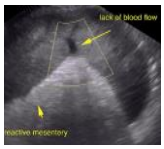
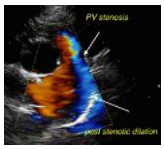
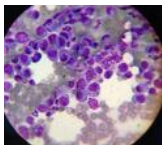
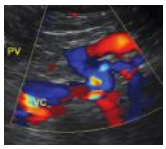
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Bronco Beirne

SPECIES

Canine

BREED

German Shepherd

SEX

MN

AGE

10 yr

WEIGHT

90lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Elaina Petrone

HOSPITAL NAME

Long Branch Animal Hospital

REFERRING VET

Elaina Petrone

INVOICE

11325ag

DATE

08/08/2022

PRESENTING CLINICAL SIGNS

History: Recently seen at tertiary referral hospital for lethargy, decreased appetite, and diarrhea. Fast scan showed pericardial effusion.

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	26.8	56.5	0.45
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		4.1	4.1	

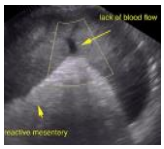
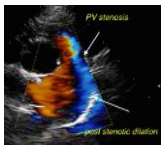
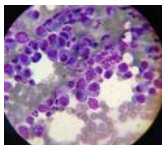
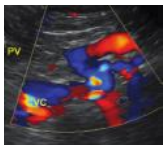
Cardiac Presentation

The echocardiogram in this patient demonstrated normal left atrial size based on 2 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal mitral valve leaflets presented minor vegetative thickening consistent with minor endocardiosis. Doppler indicated mild centralized to eccentric 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 mildly subnormal as 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 normal structural integrity. The right atrium and auricle revealed normal size, structure and content. No evidence of masses was noted, tamponade 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). Mild volume pericardial free fluid was present without evidence of concurrent free pleural fluid. No evidence of infiltrative disease or masses associated with the heart base or right atrium were visible. Sonographic assessment of the peripheral and pericardial lung revealed focal comet tail artifact.

Brief sonographic assessment of the spleen revealed subjective splenomegaly with maintained symmetrical capsule contour. Generalized mild splenic parenchyma heterogeneity with intermittent isoechoic to nonhomogeneous nodules were present, an example measured 1.0 cm in diameter. Overtly normal splenic vascularity.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure and function with mild LV hypocontractility-no evidence of DCM criteria

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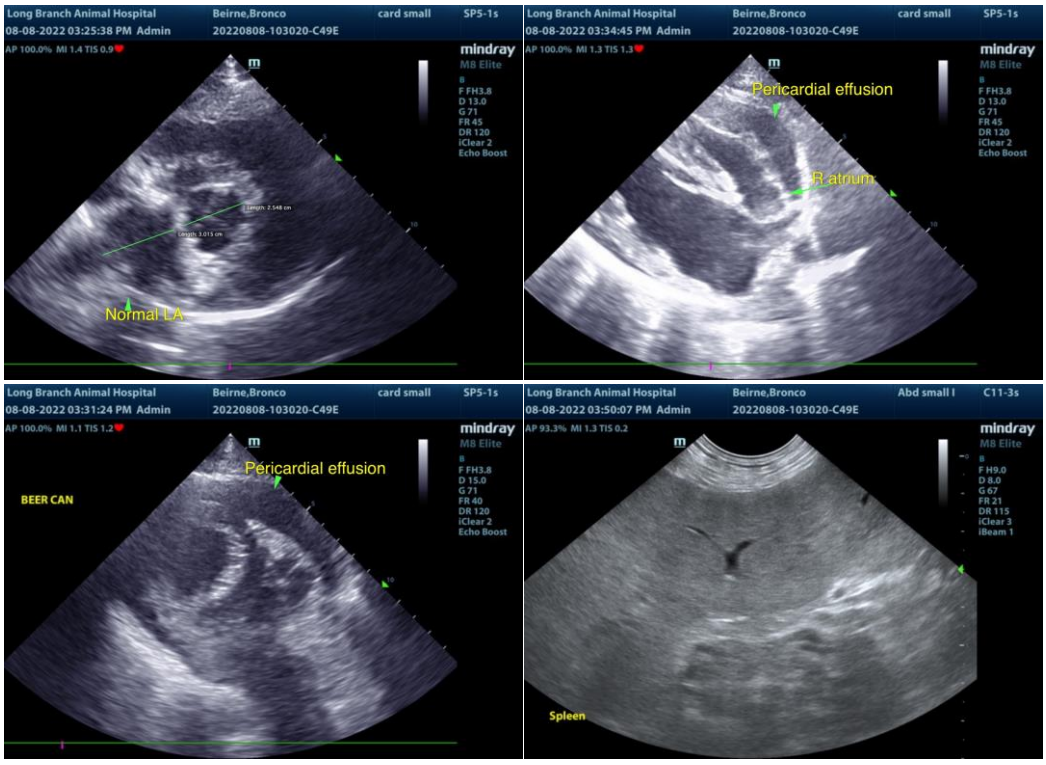
- Mild compensated MR
- Mild volume pericardial effusion, no overt or clinical cardiac tamponade
- Focal pericardial and peripheral nonspecific lung comet tail artifact
- Subjective splenomegaly exhibiting parenchyma heterogeneity and intermittent nodules-hyperplasia, hematopoiesis, breed associated hypersplenism, splenitis or neoplasia possible

