonary hypertension secondary to the pulmonary lesion is possible.

No indication for cardiac medications. Further assessment of the lesion may include assuming normal clotting status ultrasound guided FNA cytology or thoracic CT is likely ideal in this patient if possible.

Continued as needed respiratory support would be reasonable. Full abdominal ultrasound may be considered to rule out evidence of occult or primary intra-abdominal pathology.

