SonoPath
Clinical Sonography & Telecytology
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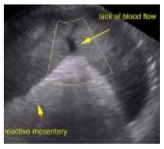
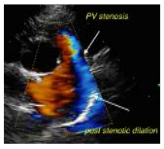
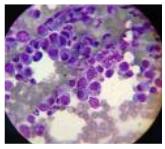
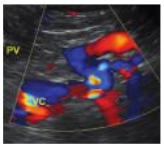

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1-800-838-4268 info@sonopath.com

PATIENT

Kia Melillo

SPECIES

Canine

BREED

Husky

SEX

FS

AGE

10 years

WEIGHT

114 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

VCA Blairstown AH

REFERRING VET

Dr. Clegg

INVOICE

13881

DATE

5/17/22

PRESENTING CLINICAL SIGNS

Dyspnea, fluid noted in thoracic cavity, possible neoplasia in lungs (rads attached) Current meds: Furosemide 50mg tid, Rimadyl 100mg bid

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				1.27	37.1	70.5	0.29
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	143	1.0	1.1		4.4	3.5	

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, laminar flow, and diameter (approx.1:1 pa/ao ratio). No visible **pericardial** or overt free pleura fluid was noted. Subjective atypical to mild nonhomogeneous pericardial lung tissue was present. No obvious areas of air entrapment were noted within the subjective atypical lung. Likely mild pericardial fat was present. A definitive cardiac or pericardial mass was not obvious in the visible window.

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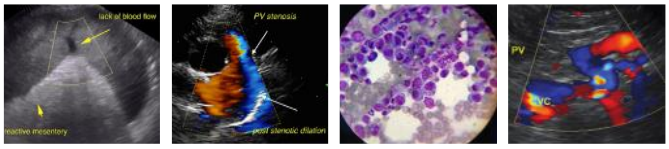

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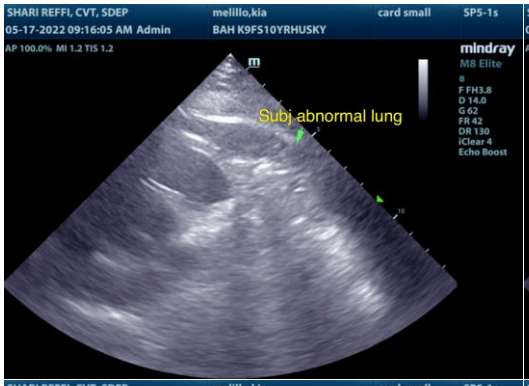
ULTRASONOGRAPHIC FINDINGS

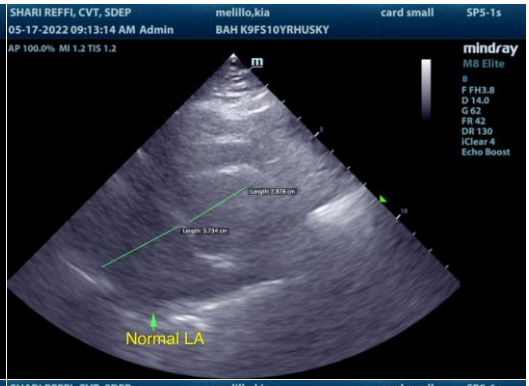
- Normal echocardiogram
- Subjective atypical pericardial lung - nonspecific, consolidation, inflammation / infection, atelectasis, neoplasia or other possible

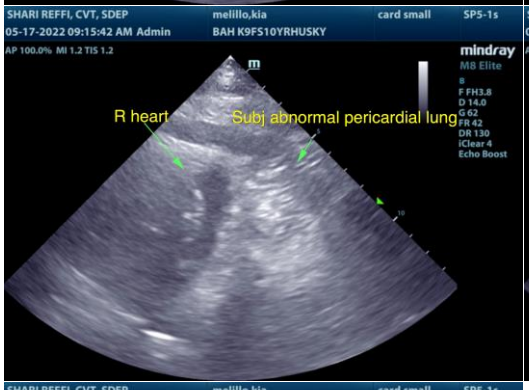
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

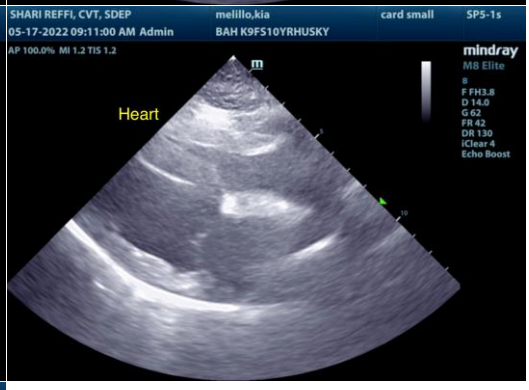
No overt evidence of structural or functional cardiomyopathy as a contributing factor to potential pulmonary fluid or other pathology was noted. No indication for cardiac medications was evident.

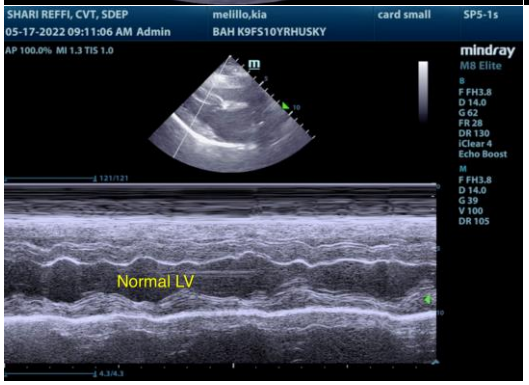
Assuming normal clotting status, ultrasound guided FNA of the subjective atypical lung for cytology +/- culture and sensitivity could be considered. Otherwise, lower airway sampling and/or thoracic CT as Gold Standard, are likely required for further assessment. Abdominal ultrasound could also be considered to rule out primary or concurrent abdominal pathology.











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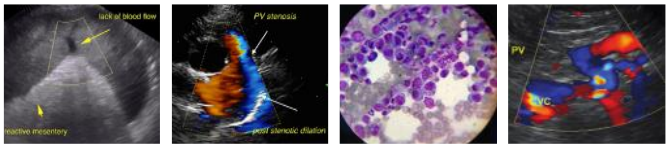

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com