


PATIENT

Diablo Pindera

SPECIES

Canine

BREED

English Mastiff X

SEX

FS

AGE

9 years

WEIGHT

67 kg

INTERPRETED BY

 R. McKenzie Daniel,
 DVM, DABVP

**IMAGING
 PERFORMED BY**

Kelly Reschney

HOSPITAL NAME

 Beattie Pet Hosp
 Stoney Creek

REFERRING VET

Dr. Baskin

INVOICE

13443

DATE

3/8/22

PRESENTING CLINICAL SIGNS

increased breath effort and rate, tachycardia, femoral pulses are strong, possible fluid in abd, appears to lost weight along spine currently on gabapentin

Abnormal PE/Chem/CBC/UA Results: HR 120, RR 40

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			1.0	1.1	39.2	70.1	0.2
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	NM	1.4	1.3		4.0	4.2	

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 overtly normal thicknesses with subjective 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 subjective normal systolic laminar flow and subjective structural integrity. The **right atrium** and auricle revealed normal size, structure and content. No overt 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 overtly normal valve structure, subjective laminar systolic flow, and overall normal diameter (approx. 1:1 pa/ao ratio). A large, mildly nonhomogeneous mass was present in the thoracic cavity adjacent to the heart, measuring approximately 14.0-15.0 cm in diameter. Concurrent mild to moderate volume pleural effusion was present.



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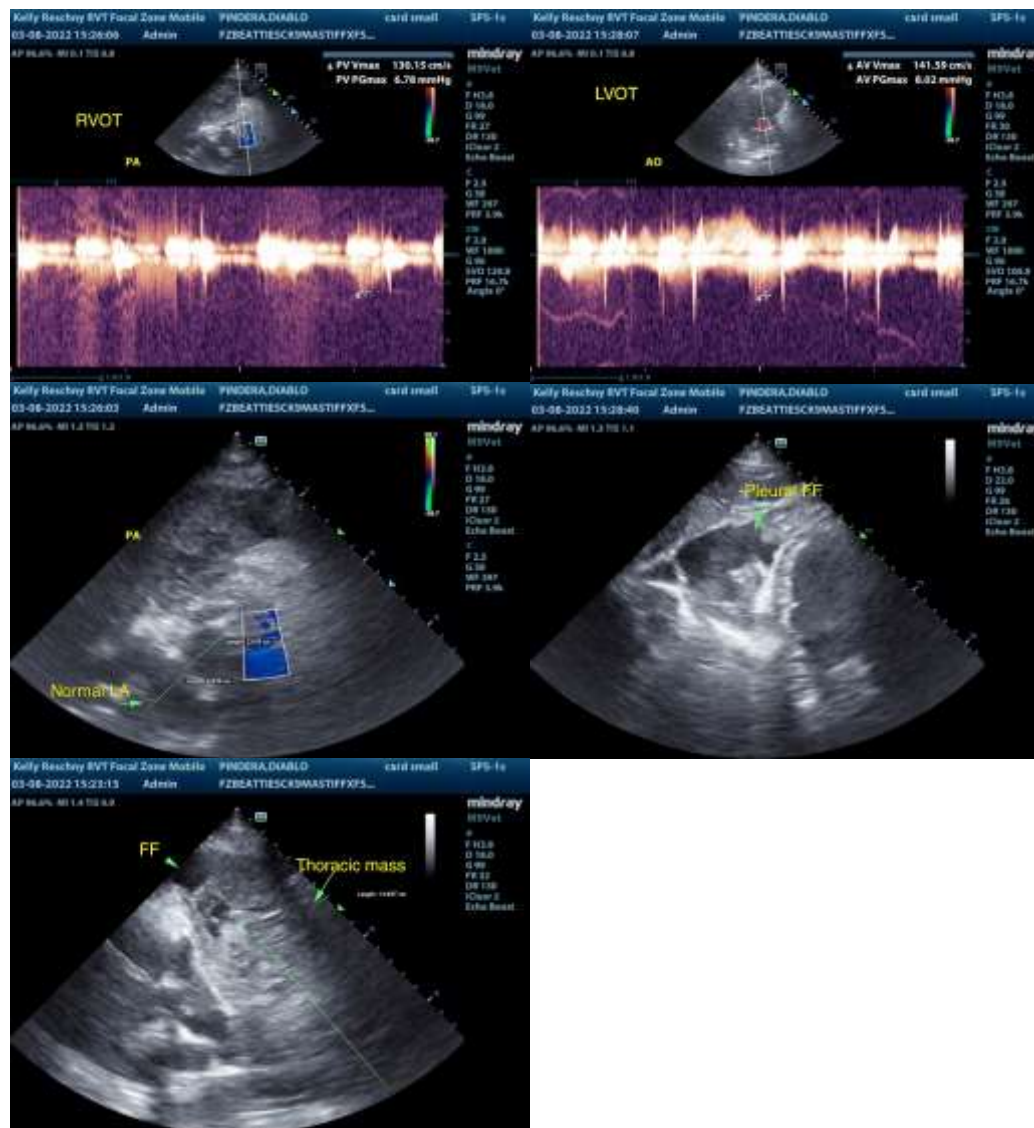
3/8/22

ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure and function
- Thoracic mass with concurrent mild to moderate volume pleural effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This study confirms the presence of a large thoracic mass of suspected pulmonary origin with noncardiogenic concurrent pleural effusion as a cause of the patient's clinical signs. Neoplastic criteria is favored with non-neoplastic etiology possible yet considered less likely. Further assessment may include, assuming normal clotting status, ultrasound-guided FNA of the thoracic mass for screening cytology +/- pleural effusion analysis, cytospin cytology +/- culture and sensitivity if clinically indicated. Likewise, thoracic CT could be considered for further assessment.





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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)
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