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Clinical Sonography & Telecytology
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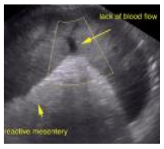
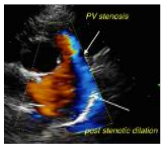
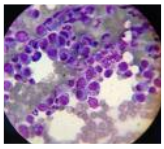
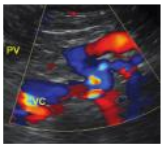

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1-800-838-4268 info@sonopath.com

PATIENT

Scooter Miller

SPECIES

Canine

BREED

Mixed Breed K9

SEX

MN

AGE

9 years old

WEIGHT

31 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Glen Rock VH

REFERRING VET

Dr. Scott Stekler

INVOICE

17066

DATE

8/26/22

PRESENTING CLINICAL SIGNS

Patient presents for "something in throat". Thoracic radiographs show a round mass-like structure in the chest. Recent meds: Doxy 100mgs SID and Theophylline 150 mgs.

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	--	--	NM	1.4	36	68.2	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	110	1.9	1.1	--	2.3	2.3	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable insufficiency. 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 or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No visible **pericardial** free fluid was noted. No overt evidence of infiltrative cardiac disease or tumors were visible. Sonographic assessment of the transdiaphragmatic caudal thorax revealed a nonhomogeneous spherical mass lesion present in the caudal thorax, directly effacing the cranial aspect of the duodenum and located adjacent to the heart, measuring approximately 6.5 cm in diameter. The mass lesion exhibited nonhomogeneous echogenicity, while the possibility of fluid component within the mass could not be definitively excluded. Subjective potential for regional, mildly hyperechoic pulmonary parenchyma and very scant pleural free fluid noted.

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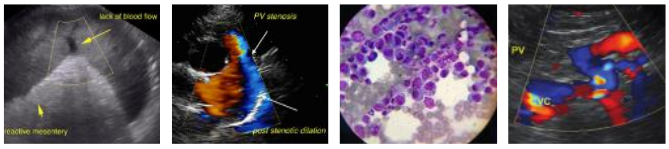

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ULTRASONOGRAPHIC FINDINGS

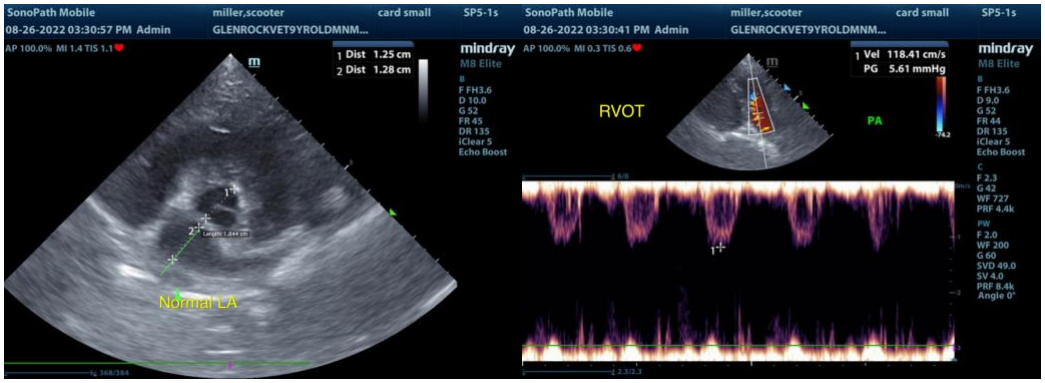
- Chronic mitral valve disease (ACVIM B-1)
- Nonhomogeneous caudal thoracic mass lesion- neoplasia, granuloma, abscess, necrosis or other possible

