PATIENT

Ginger McCausland

SPECIES

Canine

BREED

Beagle Mix

SEX

Female Spayed

AGE

8y

WEIGHT

42.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

AH of Sullivan County

REFERRING VET

Dr. Bodolosky

INVOICE

13334

DATE

3/26/26

PRESENTING CLINICAL SIGNS

History:

- Evaluate heart and diaphragm
- Coughing, gagging, very elevated LEZ, RRR are consistently <30
- Current meds: Lasix started 3/25 PM
- X-rays: unable to see cardiac silhouette, cannot make out diaphragm- is that liver in caudoventral chest?

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	--	--	--	1.25	42	75	0.2
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT** (kg)	**LAD** LA MAX 4 Chamber	**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				
PATIENT	NM	1.2	0.9	--	3.4	2.9	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 2 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 significant MR noted 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 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. Normal measured LVOT velocity with aortic valve insufficiency noted on doppler. 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). Normal measured RVOT velocity. No visible **pericardial** or free pleura effusion, moderate volume, mildly echogenic pleural

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effusion without overt evidence of cardiac pericardial effusion without overt evidence of cardiac pericardial or mediastinum tumors in the visible window. No overt evidence of arrythmia.

The liver was non-congested and appeared to be entirely within the abdominal cavity with intact visualized diaphragm. Subjective normal volume caudal vena cava.

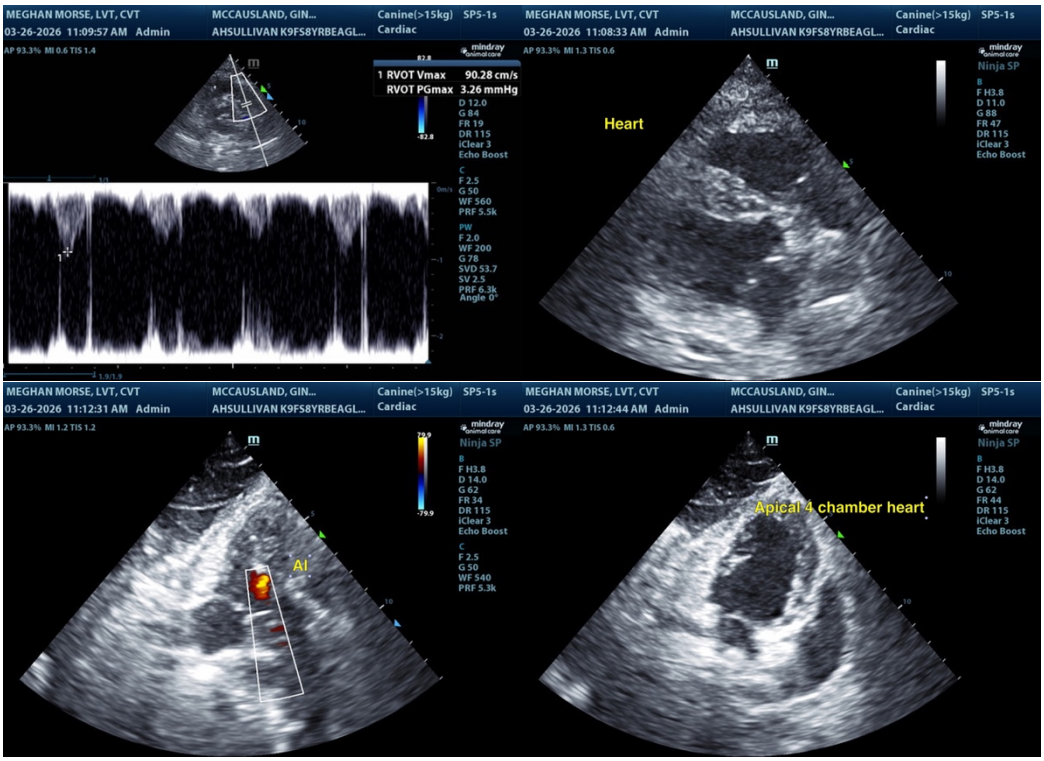
ULTRASONOGRAPHIC FINDINGS

- Normal cardiac structure/function
- Aortic valve insufficiency
- Moderate volume pleural effusion
- Intact visible diaphragm and subjective complete intraabdominal liver
- Non-congested caudal vena cava

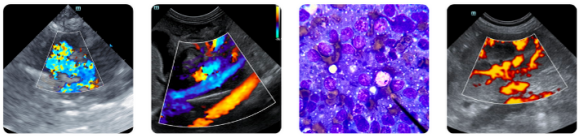
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, normal cardiac structure and function without evidence of left or right heart chamber enlargement, LV systolic dysfunction, or overt arrythmia. Clinical pulmonary hypertension given no evidence of right heart chamber enlargement or distended caudal vena cava indicates that the pleural effusion is likely non-cardiogenic in origin. A definitive thoracic or pulmonary cause was not obvious. Infectious, inflammatory or potential neoplastic etiology is possible.

