


PATIENT

Myla Delgado

PRESENTING CLINICAL SIGNS

Anorexia Lethargic Vomited once a few days ago Heavy breathing History of EPI

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Muffled heart sounds Blood work–mild elevated ALT, ALP K, BUN, mild decrease globulin Basal cortisol–pending Heartworm test–negative

Total # of Files Up

BREED

French Bulldog

ULTRASONOGRAPHIC EXAMINATION OF THE HEART
SEX

FS

AGE

7

WEIGHT

23.7

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				1.2	82		0.3
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		0.6		2.8	2.7	

INTERPRETED BY

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

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 MR 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 was present. The right atrium and auricle revealed normal size. A mildly non-homogenous mass was present in the area of the right atrioventricular groove measuring 2.0 cm in diameter. Tricuspid valvular assessment demonstrated adequate linear morphology and kinesis. No overt TR on Doppler. 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 was present. Minor pericardial effusion was present with concurrent minor volume pleural effusion. The cranial mediastinum and pericardial and extra-cardiac regions were free of overt masses in the visible window.

IMAGING PERFORMED BY

Dr.Sharkaway

HOSPITAL NAME

 Kew Gardens Animal
 Hospital

REFERRING VET

Dr.Sharkaway

INVOICE

13772ag

ULTRASONOGRAPHIC FINDINGS

- Normal LA/LV.
- Normal RA/RV size with homogenous mass in the area of the right atrioventricular groove.
- Minor volume pericardial and pleural effusion.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

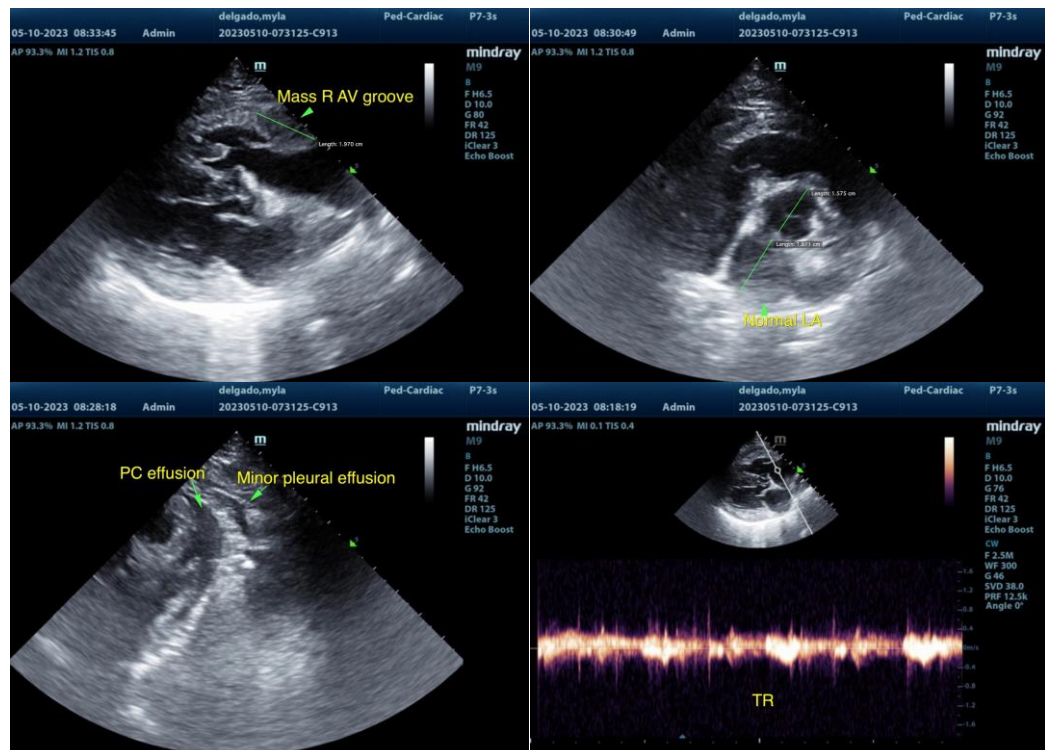
The most likely tumor type given this location is hemangiosarcoma. Other tumor types are possible yet thought less likely. The subjective degree of pericardial effusion compared to the previous study is reduced. This may be secondary to pericardiocentesis if clinically applicable.

Brief sonographic assessment of the liver revealed reduced caudal vena cava volume without overt evidence of significant cranial abdominal ascites. No evidence of cardiac tamponade at this time.

Long term prognosis for cardiac hemangiosarcoma is poor. Recurrence of pericardial effusion in an unknown time frame is likely. An oncology consultation with potential chemotherapy and/or radiation could be discussed.

If the pericardial effusion was hemorrhagic, over the counter herbal supplement Yunnan Baiyao may help decrease risk of pericardial bleeding.

Monitoring of the tumor as well as recheck sonogram if recurrent clinical signs consistent with pericardial effusion and cardiac tamponade would be a more conservative approach.





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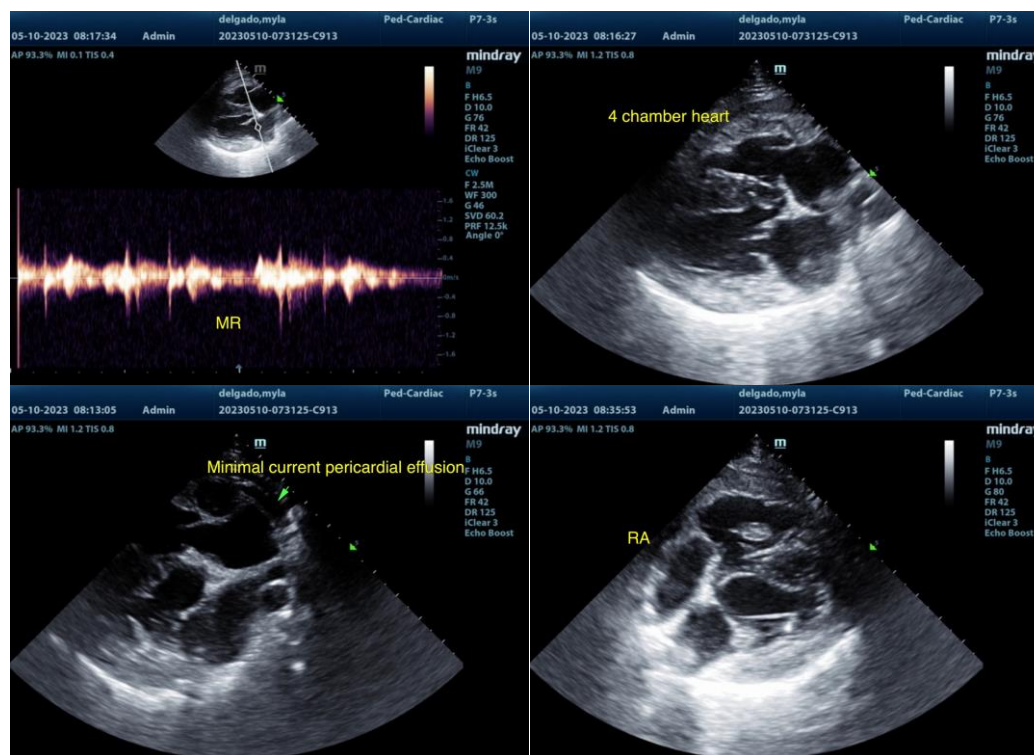
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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