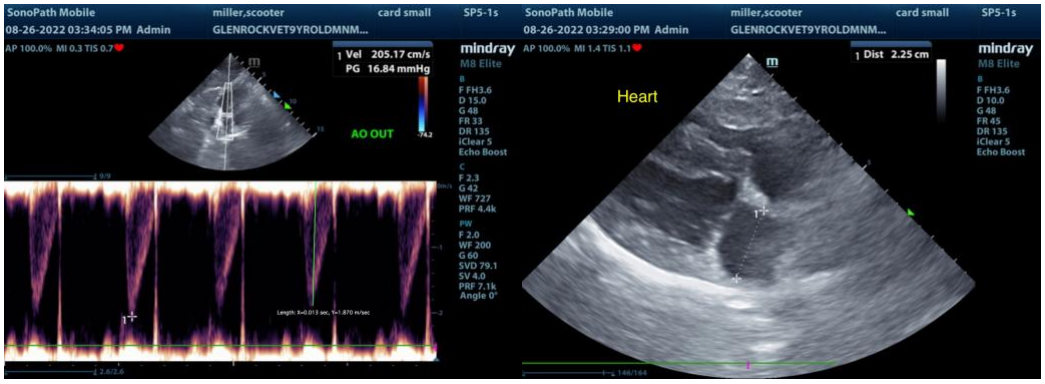
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lack of left atrium enlargement indicates that the risk of current and future complications, secondary to mitral valve insufficiency is low. No indication for cardiac medications. Prognosis at this stage of mitral valve disease is variable and sonographic monitoring is required for further prognosis. Recheck echocardiogram is suggested in 6 months or sooner if clinical signs arise. Assuming normal clotting status, and if accessible, ultrasound guided FNA of the caudal thoracic mass lesion for cytology +/- culture and sensitivity, if clinically indicated, is recommended for further assessment. Thoracic CT is likely ideal, given this presentation and pending sampling for further clarification.

SonoPath CT Services are offered at the Blairstown Animal Hospital. Blairstown animal hospital is just a 30-minute drive west on route 80 from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at:

https://sonopath.com/resources/sonopaths-teleconsultation-services-and-sdep-certification/sonopath-ct-services





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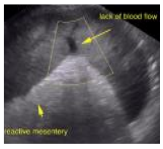
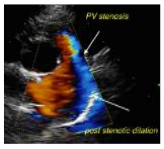
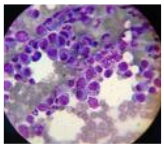
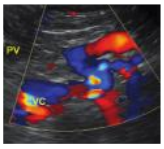

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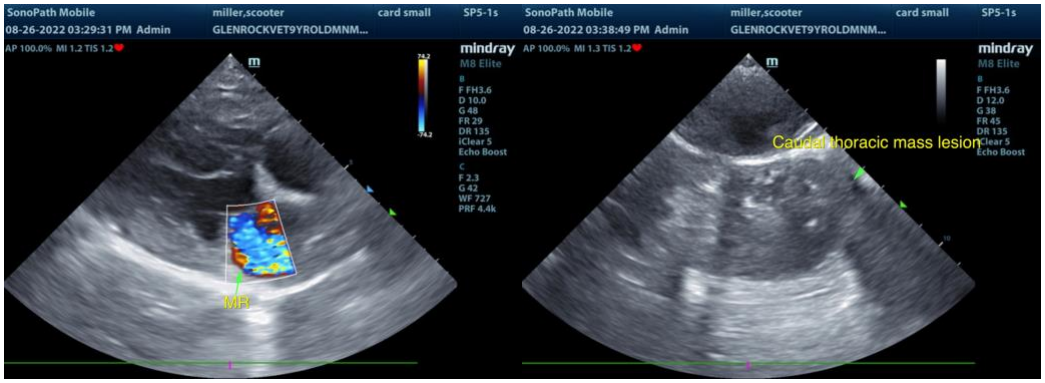

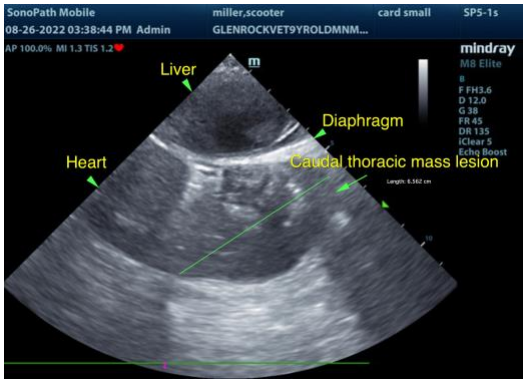

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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