IMAGING PERFORMED BY

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Beezus Topping

SPECIES

Canine

BREED

Schnauzer

SEX

SF

AGE

10 Years

WEIGHT

19 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Case

INVOICE

47058

DATE

8-20-21

PRESENTING CLINICAL SIGNS

Patient went with owners to Colorado and the day they got home began having rapid, labored breathing and not eating.
Abnormal PE/Chem/CBC/UA Results: Drained about 400cc blood tinged modified transudate off thorax with suspected mass in chest cavity on radiographs.

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			--	1.17	45%	80%	0.25
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	77	1.0	0.75		2.0	2.0	

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 mild subjective increased thicknesses suggestive of pseudohypertrophy with maintained linear contour without evidence of dilation or restriction. 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). Mild pleural effusion was present at the time of the study. Ill-defined nonhomogeneous mass lesion subjectively occupying the majority of the mid to cranial left thorax likely extending somewhat into the cranial right thorax was present. This mass lesion measured approximately 5.0 x 4.5cm. Overt evidence of air entrapment or mineralization associated with the left thoracic mass was not overtly evident.

IMAGING PERFORMED BY

SVS IMAGING

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Beezus Topping

SPECIES

Canine

BREED

Schnauzer

SEX

SF

AGE

10 Years

WEIGHT

19 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Case

INVOICE

47058

DATE

8-20-21

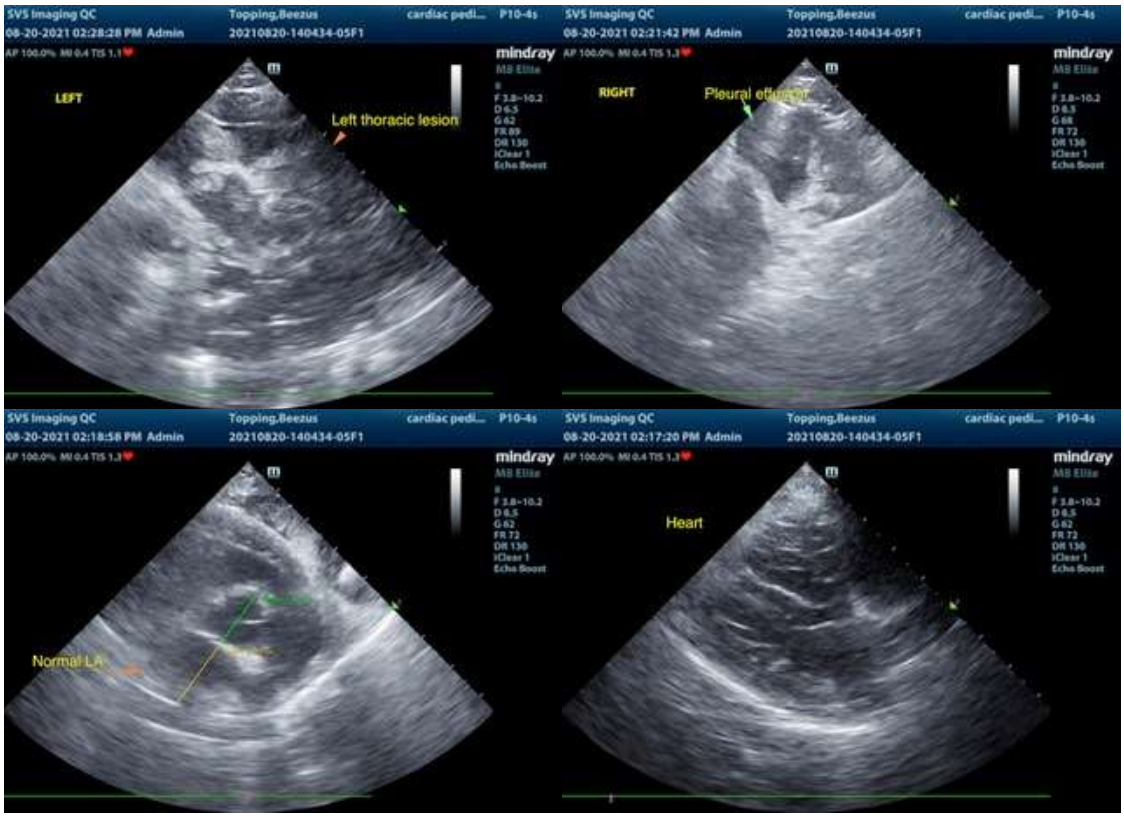
ULTRASONOGRAPHIC FINDINGS

- Noncardiogenic pleural effusion.
- Ill-defined nonhomogeneous primarily mid to cranial left thoracic mass lesion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subjectively the left thoracic mass lesion did not have typical appearance of lung lobe torsion, pneumonia, or consolidation, although these potentials are possible. Neoplasia may be favored in this case, although potential nonneoplastic etiologies such as granuloma, atypical lung lobe torsion, consolidation, or other thoracopulmonary pathology is possible.

Further assessment may include pleural effusion analysis, cytology, +/- culture and sensitivity if evidence of inflammatory component is present. Assuming normal clotting status, ultrasound guided FNA of the left thoracic mass lesion warranted for screening cytology. Pending effusion analysis and cytology if elected, thoracic CT may be ideal for further assessment.



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.

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.

IMAGING PERFORMED BY

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Beezus Topping

SPECIES

Canine

BREED

Schnauzer

SEX

SF

AGE

10 Years

WEIGHT

19 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Case

INVOICE

47058

DATE

8-20-21

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com