



PATIENT PRESENTING CLINICAL SIGNS

Max Baratto History: Patient arrived for echo after enlarged heart seen at other DVM. One radiograph was provided a DV view which showed an enlarged heart. Today MM slightly pale, bloods pending. Abnormal PE/Chem/CBC/UA Results:

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Puggle

SEX

Neutered Male

AGE

14 Years

WEIGHT

N/A

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	--	--	NM	1.3	45	79.9	0.18
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	137	1.0	1.2	--	2.0	1.5	--

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Ramapo Valley AH

REFERRING VET

Dr. Kata

INVOICE

16243

DATE

6/24/22

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 overall normal size. A spherical mild nonhomogeneous mass was present in the area of the right atrial free wall to right auricle, measuring approximately 3.0 cm in diameter. 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). Mild volume pericardial free fluid was noted. No overt evidence of concurrent free pleural fluid. No obvious evidence of additional cranial mediastinal, pericardial or extracardiac tumors.

Brief sonographic assessment of the cranial abdomen revealed no overt evidence of ascites with potential for minor emerging gallbladder wall edema.

ULTRASONOGRAPHIC FINDINGS



PATIENT

- Right atrium/auricular mass

Max Baratto

- Pericardial effusion

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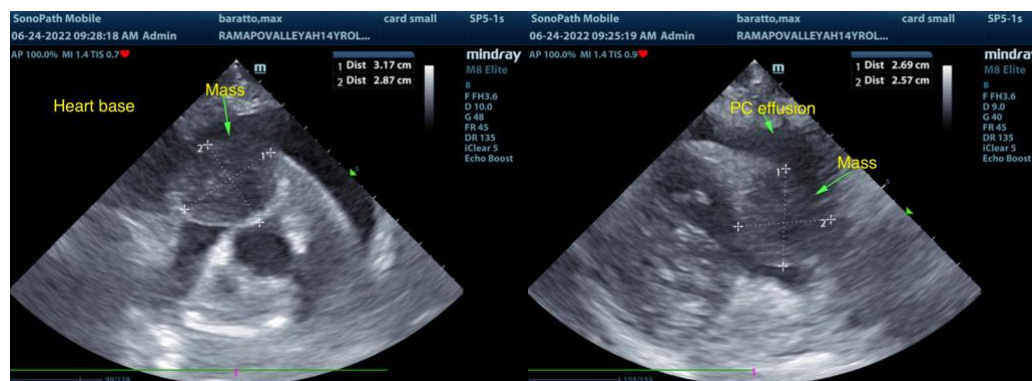
WEIGHT

N/A

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely tumor type, given the location of the mass, is hemangiosarcoma. Other tumor types are less likely but possible. Likewise, the possibility of metastatic disease from primary intrabdominal neoplasia could be present. Overt evidence of cardiac tamponade was not definitively present in this study yet could be emerging.

Pericardiocentesis with cytology of the pericardial fluid could be considered. However, given the likely tumor type, prognosis is unfavorable. Oncology consult with potential for chemotherapy or radiation, which may extend the average survival time, could be considered. However, this patient will be at ongoing risk for recurrent pericardial effusion and cardiac tamponade going forward.



INTERPRETED BY

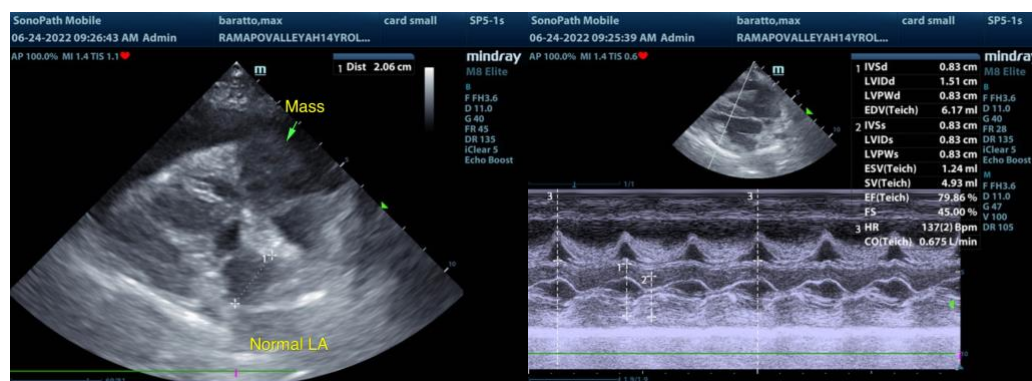
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

REFERRING VET

Dr. Kata

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.

INVOICE

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