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Clinical Sonography & Telecytology
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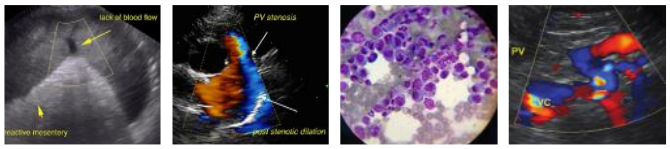

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Mya Moy

SPECIES
Canine

BREED
Jack Russell Terrier

SEX
FS

AGE
13.5yr

WEIGHT
15.7lb

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

IMAGING PERFORMED BY
Kelly Vazquez

HOSPITAL NAME
Westwood Regional Veterinary Hospital

REFERRING VET
Dr. Hartwick

INVOICE
12517ag

DATE
12/22/2022

PRESENTING CLINICAL SIGNS

Increased respiratory rate, panting upon exertion. Cardiomegaly, pulmonary infiltrates 12/21, no murmur noted. Hilar edema on rads 12/17. Elevated BS, occ. cough, R/O heart disease vs. respiratory disease. No current meds.

Abnormal PE/Chem/CBC/UA Results: 12/17/22: CBC/Chem - unremarkable.

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			1.3	1.25	36	72	0.25
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	143	1.5	1.4		2.1	2.2	

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 mild thickening consistent with endocardiosis. Doppler indicated mild eccentric insufficiency. No evidence of significant TR 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 or chamber overload. Tricuspid valvular assessment demonstrated adequate linear morphology. 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. A primarily homogeneous mass/lesion was noted adjacent to the heart without overt cardiac involvement or origin measuring ~ 4.0 cm in diameter. No overt evidence of mineralization or air entrapment associated with the mass/lesion was noted.

ULTRASONOGRAPHIC FINDINGS

- Compensated mild MR
- Normal LA/LV
- Normal RA/RV-no evidence of clinical pulmonary hypertension
- Homogeneous pericardial mass/lesion

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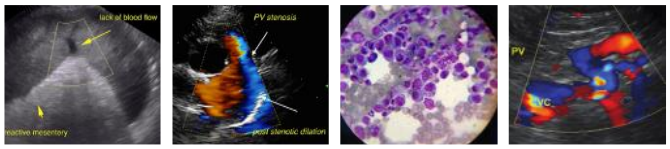

