


PATIENT

Oakly Flagiello

PRESENTING CLINICAL SIGNS

Free fluid in chest

SPECIES

Canine

Current meds: Gaba 50mg/ml, Doxy 250mg/ml, prednisolone syrup 3mg/ml, furosemide 10mg/ml, enrofloxacin 100mg/ml, azithromycin 200mg/5ml

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED	CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
Pug								
SEX	NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
M	PATIENT				1.43	28	56	0.27
AGE	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)
1yr								
WEIGHT	NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
17.02lb	PATIENT	150	1.2	0.8		2.4	2.6	

INTERPRETED BY

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

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

 North Warren Animal
 Hospital

REFERRING VET

Dr. Corrado

INVOICE

13228ag

DATE

03/20/2023

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. No overt MR on 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 to 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. Normal measured LVOT velocity. 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. No overt TR on Doppler. 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). Normal measured RVOT velocity with trace pulmonic insufficiency on Doppler. No visible pericardial fluid was noted. Scant to minor amount of probable pleural free fluid was visualized. No overt masses in the cranial mediastinum and pericardial and extra-cardiac regions were present in the visible window. No evidence of arrhythmia.

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram with subjective adequate yet borderline decreased LV function-patient variant, systemic disease, hypothyroidism or athletic state may present in this manner. No evidence of DCM criteria.
- Trace pulmonic insufficiency.



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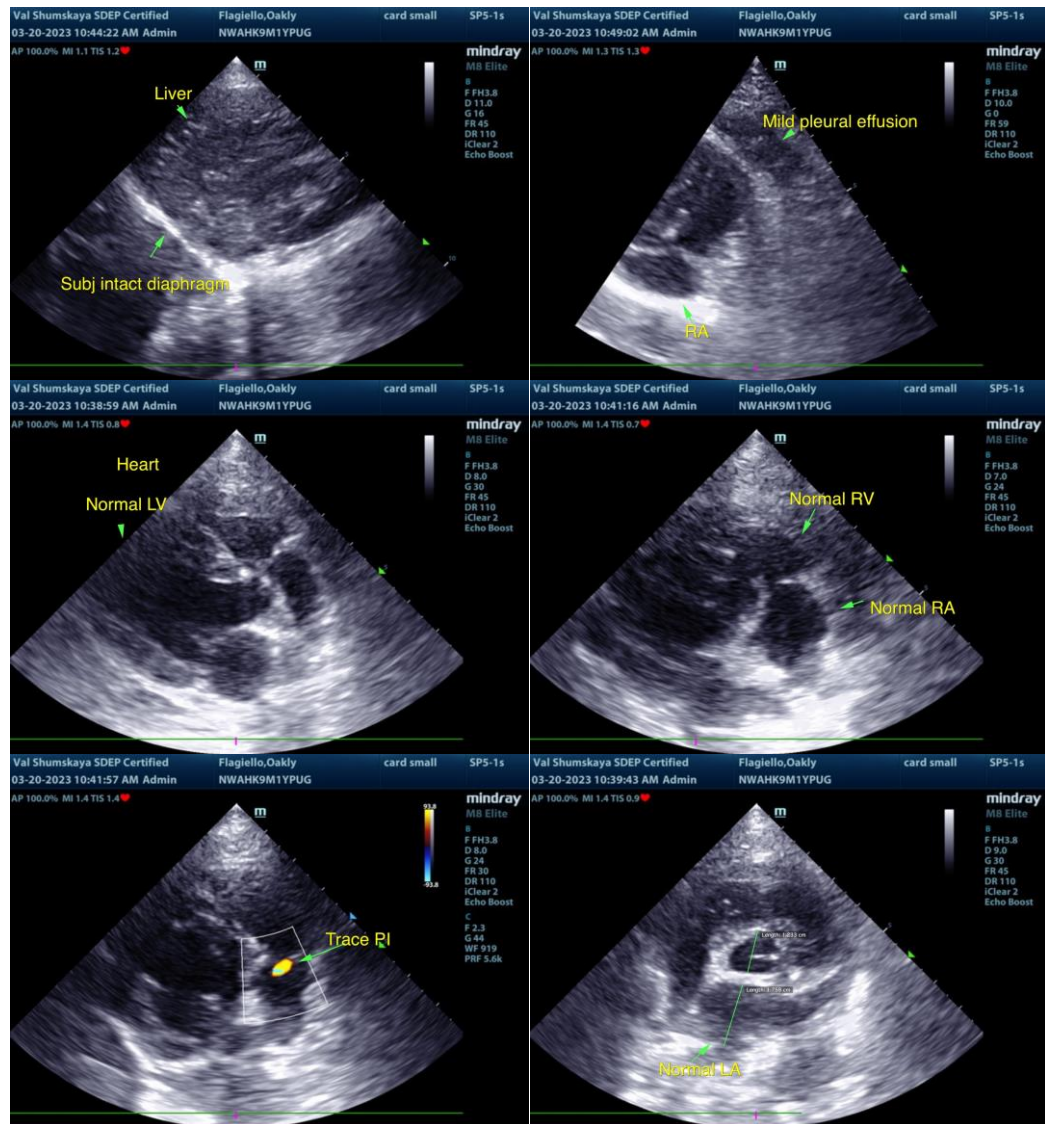
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cardiac presentation given lack of chamber enlargement, no evidence of valvular insufficiencies, stenotic disease or obvious evidence of a congenital shunt as well as no evidence of clinical pulmonary hypertension indicate that the radiographic abnormalities and pleural effusion are non-cardiogenic in origin. Primary pulmonary disease, infectious/inflammatory disease, potential neoplasia or other possible.

No indication for cardiac medications based on the overtly normal cardiac structure. Correlation with full CBC/Chem and UA is suggested. Ultrasound guided thoracocentesis for effusion analysis cytology +/- C/S as well as FNA of any visualized abnormal pulmonary parenchyma if clinically indicated is warranted. Thoracic CT is likely ideal for further clarification.





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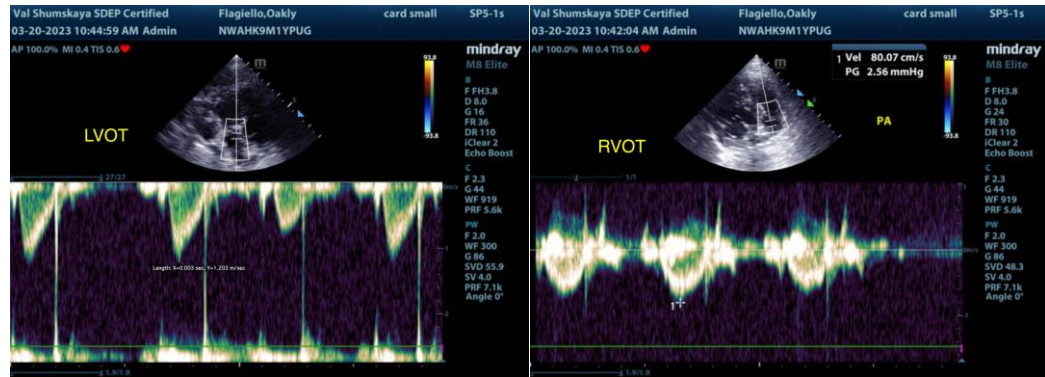
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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