


PATIENT

Arty Knutson

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered male

AGE

9 years

WEIGHT

29 pounds

PRESENTING CLINICAL SIGNS

History: The attached ECG is to go with the other images I submitted for Arty (I sent over three view thorax and cardiac ultrasound images. Previous echo 2/13/22.

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	NM	NM	NM	3.0	49.4	84.4	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	BELOW	BELOW	BELOW	BELOW
PATIENT		1.0	0.9		5.7	4.8	NM

INTERPRETED BY

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

IMAGING PERFORMED BY
 Brita Kiffney

HOSPITAL NAME

 Northshore
 Veterinary Hospital

REFERRING VET

Dr. Brita Kiffney

INVOICE

10184ag

DATE

03/16/2022

Cardiac Presentation

The echocardiogram for this patient presented excessive left atrial size expressed both in the LA/AO and LA max measurements. Deviation of the intra atrial septum towards the right atrium consistent with elevated left atrial pressure. The cranial and caudal mitral valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated eccentric moderate insufficiency. The left ventricle presented thicknesses with linear contour and increased left ventricular volume. 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 without evidence of chamber overload. A previously noted uniform spherical mass lesion was present in the area of the lateral right atrial free wall to right atrioventricular groove measuring approximately 2.1-2.2 cm in diameter. Tricuspid valvular assessment demonstrated mild thickening with potential minor TV insufficiency. 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.



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ULTRASONOGRAPHIC FINDINGS

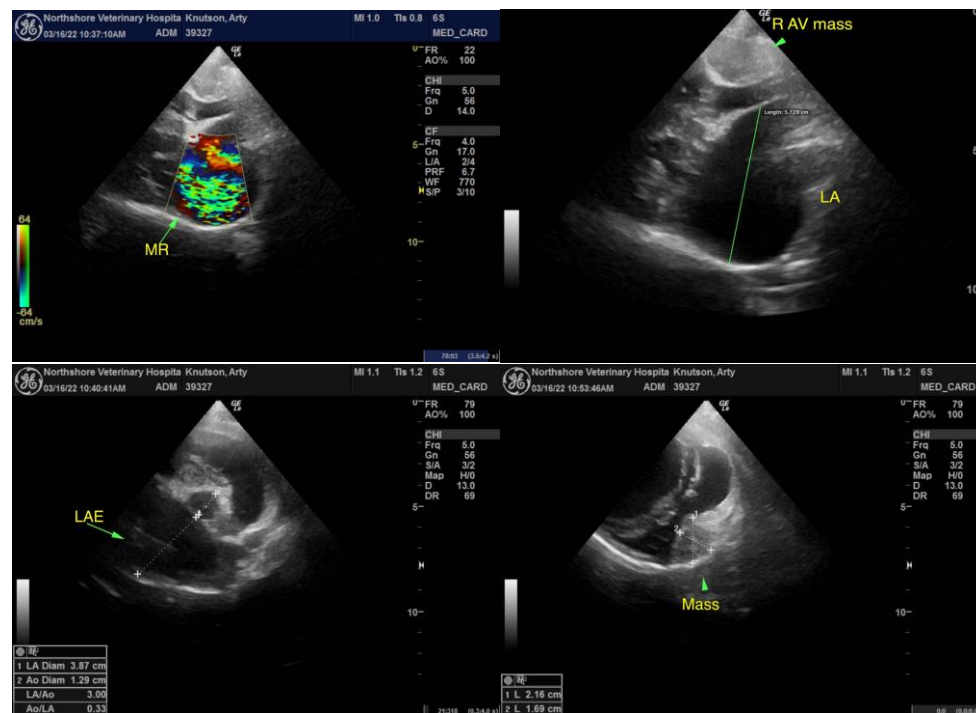
- Static chronic mitral valve disease (ACVIM Stage C)
- Static right atrial/atrioventricular groove mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall static cardiac and previously noted mass presentation compared to the prior echo. Continued medical therapy including Pimobendan 0.3 mg/kg PO BID with appropriate diuretic therapy +/- ACE inhibitor medication if evidence of hypertension is recommended.

The mass did not show evidence of progression as well as no evidence of concurrent factors such as pericardial effusion.

Referral for further assessment of the mass vs continued periodic sonographic monitoring could be considered. ECG cardiology consult is suggested. A very guarded prognosis as this patient continues to be at increased risk for development of CHF and malignant arrhythmias-continued exercise restriction is advised.



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



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