


**PATIENT PRESENTING CLINICAL SIGNS**

**Karma Zammit** History: Echo to follow up from rads that were read through Sonopath where FNA was suggested for soft tissue opacity on right lung lobe. Sent through all of the details on the last form that I sent through with the wrong patient images :) Sorry!!

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: n/a

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

Labrador Retriever

**SEX**

Spayed female

**AGE**

12 years

**WEIGHT**

57 pounds

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	33	63	0.4
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	107	1.3	0.8		3.5	2.6	

**INTERPRETED BY**

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

**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 minor vegetative thickening which may suggest minor endocardiosis with normal extension in systole, and union in diastole with normal overall kinesis. Mild primarily centralized MR present on color 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. 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). No visible pericardial or free pleura fluid was noted. A moderately sized nonhomogeneous mass was present in the craniodorsal thorax. The mass exhibited pinpoint to focal hyperechoic areas which may suggest minimal to focal areas of air entrapment or potential emerging areas of mineralization. The mass measured approximately 5-6 cm in diameter.

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

 The Maples Animal  
 Hospital

**REFERRING VET**

Dr. Kazienko

**INVOICE**

10074ag

**DATE**

02/25/2022



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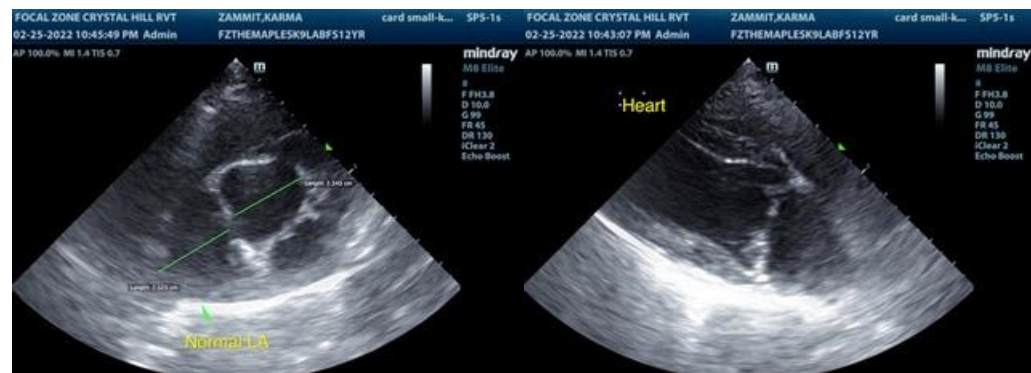
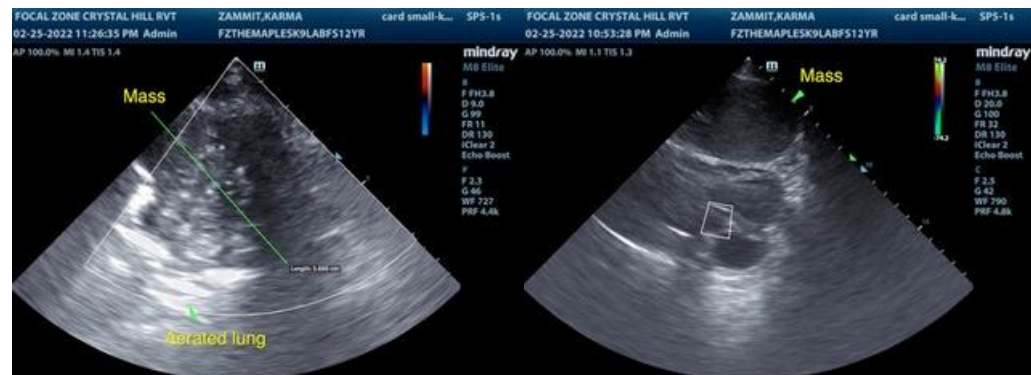
**ULTRASONOGRAPHIC FINDINGS**

- Normal echocardiogram.
- Mild MR.
- Craniodorsal thoracic/pulmonary mass.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of structural or functional cardiomyopathy in the face of sedation. The noted mild MR does not appear to be hemodynamically significant given the lack of left atrium enlargement. No indication for cardiac medications.

The craniodorsal thoracic mass is most consistent with pulmonary origin given potential for focal yet indistinct air entrapment. Neoplastic criteria is favored although potential for non-neoplastic etiologies such as consolidation, pneumonia, granuloma or other are possible. Correlation with pending mass cytology obtained during the ultrasound with potential for oncology and/or surgical consult is recommended.





**PATIENT**

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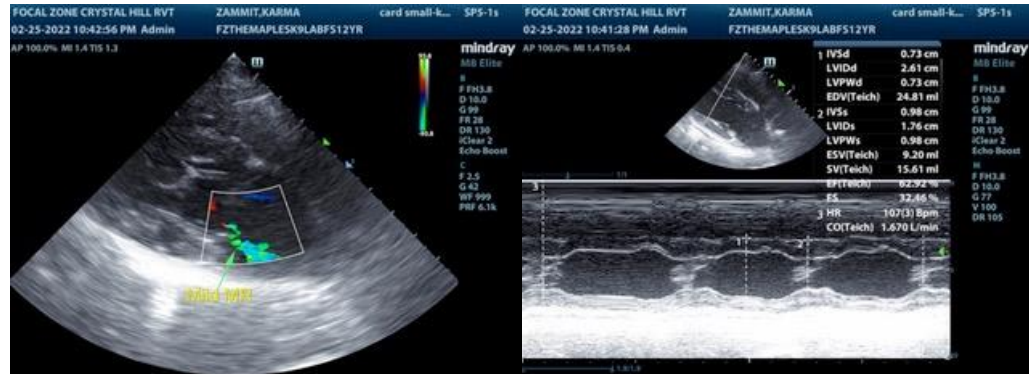
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**IMAGING PERFORMED BY**

Crystal Hilll

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)

**HOSPITAL NAME**

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Hospital

info@SonoPath.com

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