
PATIENT

Tango Russotti

PRESENTING CLINICAL SIGNS

Current meds: lasix, unasyn, aminophylline, baytril

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: severe elevated ALKP, mild to mod elevated wbc.

BREED

Boston Terrier

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	<1.3	28-40	40-100	<0.6
PATIENT			1.1	1.1	35	68	0.1
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				
PATIENT	NM	1.1	1.0		2.4	2.3	

SEX

MN

AGE

11yr

WEIGHT

23.3lb

Cardiac Presentation
INTERPRETED BY

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

The echocardiogram in this patient demonstrated normal left atrial size and structure. Chamber volume and blood echogenicity were normal. The cranial and caudal mitral valve leaflets presented minor irregular age-related changes to mild thickening consistent with endocardiosis. No evidence of chordae tendinea rupture or valvular prolapse. The left ventricle presented increased free wall and septal thicknesses with mild alinear contour. The myocardium presented some echogenic remodeling consistent with expected age-related change. Contractility of the ventricular walls was adequate and in normal range for this breed and patient size. The left ventricular outflow tract demonstrated normal laminar flow with subjectively unremarkable structure. Normal measured LVOT velocity was present. Subjective assessment of the right atrium and auricle revealed normal size, structure and content. No evidence of masses was noted. Tricuspid valvular assessment demonstrated mild thickening with potential for minor valvular prolapse. No significant TR on Doppler. The right ventricle was of normal size (1/3 diameter of LV), echogenicity and thickness. Pulmonic tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). No dilation due to heartworm disease, cor pulmonale, stenosis, or pulmonic hypertension was noted. No visible pericardial or free pleural fluid was noted. The mediastinum was free of masses in the visible window.

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

 Westwood Regional
 Veterinary Hospital

REFERRING VET

Dr. Silver

Suspect pericardial consolidated lung with evidence of air entrapment and pulmonary reverberation artifact.

INVOICE

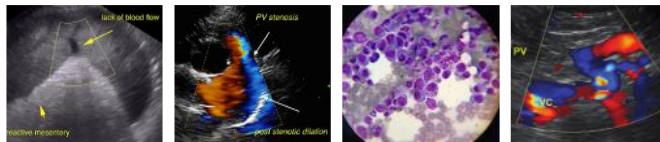
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Brief sonographic assessment of the liver revealed no obvious evidence of haptic congestive criteria.

DATE

03/29/2023

Transdiaphragmatic view revealed comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.



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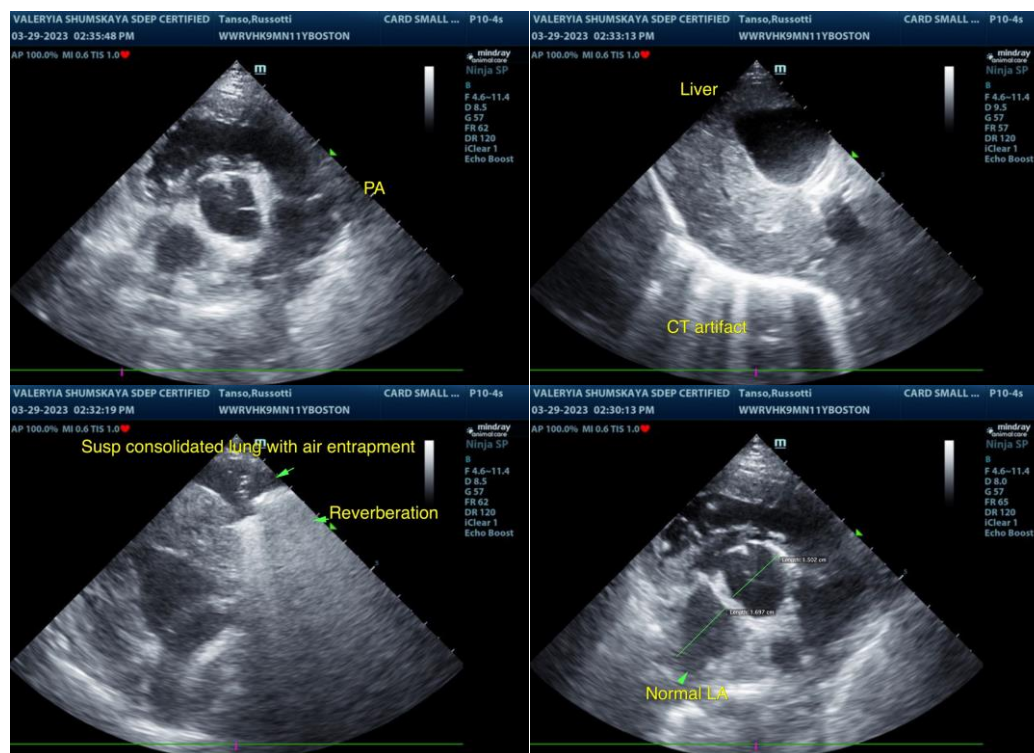
ULTRASONOGRAPHIC FINDINGS

