



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Ellie Devereaux
SPECIES Canine
BREED Lab Mix
SEX Spayed Female
AGE 2008

History: Previous adrenal mass, possible liver mass diagnosis, arrhythmia, dyspnea, abdominal ascites, abdominal breathing Lasix 20 BID/TID, Vetmedin 5 BID, Spironolactone 25, Galliprant, Denamarin, Welactin

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Cardiac Presentation

Subjective assessment of the heart demonstrated mild subjective increased left atrial size with normal overall left atrial structure and anechoic content. The LV presented subjective normal free wall and septal thicknesses with mild alinear contour. The myocardium presented some remodeling expected for age. The right atrium exhibited overtly normal size. The right ventricle exhibited overtly normal size without evidence of overt right atrial or ventricular enlargement. Nonspecific small soft tissue echogenicity was noted, potentially associated with the tricuspid valve yet noted within the right atrial lumen, measuring approximately 1.4 cm in diameter. A subjective consistent arrhythmia was present. Moderate volume pleural effusion with the possibility of concurrent atypical lung tissue. Potential for scant concurrent pericardial effusion possible. A visualized or definitive heart base pr pericardial mass was not definitively evident. No evidence of cardiac tamponade.

ULTRASONOGRAPHIC FINDINGS

- Subjective LV myocardial remodeling
- Subjective mild LA enlargement, overtly normal RA size
- Arrhythmia
- Moderate volume pleural effusion with potential concurrent scant pericardial effusion
- Possible mass versus thrombus and right atrial lumen, potentially associated with the tricuspid valve

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subjectively, the cardiac presentation given the lack of significant left or right heart chamber enlargement, is not overtly consistent with cardiogenic pleural and potential minor pericardial effusion. However, the possibility of clinical pulmonary hypertension or effusion secondary to a tachyarrhythmia, pending ECG assessment, cannot be definitively excluded. Likewise, even though a definitive thoracic or pericardial mass was not overtly visualized, underlying neoplastic disease or alternative primary pulmonary disease may be considered. General considerations, if chylothorax is present, may include neoplasia, primary pulmonary disease (i.e., lung lobe torsion or other), arrhythmogenic cardiomyopathy, heart worm disease (if clinically indicated) or potential thromboembolic disorders given the possibility of mass versus thrombus within the right atrial lumen.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Keysville MVS

REFERRING VET

Dr. Cornett

INVOICE

15726

DATE

5/23/22

Pleural effusion analysis, cytospin cytology +/- culture and sensitivity, if evidence of inflammatory cells, warranted for further assessment. Pending ECG assessment, full echocardiographic work up could be considered. Coagulation panel recommended, if not done. Regardless, given this presentation, a very guarded to potentially unfavorable long-term prognosis is likely indicated.



PATIENT

Ellie Devereaux

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

2008

WEIGHT

75 Pounds

INTERPRETED BY

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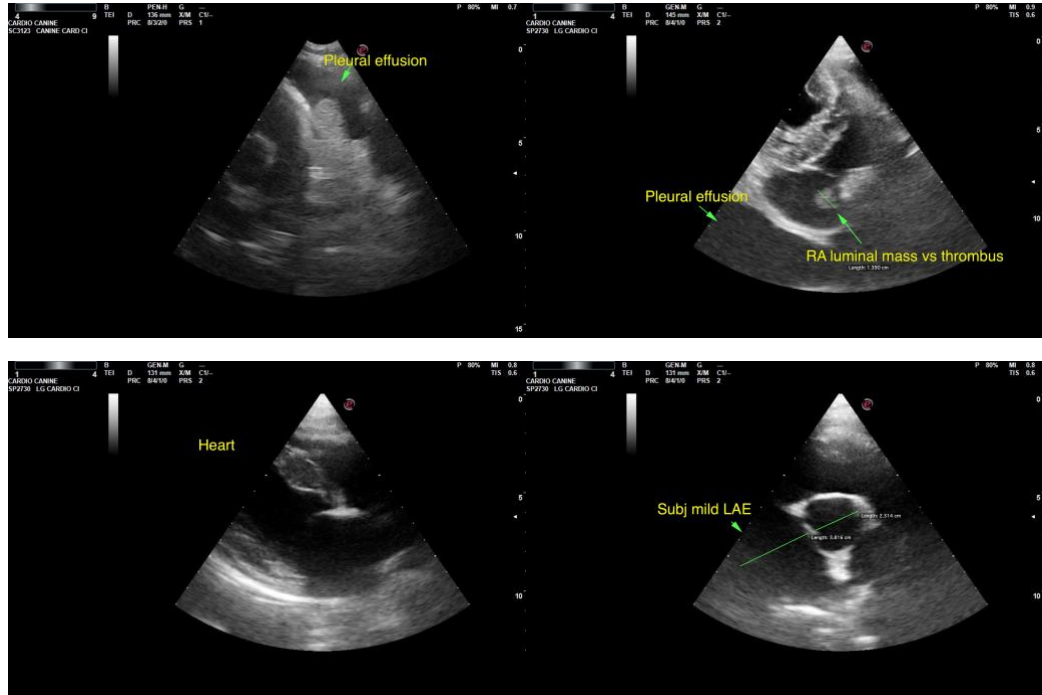
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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