



PATIENT PRESENTING CLINICAL SIGNS

Moose Bannon History: Enlarged heart on lat/vd rads, muffled heart sounds, no murmur auscultated. Pericardiocentesis performed, 175mls bloody fluid removed. VPC's post tap, lidocaine administered.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine

BREED

Pitbull

SEX

Neutered Male

AGE

12 Years

WEIGHT

61 Lbs.

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	--	--	NM	1.1	28.6	59	0.5
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	NM	NM	--	4.0	4.58	--

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

North Warren AH

REFERRING VET

Dr. Corrado

INVOICE

14041

DATE

2/22/22

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 mildly subnormal as 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 overall normal size and content. Non-homogeneous mass was noted at the level of the heart base, measuring approximately 2.2 cm in diameter. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. 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). Mild to moderate volume pericardial free fluid and secondary diastolic collapse of the right atrial free wall consistent with cardiac tamponade was present. Overt evidence of concurrent of pleural free fluid was not noted. Potential for intermittent arrhythmia noted.

ULTRASONOGRAPHIC FINDINGS

- Right atrium/auricle mass
- Pericardial effusion with secondary cardiac tamponade



PATIENT

- Mild LV hypercontractility

Moose Bannon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Unfortunately, this study confirms the presence of a mass associated with the right atrium/auricle. Given this location and presence of hemorrhagic pericardial effusion, hemangiosarcoma is considered primary differential diagnosis with other neoplastic processes possible yet considered less likely. Cardiac associated hemangiosarcoma carries a poor prognosis and an unfavorable prognosis is indicated. Surgical and/or oncology consult may be considered palliatively and as needed pericardiocentesis may be considered with sonographic monitoring of the right atrial/auricle mass for evidence of progression. Abdominal sonographic assessment may also be considered to rule out primary tumor as a potential cause of cardiac metastasis.

SEX

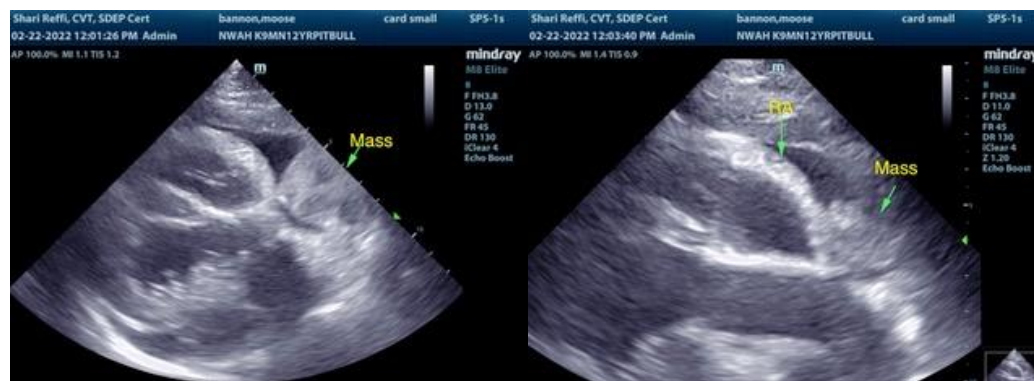
Neutered Male

AGE

12 Years

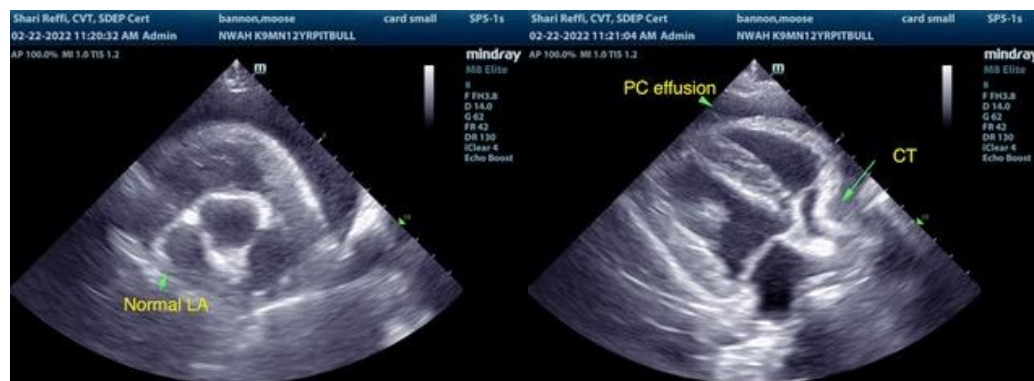
WEIGHT

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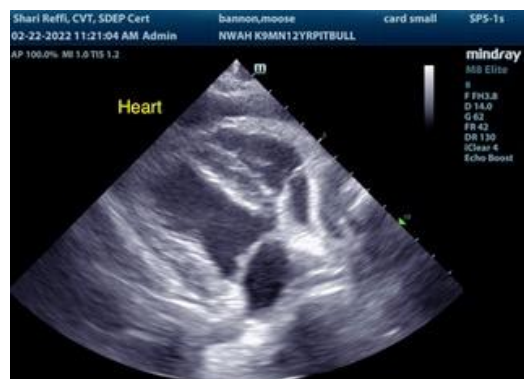


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



PATIENT

visible in the image/video clips provided.

Moose Bannon

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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info@SonoPath.com

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