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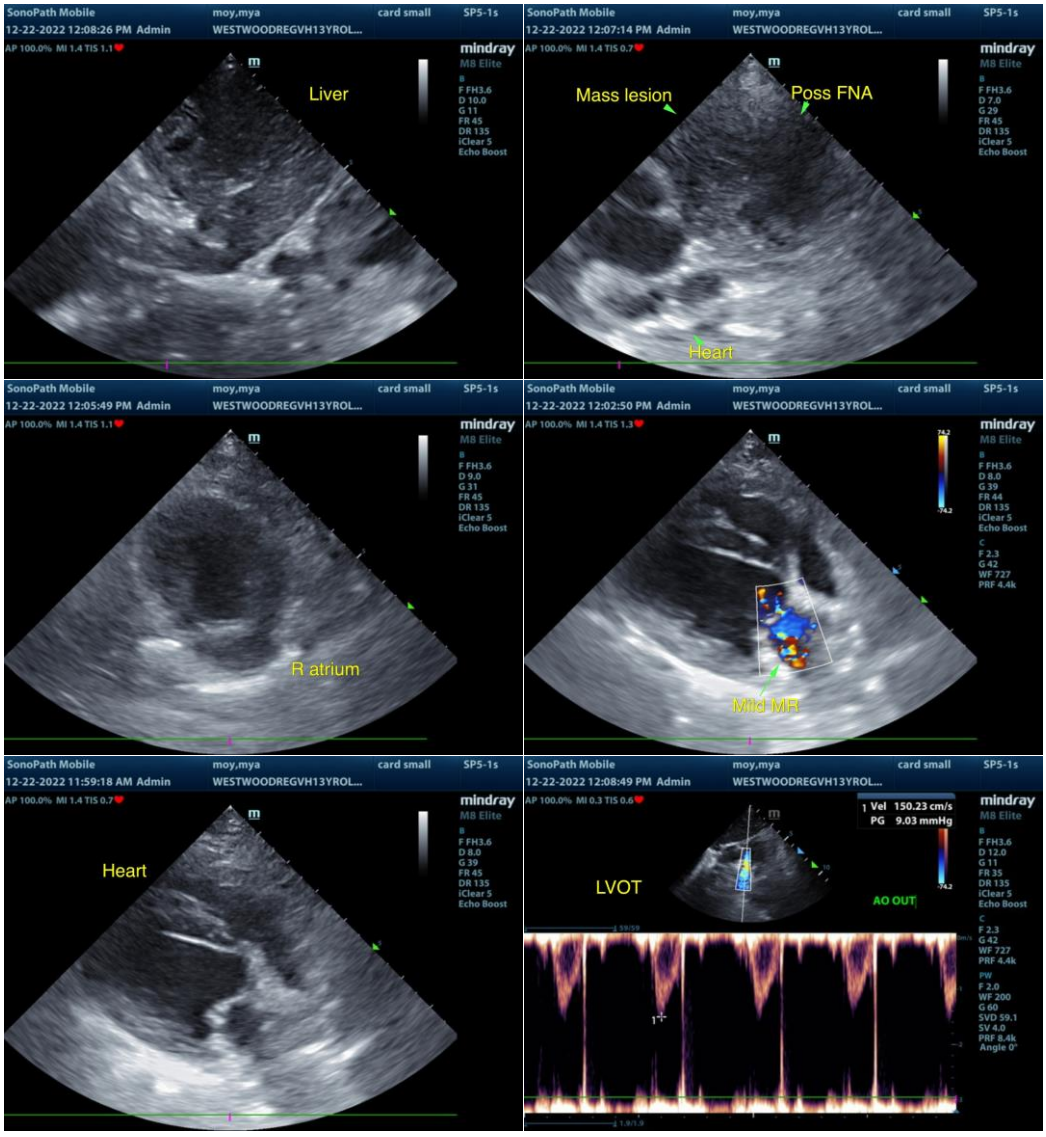
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lack of clinical issues such as left/right heart chamber enlargement, LV systolic dysfunction or evidence of clinical pulmonary hypertension indicate that the respiratory abnormalities in this patient are non-cardiogenic in origin. Considerations for the pericardial mass may include inflammation/infection, granuloma, regional pulmonary consolidation, neoplasia or other. If accessible, an ultrasound guided FNA cytology of the mass may be considered for further assessment. Lower airway sampling could also be considered vs thoracic CT. No indication for cardiac medication. As needed respiratory support is suggested.



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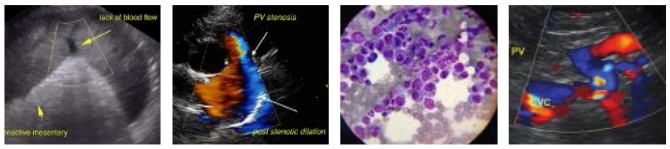

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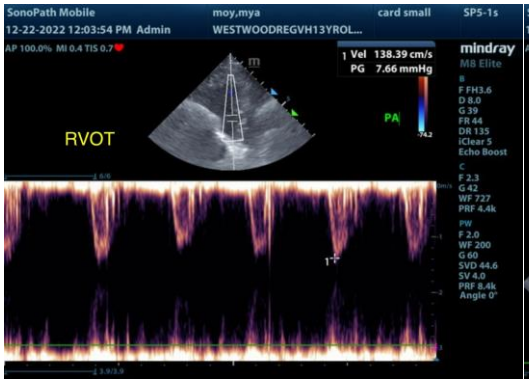

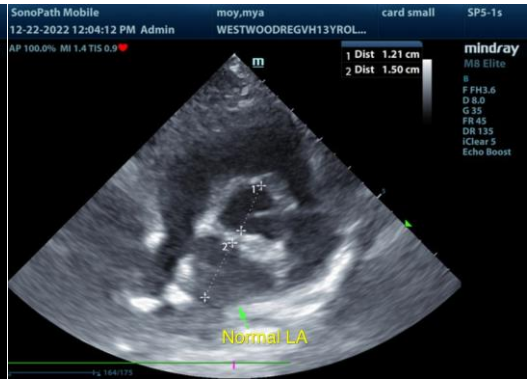

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com