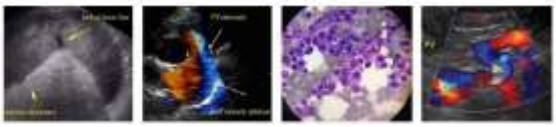


PATIENT

Milly Obando

SPECIES

Canine

BREED

Lab

SEX

Fs

AGE

10 years

WEIGHT

35 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Collegeway AH

REFERRING VET

Dr. Hanna

INVOICE

12871

DATE

12/21/21

PRESENTING CLINICAL SIGNS

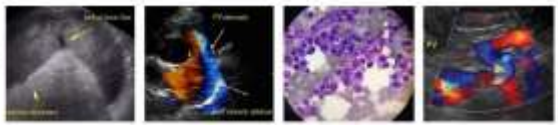
dry heaving/gagging/couging for couple weeks arrhythmia with harsh congested lung sounds

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	<1.6	28-40	40-100	<0.6
PATIENT			1.25	1.1	50.0	85.0	0.35
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	BELOW	BELOW	BELOW	BELOW
PATIENT	NM	1.8	1.2		4.3	4.4	

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. 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 mild increased size. A nonhomogeneous mass was present in the area of the tricuspid valve extending into both the right atrium as well as subjectively into the right ventricle. The mass measured approximately 4.0 cm x 3.0 cm. The right ventricle exhibited subtle increased size. **Pulmonary outflow** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No overt visible **pericardial** or free pleura fluid was noted. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of overt concurrent masses in the visible window. No evidence of arrhythmogenic disease was noted.



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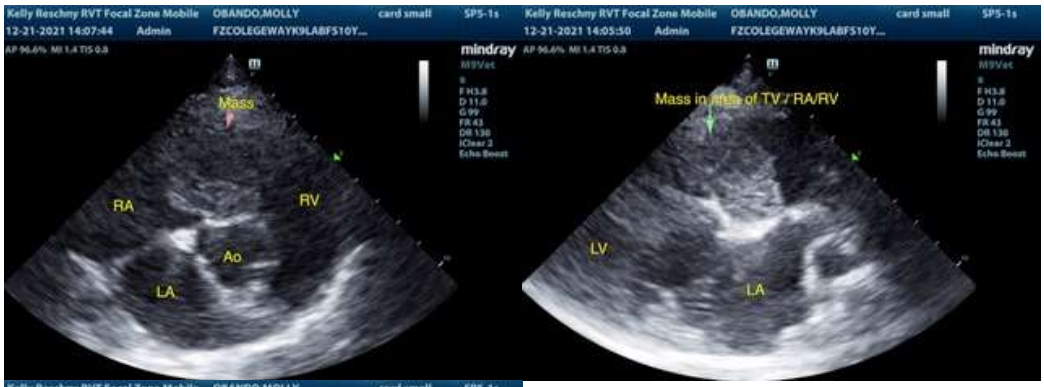
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Nonhomogeneous mass in the area of the tricuspid valve, right atrium and right ventricle
- Normal LA/LV

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This study revealed the presence of a nonhomogeneous mass most consistent with neoplastic criteria involving the tricuspid valve, as well as subjectively extending into the right atrium and right ventricle. Potential considerations may include myxoma, ectopic thyroid carcinoma, hemangiosarcoma, or other. Subjectively, the mass did not appear to be completely obstructive to blood flow, given the lack of significant left atrium enlargement. Assessment and continued monitoring for the development of ascites is recommended. Ideally, referral in this case to a cardiologist for further assessment and oncology consultation is recommended. However, the prognosis is likely unfavorable.



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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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