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Clinical Sonography & Telecytology
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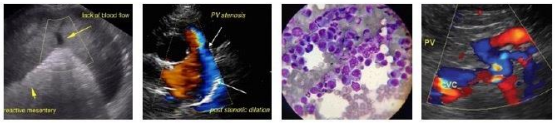

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Abbey Farlow

SPECIES

Canine

BREED

Doodle

SEX

FS

AGE

5 years

WEIGHT

25 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Wellington AH

REFERRING VET

Dr. Dennis

INVOICE

14443

DATE

7/28/22

PRESENTING CLINICAL SIGNS

chest mass found on rads (sent to sonopath for interpretatiom). FNA was performed.

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	<1.6	28-40	40-100	<0.6
PATIENT				1.2	28.6	59	0.5
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	BELOW	BELOW	BELOW	BELOW
PATIENT	NM	1.4	1.2		3.6	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 subnormal as evidenced by the fractional shortening measurement above 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 free pleura fluid was noted. Subjective bradycardia was present. Focal area of atypical lung in the right cranial thorax adjacent to the heart exhibiting hypoechoic echogenicity with multiple Intralesional hyperechoic foci consistent with air entrapment. The lesion was surrounded by normal-appearing aerated lung. The lesion measured approximately 3.5-4.0 cm in diameter.

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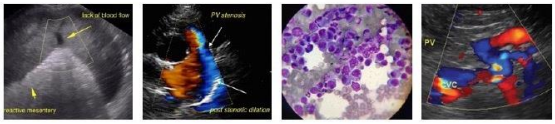

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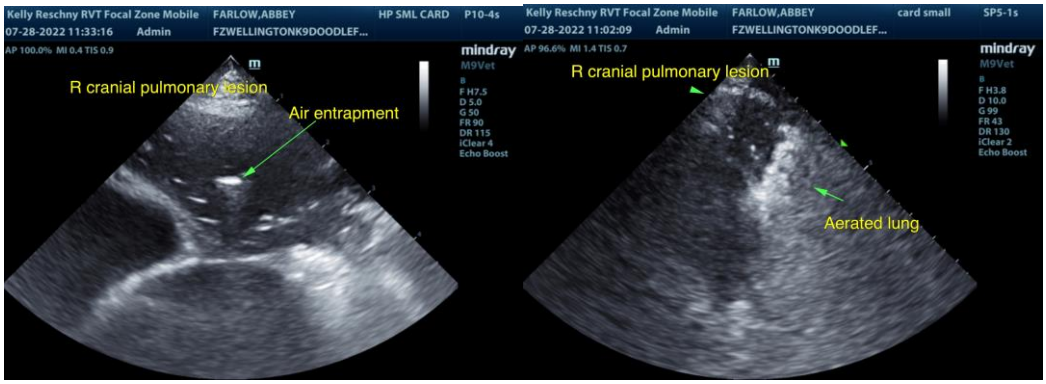
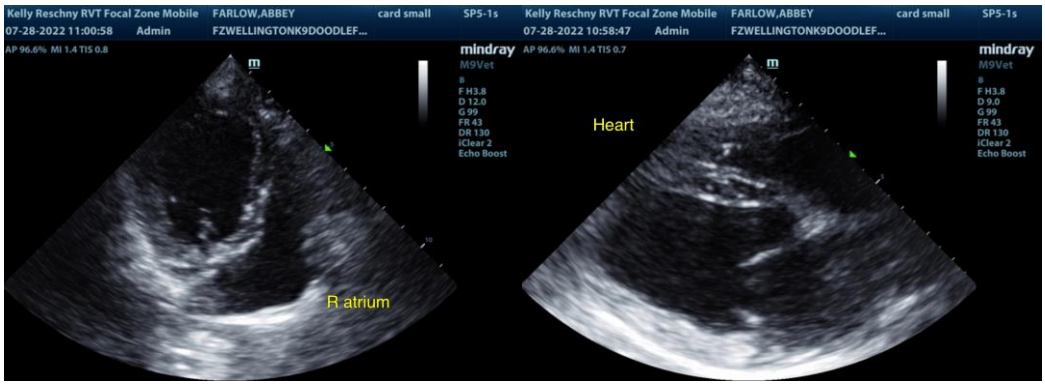
ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram with hypocontractile LV and subjective bradycardia - suspect secondary to sedation, athletic state, systemic disease, hypothyroidism, can present in this manner and could be considered if sedation was not used, DCM criteria was not met
- Right cranial thorax pulmonary lesion exhibiting evidence of air entrapment - consolidation, pneumonia, focal torsion, neoplasia, other

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation of the pulmonary lesion with pending cytology is recommended. Thoracic CT may be indicated for further clarification, as well as possible surgical planning. Abdominal ultrasound could be considered to rule out concurrent intraabdominal pathology.





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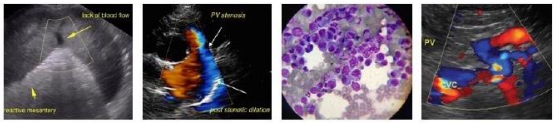

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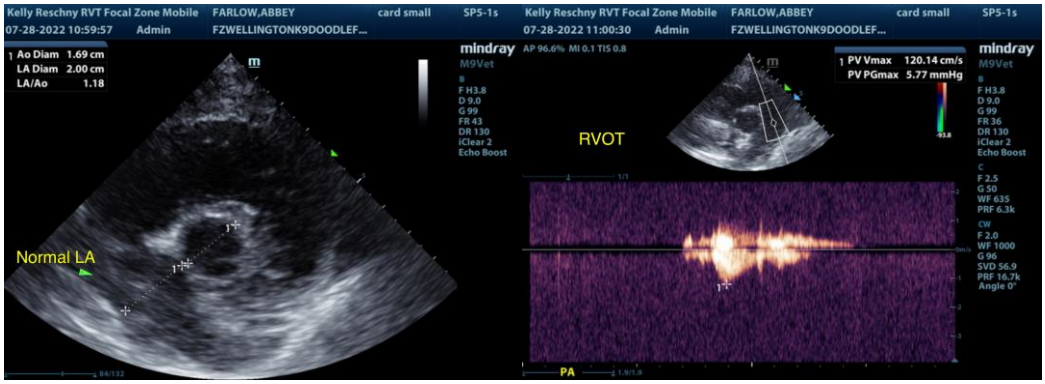

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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