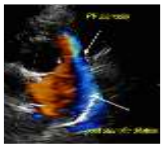
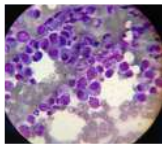
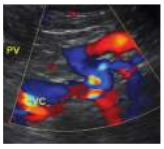
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Cooper Biddle

SPECIES

Canine

BREED

Airdale

SEX

M

AGE

12 years

WEIGHT

57

INTERPRETED BY

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

IMAGING PERFORMED BY

Tasha

HOSPITAL NAME

Dillsburg VC

REFERRING VET

Dr. Hlatky

INVOICE

13401

DATE

2/23/22

PRESENTING CLINICAL SIGNS

Chest rads reveal odd pattern; trachea deviated dorsally at heart base. Unable to see margins of a mass, but definitely suspicious. On/off coughing recently.

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				1.1	43.6	78.2	0.43
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					3.9	

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 potential mild vegetative thickening suggestive of mild endocardiosis. Overt or significant MR was not noted, yet may be possible if concurrent murmur. 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 subjective laminar flow and normal structural integrity. The **right atrium** and auricle revealed subjective normal size and likely content. **Tricuspid** valvular assessment demonstrated subjective adequate linear morphology and kinesis. The **right ventricle** was of subjective normal size compared to the LV. **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. No overt evidence of cardiac masses or overt masses in the **pericardial or extra-cardiac regions** were visualized.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure and function

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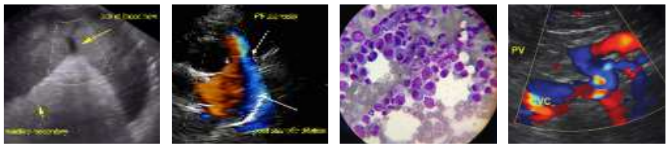

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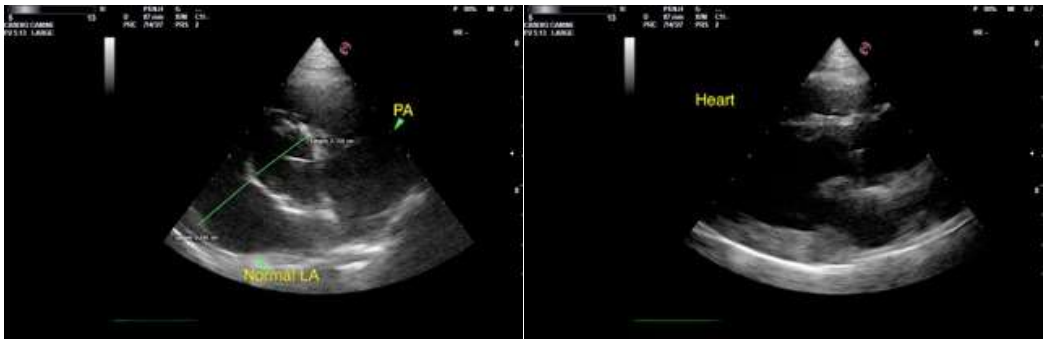
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant structural or functional cardiomyopathy was present in this study including no evidence of significant LV systolic function, left or right heart chamber enlargement, visualized cardiac or pericardial masses. The potential for clinical pulmonary hypertension Is considered low, given no overt evidence of right atrium / ventricle enlargement and normal overall size of the pulmonary artery.

The cardiac presentation suggests that the coughing in this patient is noncardiogenic in origin which may correlate with potential primary pulmonary disease. No indication for cardiac medications was evident. If strong clinical concern for potential non-visualized pulmonary or pericardial mass, thoracic CT would likely be ideal.



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)
info@SonoPath.com