



PATIENT

Willow Taylor

SPECIES

Canine

BREED

Golden Retriever

SEX

SF

AGE

7 years

WEIGHT

101

INTERPRETED BY

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

IMAGING PERFORMED BY

Tasha

HOSPITAL NAME

Dillsburg VC

REFERRING VET

Dr. Jacobs

INVOICE

14214

DATE

7/6/22

PRESENTING CLINICAL SIGNS

overweight; currently treating UTI; Getting ready for mass removal surgery but EKG came back with QRS complexes. Heart is enlarged on x-ray; VHS 12.5. No symptoms of heart disease; No murmur heard

Abnormal PE/Chem/CBC/UA Results: WNL

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				1.5	36.7	70	0.2
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	NM	NM		4.6	4.9	

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 subjective structural integrity. The **right atrium** and auricle revealed overall normal size and content. Suspect ill-defined nonhomogeneous mass was noted in the area of the right atrium/auricle potentially measuring approximately 3.5-4.0 cm in diameter. **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 overtly normal valve structure and diameter (approx.1:1 pa/ao ratio). Minor volume pericardial free fluid was present. No overt evidence of concurrent pleural free fluid was noted. The cranial **mediastinum and extra-cardiac regions** were free of overt masses in the visible window.



PATIENT

Willow Taylor

SPECIES

Canine

BREED

Golden Retriever

SEX

SF

AGE

7 years

WEIGHT

101

INTERPRETED BY

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

IMAGING PERFORMED BY

Tasha

HOSPITAL NAME

Dillsburg VC

REFERRING VET

Dr. Jacobs

INVOICE

14214

DATE

7/6/22

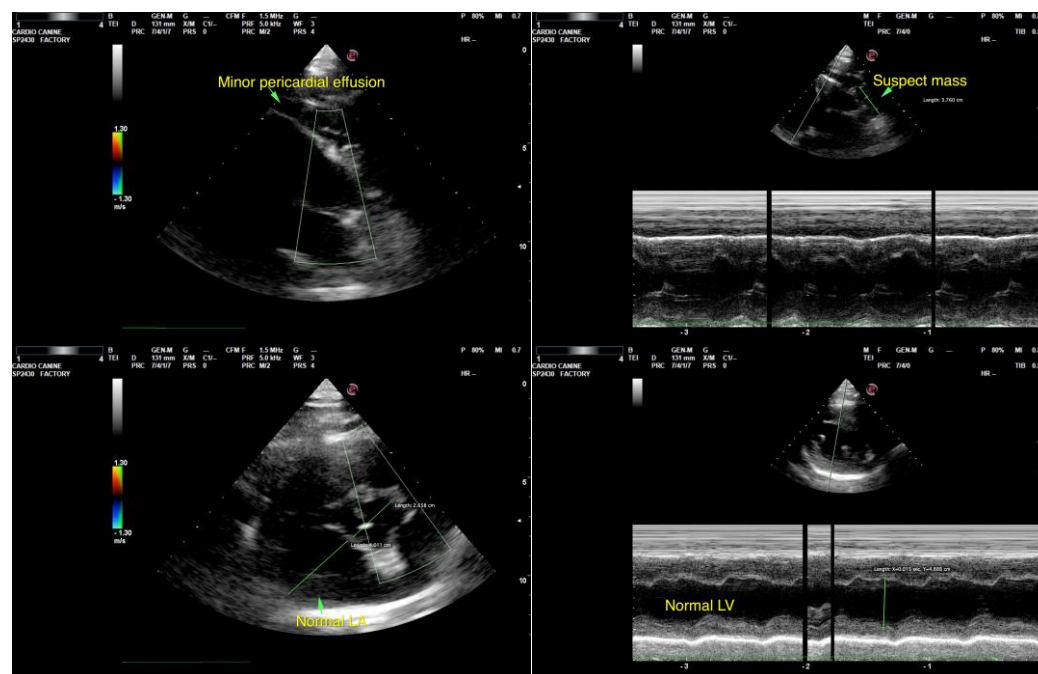
ULTRASONOGRAPHIC FINDINGS

- Suspect right atrium / auricle mass
- Minor pericardial effusion - no overt evidence of cardiac tamponade

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although not definitive (the suspected mass was visualized in 1M mode clip), primary concern for right atrium / auricular mass with secondary mild pericardial effusion. No overt evidence was noted of left or right heart chamber enlargement indicating that the reported cardiomegaly on radiographs is likely secondary to minor pericardial effusion. This does not appear to be affecting cardiac function at this stage. Given the location of the suspected cardiac mass, hemangiosarcoma may be considered a top differential diagnosis.

Abdominal ultrasound is suggested to assess for evidence of primary intraabdominal pathology. Referral to a cardiologist for further assessment is strongly suggested if possible. No overt indication for cardiac medications was evident.



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