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive cause of the pericardial mass was not evident. the overall cardiac presentation was not consistent with cardiogenic pericardial effusion. Idiopathic, infectious, inflammatory or neoplastic etiologies are possible. Even without a definitively heart base or RA mass, underlying disease may not be definitively visualized sonographically.
Ideally referral for pericardial centesis for effusion analysis cytology +/- C/S if clinically indicated is recommended. Concurrent splenic FNA for cytology assuming normal clotting status and using a 25g needle is recommended for further assessment. Concern for potential splenic and nonobvious cardiac neoplastic etiology is warranted yet not definitive.
No indication for cardiac medications.



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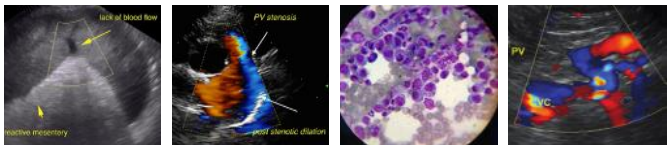

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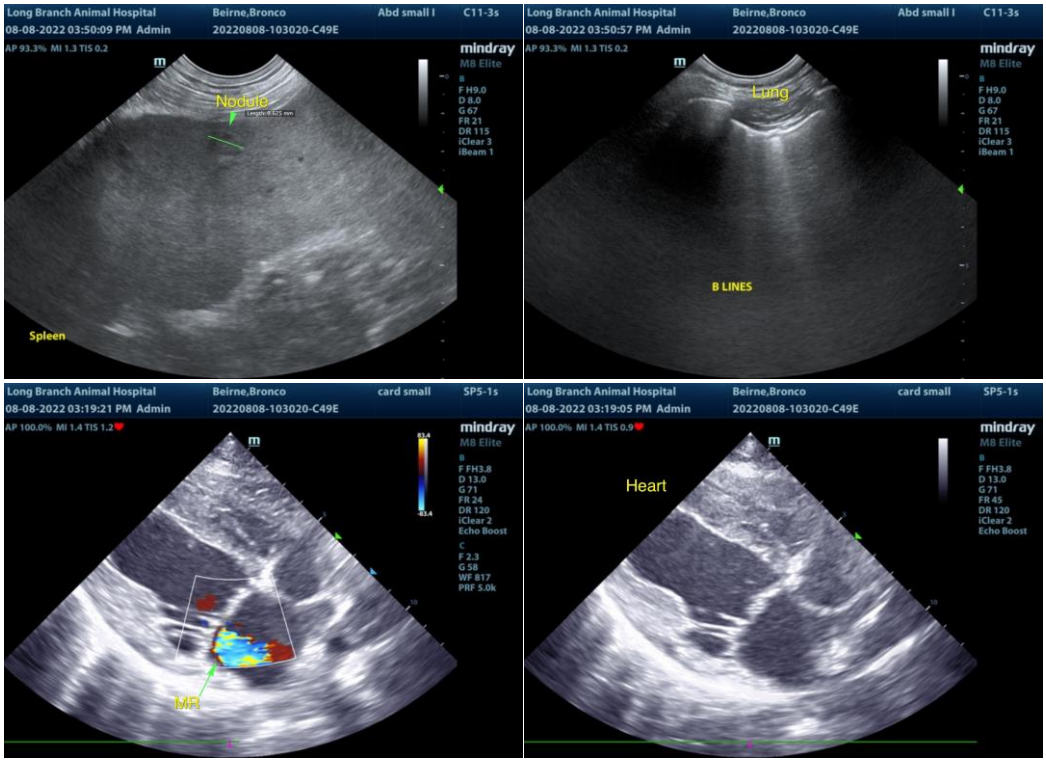

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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