



PATIENT

Jagger Payne

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

7yr

WEIGHT

76lb

PRESENTING CLINICAL SIGNS

Presented 12/19/22 for collapsing episodes and unable to move for 40 minutes. Slightly cyanotic during exam. Unable to hear heart sounds clearly Radiographs show VHS 13. Started on Lasix. Evaluate heart for cardiac disease and recommendation of medications if indicated.

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	<1.3	28-40	40-100	<0.6
PATIENT				1.2	33	66	0.2
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	131	1.0	0.7		3.1	3.6	

Cardiac Presentation

Mild to moderate volume pericardial effusion exhibiting mild effusion echogenic changes which may suggest mild effusion cellularity was present. Evidence of significant diastolic collapse of the right atrial free wall/cardiac tamponade was not definitive yet suspect mild cardiac tamponade. LV function was mildly decreased yet subjectively adequate. The left atrium was normal in diameter. The left ventricle exhibited subjective volume contraction and concurrent pseudohypertrophy. Subjective mildly thickened right atrioventricular groove and right ventricle free wall was present. Mild MR was present on Doppler. Mild TR present on Doppler. The pulmonic and aortic valves were normal in appearance with normal to mildly decreased measured LVOT/RVOT velocities.

ULTRASONOGRAPHIC FINDINGS

- Mild to moderate volume pericardial effusion
- Normal LA
- LV volume contraction and concurrent pseudohypertrophy
- Mild MR/TR

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinical signs in this patient are secondary to pericardial effusion of unknown etiology. A definitive mass in the area of the heart base or right atrium/auricle was not visualized yet underlying neoplastic criteria is of primary concern. Referral for pericardiocentesis with effusion analysis/cytology in search of a definitive diagnosis is recommended. Evidence of dehydration/hypovolemia was present and fluid resuscitation is recommended. Although a definitive arrhythmia was not present this patient may be at increased risk for intermittent arrhythmogenic disease secondary to pericardial effusion. A very guarded to potentially unfavorable long term prognosis is indicated given possible progressive pericardial effusion, potential development of malignant arrhythmias and/or possible sudden death.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Senn Fox Lake AH

INVOICE

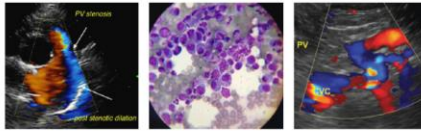
12508ag

DATE

12/22/2022

IMAGING PERFORMED BY

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Clinical Sonography & Telectology

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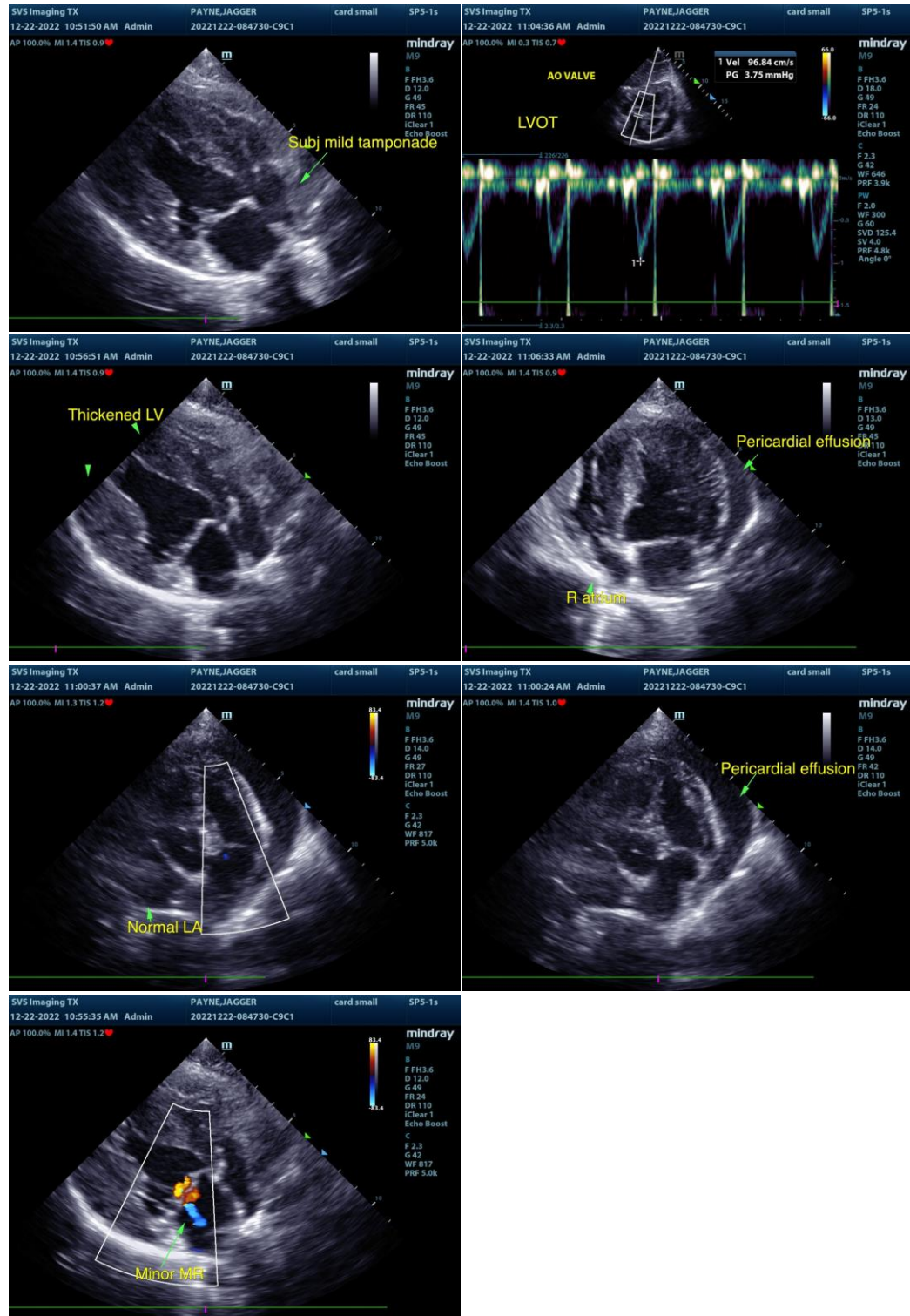
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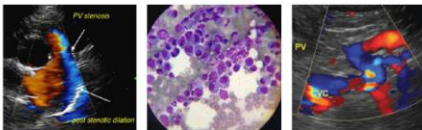
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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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