



PATIENT

Sam Chiavario

SPECIES

Canine

BREED

Poodle Lhasa Apso Mix

SEX

MN

AGE

14 years

WEIGHT

23 lbs.

PRESENTING CLINICAL SIGNS

Coughing has progressively gotten worse

Abnormal PE/Chem/CBC/UA Results: Lump on shoulder blocks heart in x-ray, dorsal displacement of the trachea, grade II heart murmur.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC PARAMETERS	VMAX (m/s)	VMAX (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT			NM	1.35	34.3	65.4	0.24
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC PARAMETERS	(BPM)	VMAX (m/s)	MAX (m/s)	(kg)	2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT	174	1.2	0.7		3.0	2.6	

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Joe Westerhof

INVOICE

12698

DATE

12/2/21

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented minor vegetative thickening suggestive of mild endocardiosis. Doppler indicated mild insufficiency. 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 or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology. Color doppler revealed concurrent mild tricuspid valve insufficiency. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** 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. No echographically detectable evidence of infiltrative disease was visible. A subcutaneous mass consistent with fat echogenicity was present in the area of the left ventrolateral thorax. A separate mass, which appeared to be separate and distinct from the subcutaneous mass consistent with fat echogenicity was present within the mid to cranial left thoracic cavity and directly adjacent to the heart, measuring approximately 8.0 cm x 4.0 cm. Aerated lung was visible around the



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left mid to cranial thoracic mass. The mass exhibited nonhomogeneous hypoechoic parenchyma without overt evidence of air entrapment. No evidence of concurrent pleural free fluid was noted.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Compensated mild MR/TR - may indicate compensated chronic degenerative mitral and tricuspid valve changes with secondary Insufficiency yet may be secondary to sedation
- Mid to cranial left thoracic mass - pulmonary consolidation, granuloma, infection / pneumonia, neoplasia, or other possible

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Overtly normal cardiac structure and function were noted. The lack of left atrium enlargement or overall lack of left or right heart chamber enlargement indicates that the risk for future complication owing to valvular Insufficiency is low. No other issues such as systolic dysfunction or clinical pulmonary hypertension were noted.

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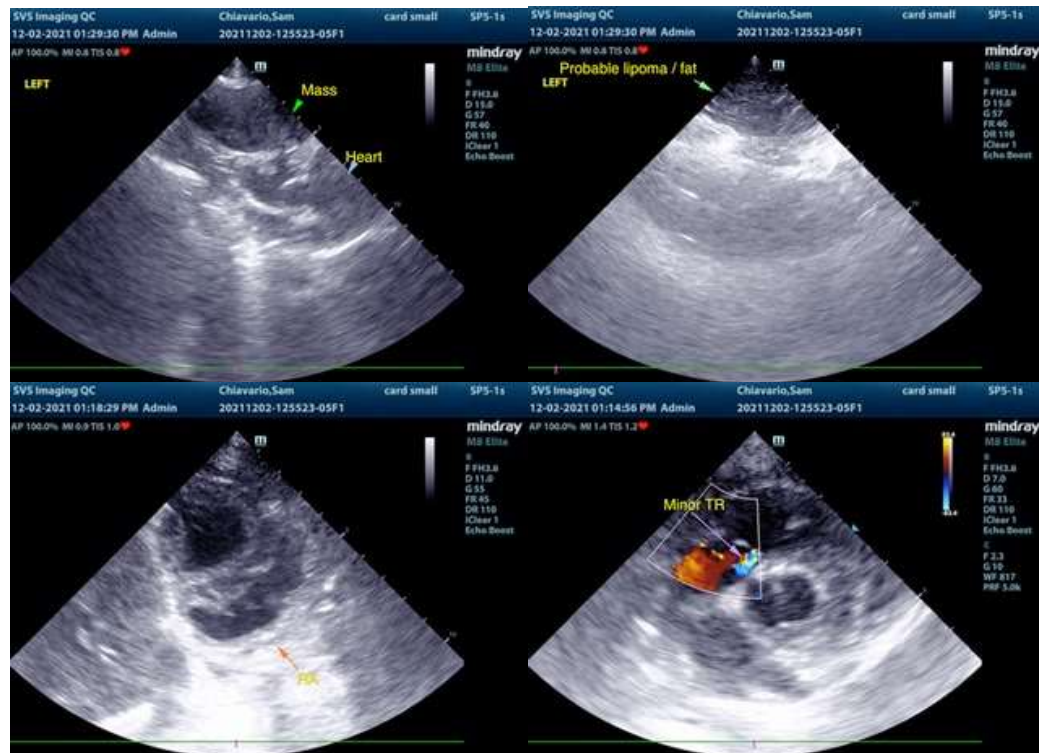
Assuming normal clotting status, ultrasound-guided FNA of the mid to cranial left thoracic mass for cytology +/- C/S if clinically indicated could be considered for further clarification. Thoracic CT would also be warranted for further assessment.

