



PATIENT PRESENTING CLINICAL SIGNS

Lola Bishop
 History: Patient in respiratory distress vomiting and gagging mucus. On oxygen support to assist with dyspneic. Large mass in cranial thorax seen on chest x rays . Mass is on the left side. Attending has taken FNA and submitted for cytology.
Abnormal PE/Chem/CBC/UA Results: Normal

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Blue Heeler

SEX

Female

AGE

15 Months

WEIGHT

14 kg

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	--	--	--	1.4	43	74.3	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				
PATIENT	88	1.5	2.0	--	2.5	2.4	--

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

McKnight 24 Hour

REFERRING VET

Dr. Alonso

INVOICE

14707

DATE

4/12/22

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 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, turbulent to dynamic systolic flow with subjective mild reduced diameter compared to the aorta. Elevated RVOT velocity was present. No visible **pericardial** or free pleural fluid was noted. A moderately size, solid homogeneous to hypoechoic mass, occupying the area of the left mid to cranial thorax was present. The mass was noted directly adjacent to the subjective left heart and heart base. The mass measured approximately 8 –9 cm x approximately 6 -7 cm.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure and function



PATIENT

Lola Bishop

- Solid homogeneous to hypoechoic mass in the left mid to cranial thorax
- Mild elevated RV outflow velocity, exhibiting dynamic to turbulent flow- potential pulmonary artery compression, secondary to the mass

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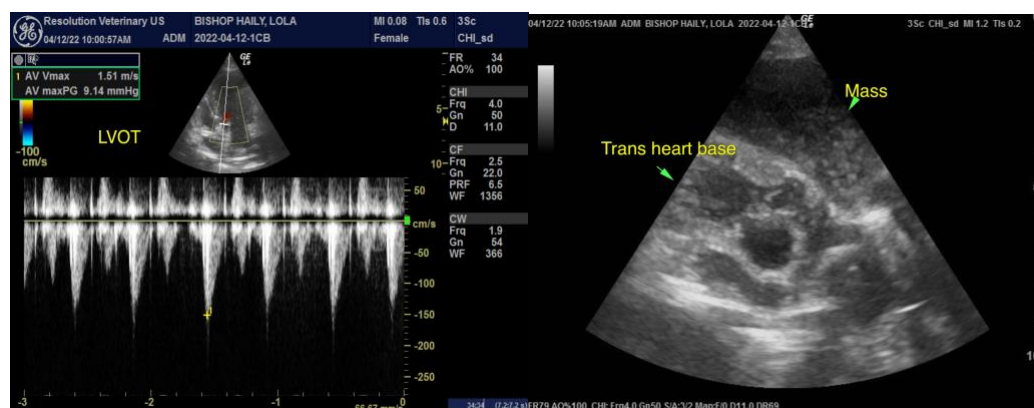
WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The study confirms the presence of a left sided thoracic mass as the cause of the patients respiratory distress. Pending sampling is required for further clarification with potential neoplastic versus nonneoplastic (consolidation, granuloma, less likely lung lobe torsion, etc.) possible. Neoplastic criteria is met and may be favored, although not definitive.

Pending cytology of the mass, thoracic CT, if possible, would likely be ideal for further clarification, as well as assessment of possible surgical respectability. Guarded prognosis, pending cytology.



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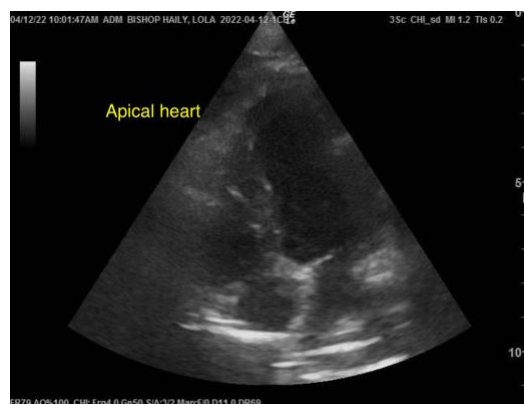
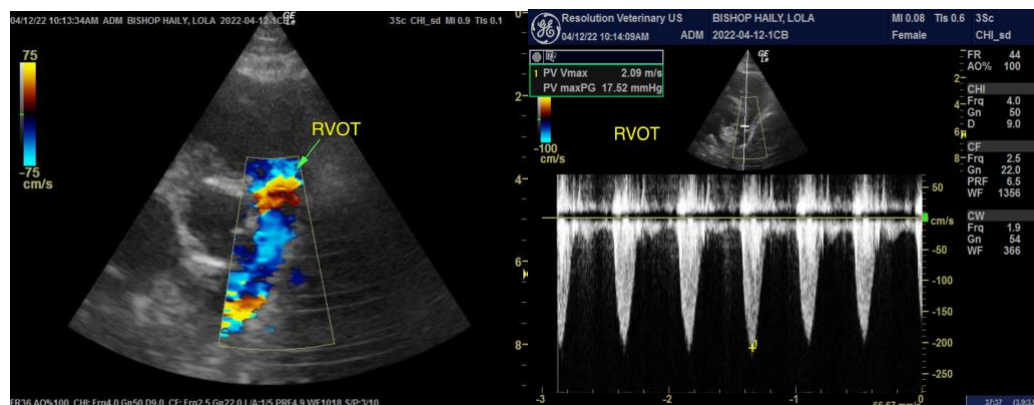
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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