Correlation with effusion analysis and +/- C/S if evidence of effusion or inflammatory component in search of a more definitive diagnosis is recommended. Thoracic CT may be considered for further assessment. No indication for cardiac medications.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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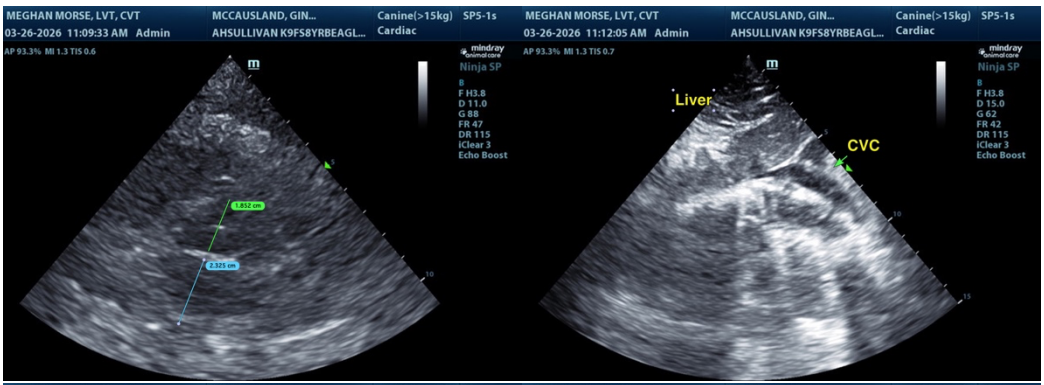
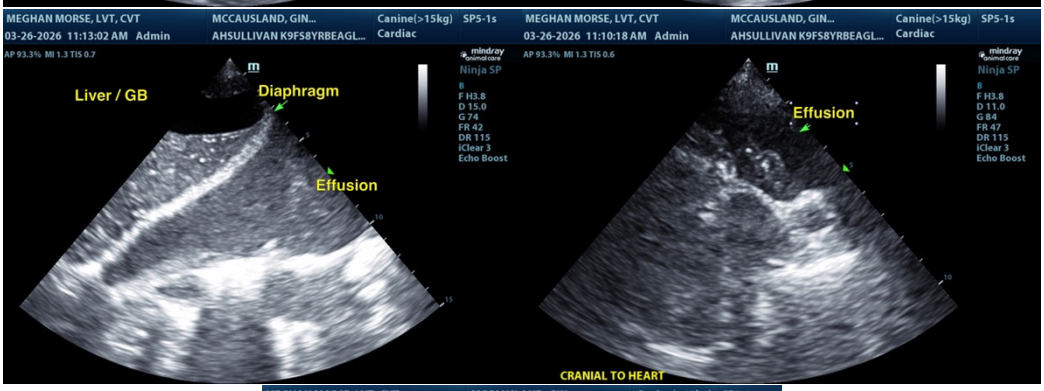
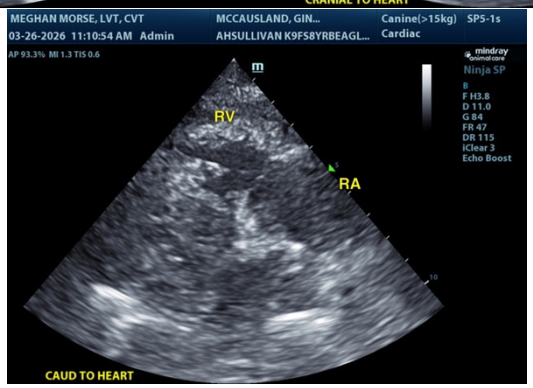




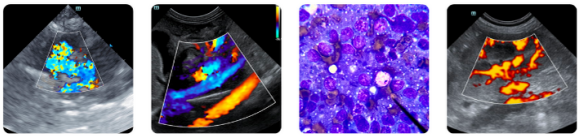


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@sonopath.com



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