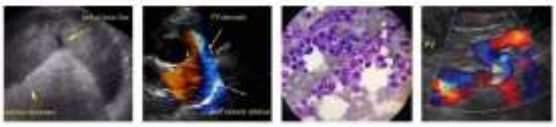

PATIENT

Tomalina Chopra

SPECIES

Canine

BREED

Min Pin

SEX

FS

AGE

12 years

WEIGHT

4.8 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Snelgrove VS

REFERRING VET

Dr. Loannou

INVOICE

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2/3/22

PRESENTING CLINICAL SIGNS

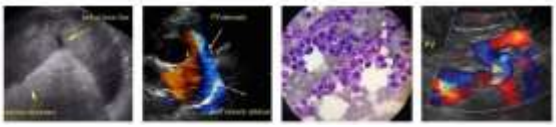
Coughing Heart is difficult to see as there appears to be fluid in her lungs predominantly in the cranioventral quadrant and along the sternum There is also a mass effect in the cranioventral/mediastinal quadrant I am concerned about neoplasia. Caninsulin.
Abnormal PE/Chem/CBC/UA Results: last full blood done in August - besides being a diabetic, all else NAF. Concerns from Rads about mass effect/ fluid in lungs.

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	41.2	75.4	N0.2
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	119	1.5	1.3		2.0	1.7	

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 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 subjective adequate linear morphology and kinesis. Minor TR was present. The **right ventricle** exhibited subtle prominent size compared to the right ventricle with normal myocardial echogenicity and thickness. **Pulmonary outflow** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). Large, expansive, hypoechoic to nonhomogeneous mass occupying the majority of the subjective right and cranial thorax was present. The mass measured 7.0-8.0 cm in diameter but likely larger as the entire mass would not fit into a single viewing window and was visualized in multiple mid



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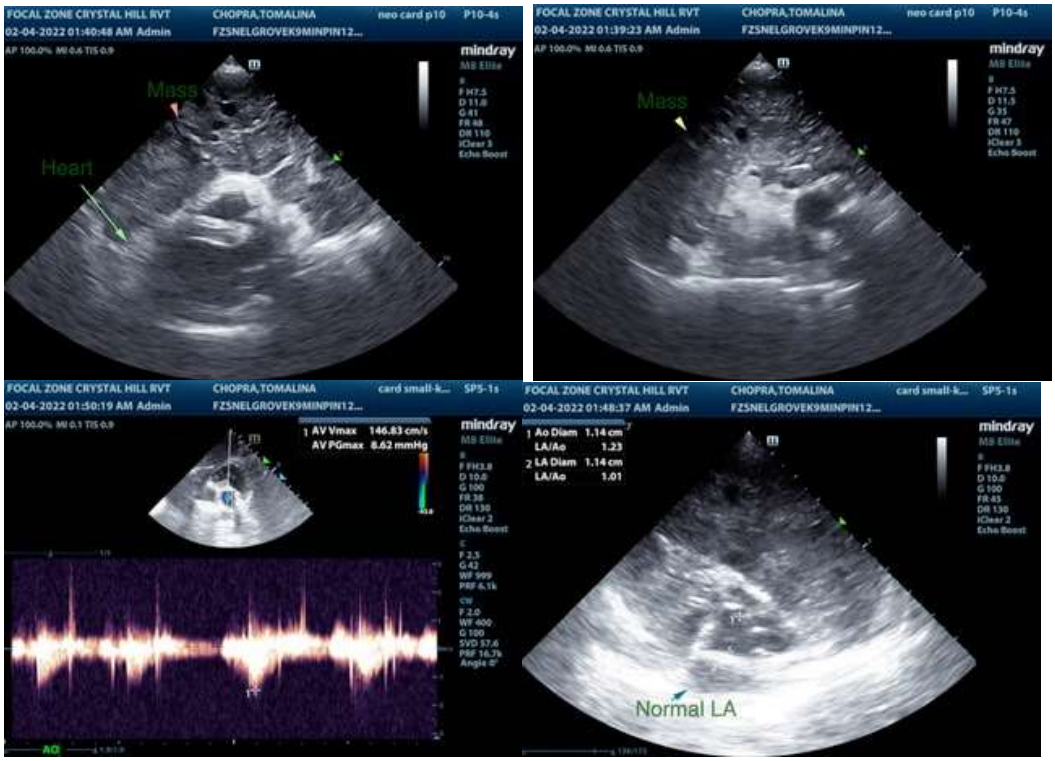
to cranial thoracic views. Potential small areas of intra-mass cystic component or possible cavitation were noted. Evidence of significant pleural effusion was not present, although potential for small pockets of scant pleural effusion Is suspected.

ULTRASONOGRAPHIC FINDINGS

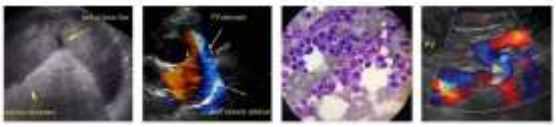
- Overtly normal cardiac structure and function
- Large thoracic mass subjectively occupying the majority of right to cranial thorax

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for a definitive diagnosis, the thoracic mass is most likely consistent with neoplastic criteria. Assuming normal clotting status, ultrasound-guided FNA of the mass using a 25-gauge needle would be warranted for screening cytology. Thoracic CT Is likely ideal for further clarification. No indication for cardiac medications was evident. As-needed respiratory support and antitussive medication are recommended.



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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