
PATIENT PRESENTING CLINICAL SIGNS

Roman Patterson Clinical Exam Findings: Coughing, weight loss, mild inappetence

SPECIES Current Medications Levothyroxine 0.8mg Tablets 1 tab BID; Carprofen 100mg 1 tab BID; Phenobarbital 64.8mg Tablets 2 tabs BID; Heartgard & Nexgard 1 chew SIM

Canine Radiographic Findings Mass/consolidation on right side Primary Question/Differential to Be Answered in This Exam Evaluate mass

BREED RECHECK ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Bernese Mountain Dog

SEX	CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
MN								
AGE	NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
9yr	PATIENT	5.1	2.0		1.3	45.4	78.0	0.3
WEIGHT	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)
93lb								
INTERPRETED BY	NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	PATIENT	180	1.0	1.0		4.0	3.5	

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

Countryside Animal Clinic

REFERRING VET

Dr. Cox

INVOICE

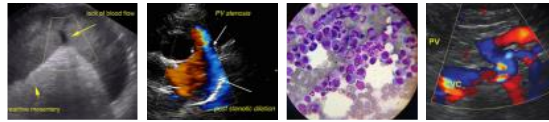
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DATE

02/20/2023

Cardiac Presentation

The echocardiogram in this patient demonstrated normal left atrial size based on 2 separate methods of LA evaluation. The cranial and caudal mitral valve leaflets presented overall normal linear structure, extension in systole, and union in diastole with normal kinesis. Mild MR 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. Normal measured LVOT velocity. 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. Minor TR 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 diameter (approx. 1:1 pa/ao ratio). Normal measured RVOT velocity. No visible pericardial or free pleural fluid was noted. A homogenous mild irregularly marginated solid hypoechoic mass was present in the right mid to caudal thorax measuring ~ 8.5 cm x 4.4 cm. The mass appeared to directly efface the cranial aspect of the right diaphragm yet did not appear to invade it. Potential areas of air entrapment noted in the deep aspect of the mass with surrounding deep aerated lung.



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ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure and function
- Mild MR/TR
- Right thoracic mass

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hemodynamic effects of the MR/TR appear to be low without evidence of LA/LV enlargement or clinical pulmonary hypertension. Considerations for the thoracic mass may include neoplasia, granuloma, infections/inflammation, regional lobar lung consolidation or other. Neoplastic criteria is favored. Correlation with pending thoracic mass cytology with potential for oncology consult is recommended. Although previous ultrasound was normal without evidence of abdominal visceral pathology, recheck abdominal US may be considered to assess for/rule out concurrent emerging or primary abdominal pathology. Thoracic CT may be considered for further assessment if clinically indicated.



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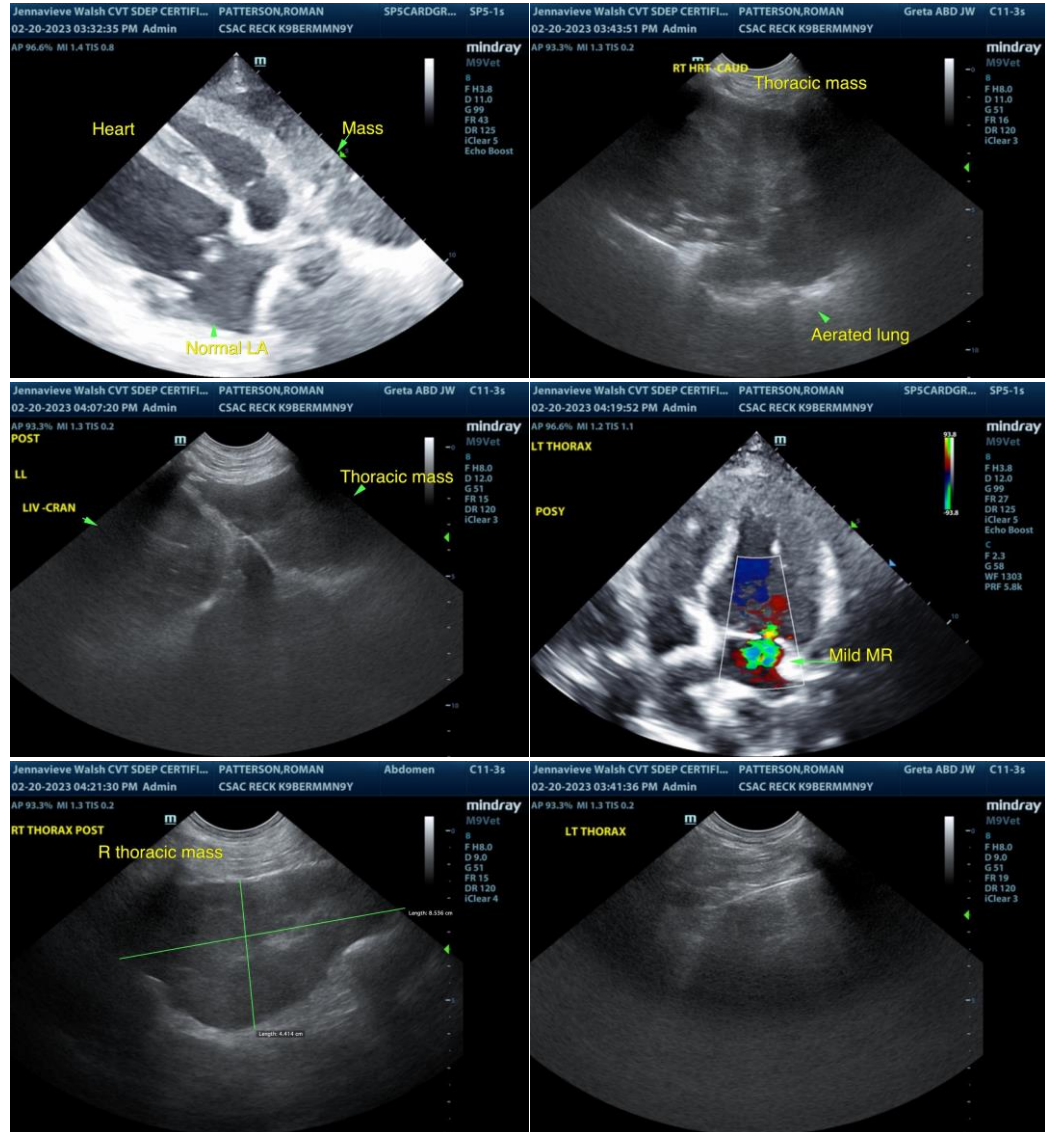
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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