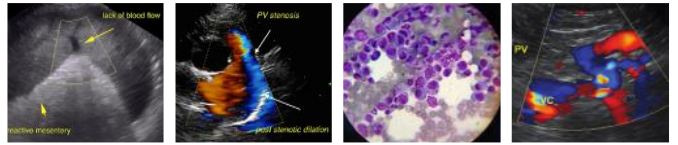
- Mild thickened mitral valve consistent with endocardiosis.
- Normal LA/RA.
- Suspect LV pseudohypertrophy with mild LV myocardial remodeling.
- Subjective pericardial consolidate lung with evidence of pulmonary air entrapment.
- Non-congested liver with transdiaphragmatic comet tail artifact.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If a non-reported murmur is present in this patient, mild compensated MR/TR without evidence of clinical pulmonary hypertension would be suspected. The LV pseudohypertrophy may be secondary to diuretic therapy assuming no evidence of systemic hypertension. Assuming this patient is exhibiting respiratory signs, the cardiac presentation without evidence of left/right heart volume overload, adequate LV function and no evidence of clinical pulmonary hypertension indicate that any respiratory disease in this patient is non-cardiogenic in origin.

Primary concern for lower airway potentially chronic pathology i.e., obstructive/inflammatory airway disease, pneumonia, neoplasia or other is indicated. No indication for cardiac medications. Lower airway sampling would be required for further clarification and possible definitive diagnosis. As needed respiratory support is recommended.





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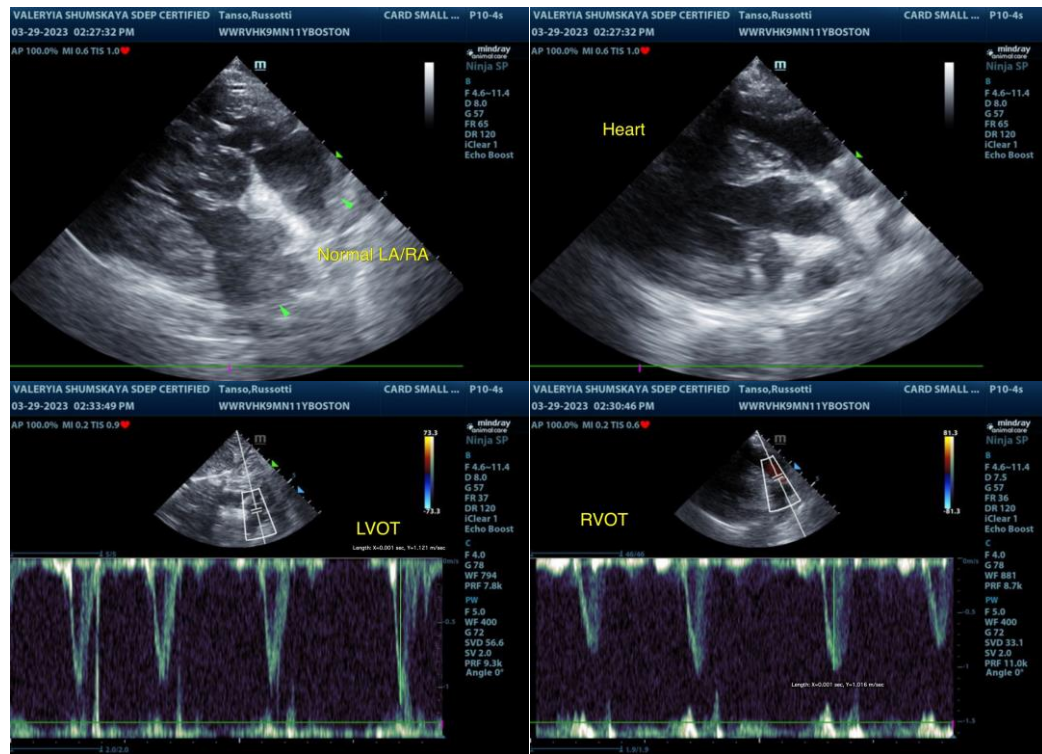
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com