



PATIENT

Parker Roberts

PRESENTING CLINICAL SIGNS

Pt presented yesterday for collapse.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Tachycardic (vtach) on intake with pale MM, ataxic, hypotensive (MAP 52). Arrhythmias resolved overnight with sotalol. Thoracic radiographs: Mild to moderate left-sided cardiomegaly. Consider mitral valvular disease and Boxer ARVC. There is no evidence of left-sided cardiac failure at this time. CBC/Chem17: ALT 250, rest WNL.

BREED

Boxer

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

SEX

MN

AGE

10yr

WEIGHT

35.6kg

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				2.4	24	45	0.8
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		2.0			5.6	4.6	

INTERPRETED BY

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

Cardiac Presentation

Mildly thickened mitral valve leaflets without evidence of valvular prolapse were present. Moderate primarily centralized MR was present on Doppler with moderate to marked LA dilation. Concurrent mild to moderate increased LV diameter with subnormal myocardial function was present as evidenced by the FS measurement. The LA exhibited a bulbous appearance secondary to a large irregular to non-homogenous heart base mass which appeared to reside within the LA. The mass measured ~ 6.0-7.0 cm in diameter. Mild increased sphericity of the LV was present. Mildly thickened tricuspid valve with mild TR was present on Doppler. No overt evidence of clinical pulmonary hypertension. Normal RA/RV volume. Pulmonic and aortic valves were overtly normal in morphology and mobility. Borderline increased measured LV outflow velocity was present. No visible pericardial or pleural effusion was noted. Suspect variable heart rate.

IMAGING PERFORMED BY

Kalenius

HOSPITAL NAME

Wilvet South

REFERRING VET

Lewer

ULTRASONOGRAPHIC FINDINGS

- Moderate to marked LA enlargement.
- LV enlargement with hypocontractility.
- Large irregular non-homogenous mass heart base/LA lumen.
- Moderate MR/mild TR.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The confirmed heart base mass within the LA lumen is consistent with neoplastic criteria with considerations including sarcoma, chemodectoma or other. The degree of LA/LV enlargement with LV systolic dysfunction predisposes to congestive left sided heart failure.

DATE

04/15/2023



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Continued anti arrhythmogenic medication as needed along with Pimobendan 0.3 mg/kg PO BID and Lasix 1-2 mg/kg PO BID with monitoring of renal parameters and systemic BP is warranted. Continued monitoring of ECG and HR is advised. Oncology and/or cardiology consultation could be considered.

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Given the presence of the confirmed heart base mass combined with left sided cardiomyopathy and arrhythmogenic disease, an unfavorable long term prognosis is indicated.

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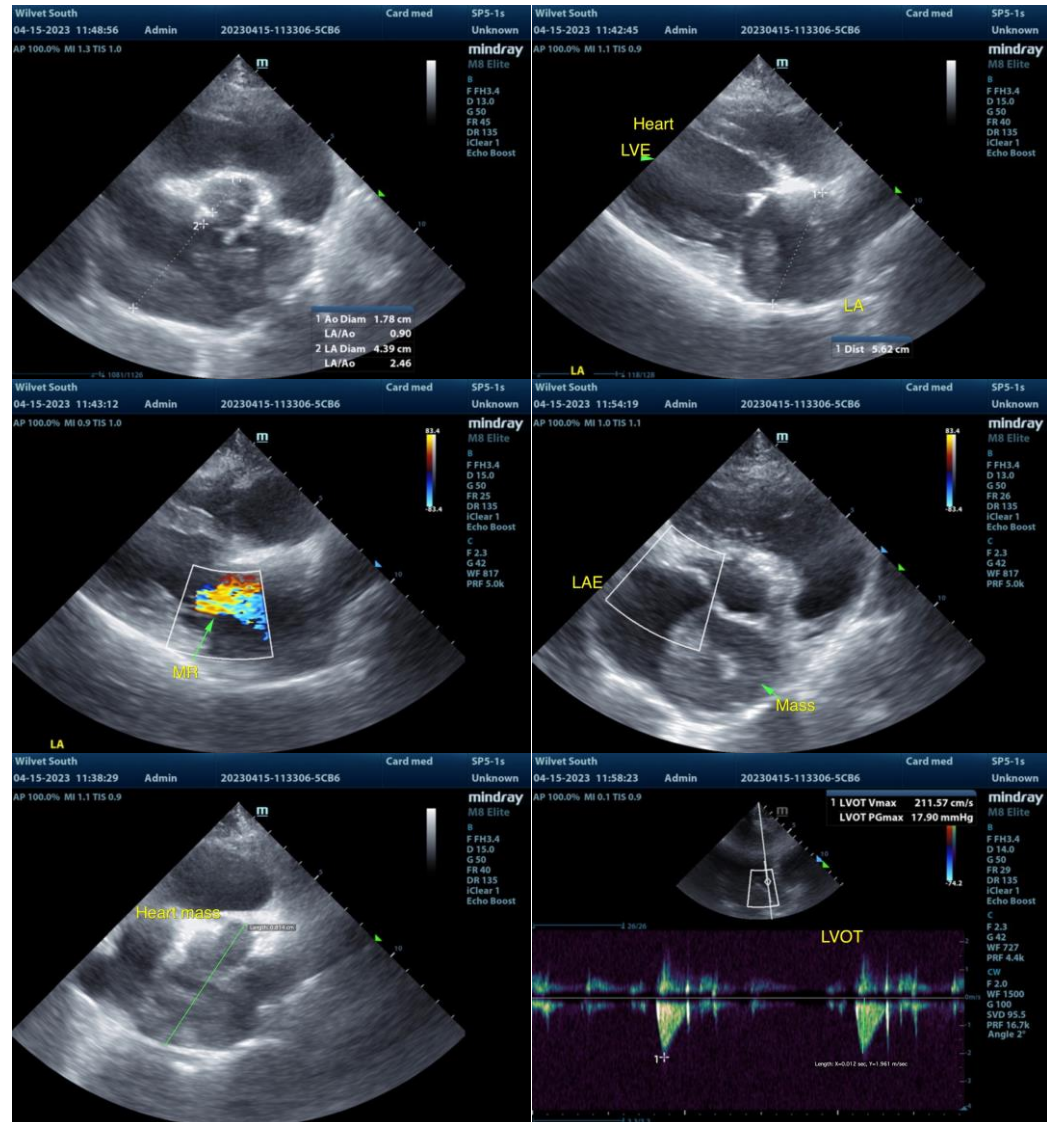
Lewer

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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



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