


**PATIENT**

Bo Thompson

**SPECIES**

Canine

**BREED**

Pit Bull X

**SEX**

MN

**AGE**

11 years

**WEIGHT**

N/A

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

 Andrea Nicastro,  
 DVM, DACVIM

**HOSPITAL NAME**

Salt Marsh AH

**REFERRING VET**

 Dr. Samantha  
 Thompson

**INVOICE**

17258

**DATE**

7/15/23

**PRESENTING CLINICAL SIGNS**

Hx of heart based mass with pericardial effusion and ascites - 2020; had pericardiectomy in 2020; no other tx; has been monitoring w/cardiologist; last echo 11 months ago; no current meds

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
<b>CARDIAC PARAMETERS</b>	<b>VMAX</b> (m/s)	<b>VMAX</b> (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
<b>PATIENT</b>	5.1	3.5		2.2	18	35	0.47
<b>CANINE</b>	<b>HR</b>	<b>AV</b>	<b>PV</b>	<b>BODY WEIGHT</b>	<b>LA</b>	<b>LVIDd</b>	<b>LVIDs</b>
<b>CARDIAC PARAMETERS</b>	(BPM)	<b>VMAX</b> (m/s)	<b>MAX</b> (m/s)	(kg)	2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	Avg; 2D and m-mode short axis (cm)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6				
<b>PATIENT</b>	NM	2.0	0.95		4.4	4.5	

**Cardiac Presentation**

Moderate increased left ventricle dimension with diminished systolic function was present. EPSS was within normal limits with mild increased LV sphericity. Moderate LA enlargement was noted. The mitral valve appeared mildly thickened, consistent with endocardiosis without overt evidence of valvular prolapse. Mild to moderate centralized MR was present on Doppler. Tricuspid valve appears to be mildly thickened with mild TR present on Doppler. Mildly elevated TR velocity was noted. Subjective borderline to minor increased RA/RV dimension was noted. The aortic valve was normal with normal to borderline increased measured LV outflow velocity. No evidence of aortic insufficiency was noted. Normal pulmonic valve with normal measured RVOT velocity was noted. Trace pulmonic insufficiency was present on Doppler. Previously diagnosed homogeneous heart base mass adjacent to the left atrium and aorta, and potentially adjacent to the pulmonary artery was noted. The heart base mass measured approximately 7.4 cm x 5.2 cm. Mild volume pleural effusion was noted. Unspecified arrhythmia was present.

**ULTRASONOGRAPHIC FINDINGS**

- Chronic mitral valve disease with moderate LA / LV enlargement
- LV systolic dysfunction
- TR - estimated pulmonary pressure gradient ~48 mmHg, consistent with mild to moderate pulmonary hypertension



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- Trace pulmonic insufficiency
- Previously diagnosed subjectively static heart base mass
- Mild volume pleural effusion
- Arrythmia

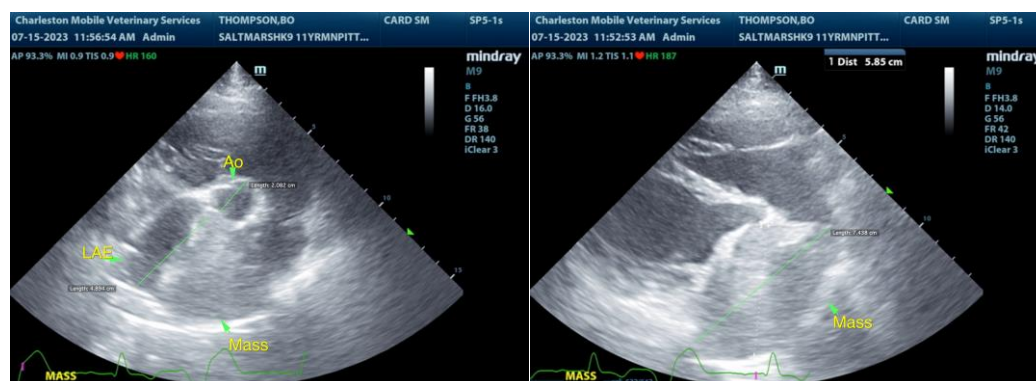
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Without previous cardiac measurements for comparison, the potential for progressive cardiac disease was unable to be determined. However, the degree of LA /LV enlargement along with concurrent LV systolic dysfunction indicates that the current and future risk of complications secondary to cardiac disease is elevated.

