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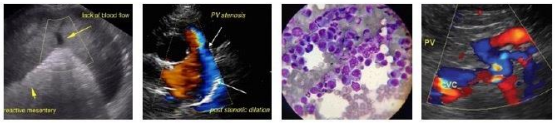

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Hooper Deegan

SPECIES

Canine

BREED

Bichon X

SEX

MN

AGE

10 years

WEIGHT

12 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

East Credit VH

REFERRING VET

Dr. Webster

INVOICE

14361

DATE

7/22/22

PRESENTING CLINICAL SIGNS

possible lung mass, coughing, some frank blood when coughing now. FNA taken of mass seen.

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				1.2	48.1	83.1	0.14
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	1.95	1.2		2.7	2.7	

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). Moderately sized, nonhomogeneous mass occupying the mid to caudal right thorax and appearing to directly efface the right aspect of the heart was present. The mass measured approximately 9.0 cm in diameter. Hyperechoic foci within the mass, suggestive of areas of air entrapment or potential pinpoint to focal areas of emerging mineralization, were present. Potential scant to minor pleural free fluid around the mass is possible, although not definitive.

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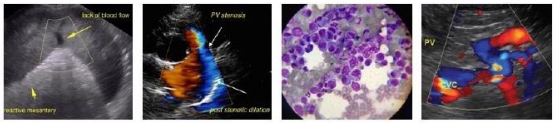

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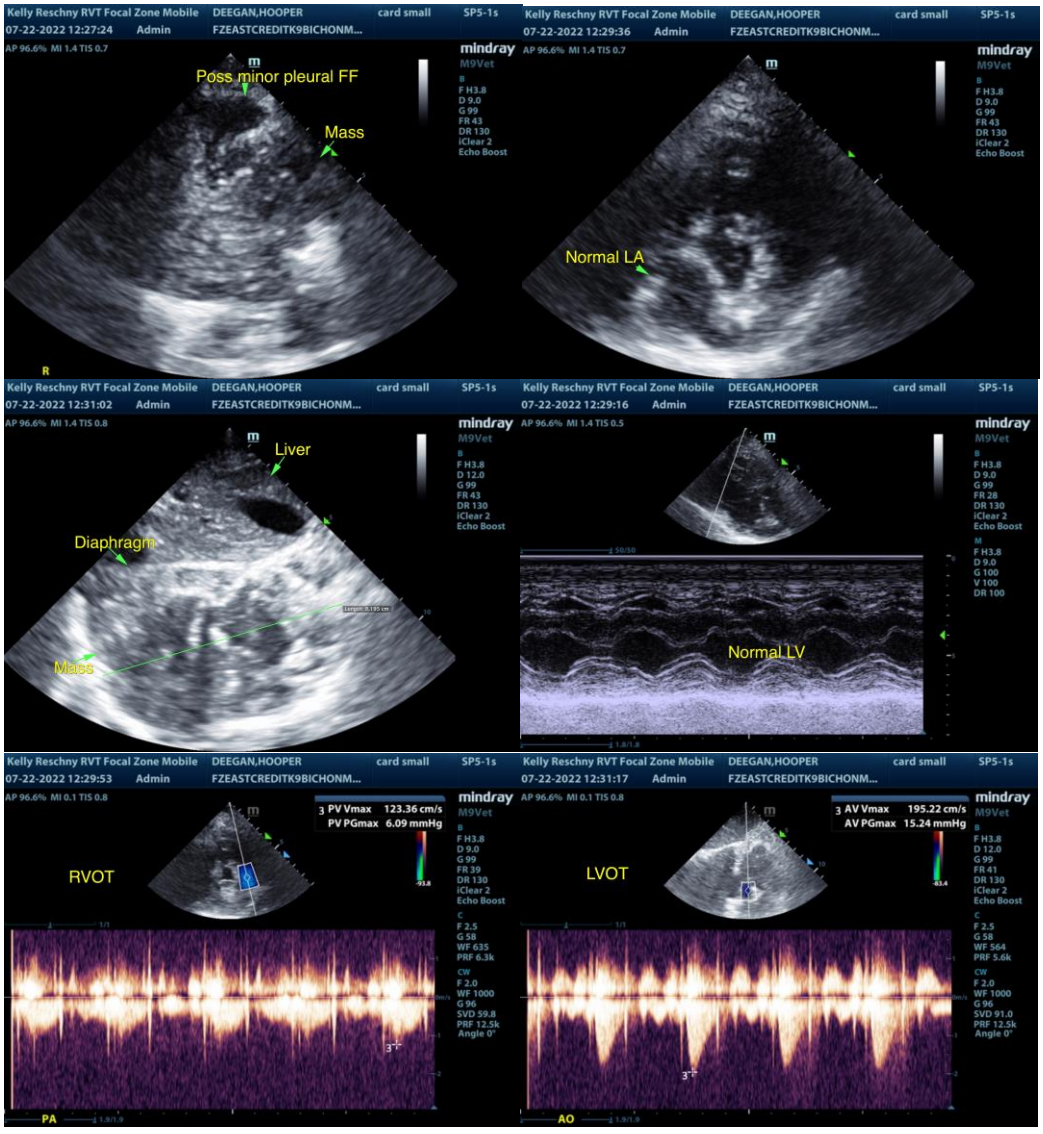
ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure and function
- Right mid to caudal thoracic mass

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The thoracic mass is most likely of pulmonary origin, given suspected areas of air entrapment. Neoplastic criteria is considered probable vs. consolidation, granuloma, infection, or other non-neoplastic pulmonary pathology.

Correlation with pending cytology of the mass is recommended. Thoracic CT could be considered for further assessment if clinically indicated. Full abdominal ultrasound could be considered to assess for concurrent or primary pathology. As-needed respiratory support is recommended pending cytology.



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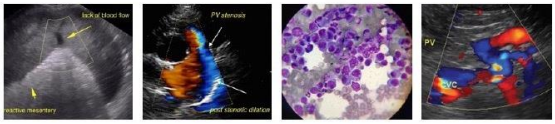

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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