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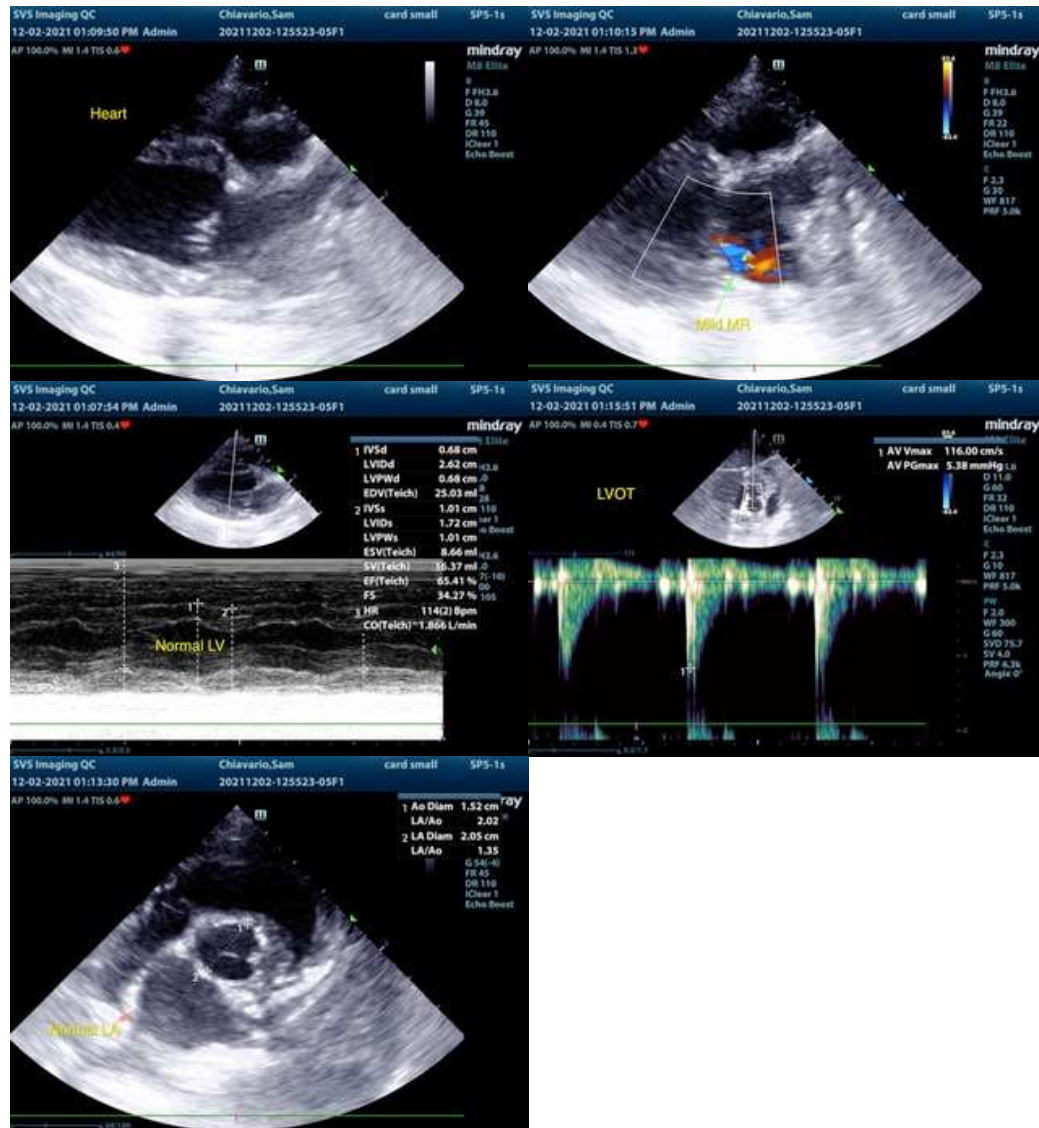
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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