Without overt evidence of significant LV outflow tract obstruction secondary to the heart base mass, Pimobendan 0.3 mg/kg PO BID along with the lowest effective dose of diuretic therapy, Lasix 1.0-2.0 mg/kg PO BID, is warranted at this stage with monitoring of renal parameters and resting respiration rate going forward recommended.

Recheck ECG for further assessment of the arrhythmia to see if persistent left bundle branch block and VPCs are present.

Given the previous diagnosis of the heart base mass, along with concurrent cardiomyopathy, a very guarded long-term prognosis is indicated as this patient is at elevated risk for congestive heart failure, progressive malignant arrhythmia, and potential for sudden death. Exercise restriction is recommended. Sonographic monitoring is advised with recheck echocardiogram is recommended in 4-6 months, sooner if clinically indicated.





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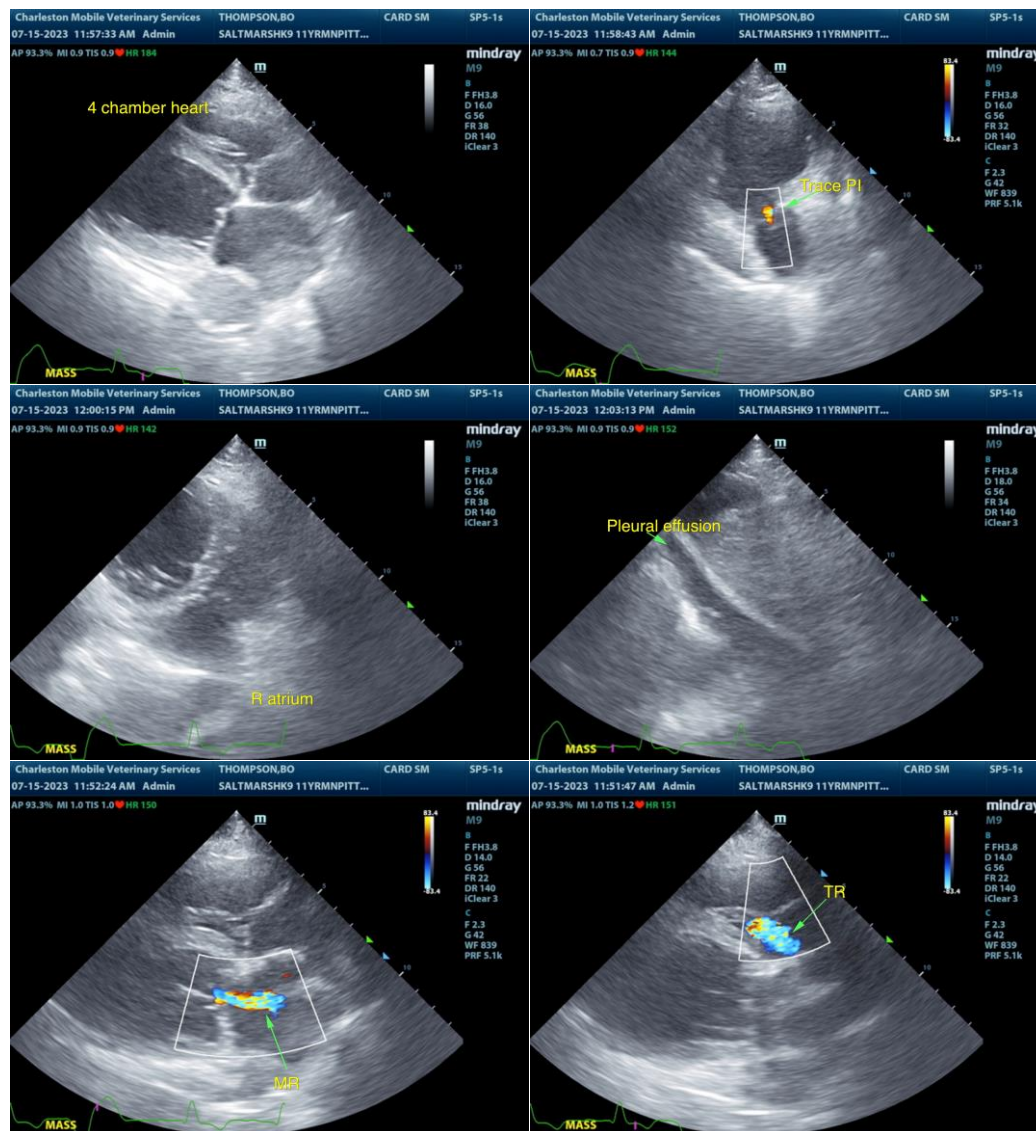
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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