SonoPath
Clinical Sonography & Telecytology
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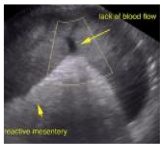
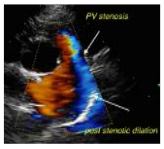
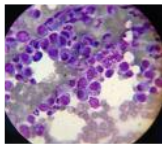
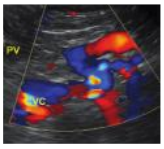





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bella Schmitz

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

7 yrs

WEIGHT

37 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

North Warren AH

REFERRING VET

Dr. Corrado

INVOICE

14970

DATE

9-23-22

PRESENTING CLINICAL SIGNS

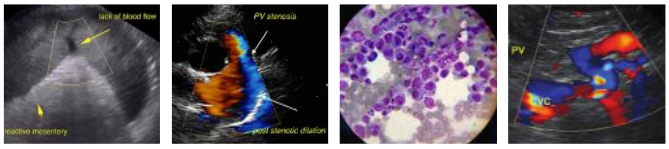
- On pimobendan 5 mg , azithromycin 250mg, terbinafine 250mg
Abnormal PE/Chem/CBC/UA Results: persistent neutrophilia

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			1.32	1.23	39.2	71.5	0.27
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	1.5	0.8		2.9	2.9	

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 normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed overall normal size. Mild collapse of the right atrial free wall in diastole was present. A moderately sized asymmetrical nonhomogeneous mass was present in the area of the right atrium occupying the regional pericardial space, measuring approximately 5.0 cm in diameter. The mass appeared to likely invade or infiltrate the regional heart base including evidence of soft tissue echogenicity within the right atrium lumen, which potentially crossed the tricuspid valve. **Tricuspid** valvular assessment demonstrated subjective adequate linear morphology and kinesis. Potential for mild TR on doppler. 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 to moderate volume pericardial free fluid was present. No overt evidence of concurrent free pleural



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fluid. No obvious additional masses in the area of the pericardial or extracardiac regions, or the cranial mediastinum in the visible window.

Brief sonographic assessment of the liver revealed evidence of emerging congestion, along with minor gallbladder wall edema. No overt evidence of concurrent ascites.

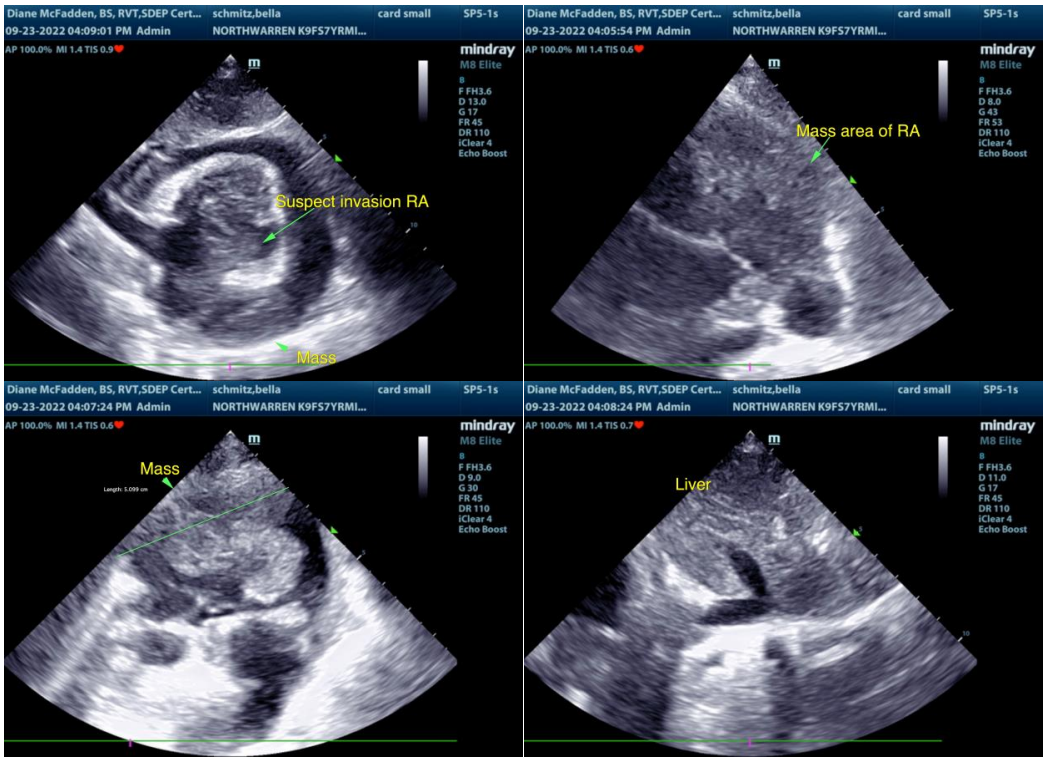
ULTRASONOGRAPHIC FINDINGS

- Moderately sized nonhomogeneous mass area of the right atrium with suspected likely right atrium infiltration / invasion
- Pericardial effusion with emerging secondary cardiac tamponade

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely tumor type, given this location, is hemangiosarcoma although potential for other tumor types i.e., chemodectoma, myxosarcoma, or other are possible yet thought less likely.

Pericardiocentesis with cytology of the pericardial fluid could be considered. Referral for advanced imaging such as CT for further assessment is likely ideal. However, given the size of the tumor and evidence of cardiac invasion, a poor prognosis is unfortunately indicated. Minor potential for secondary right atrial luminal thrombus is considered less likely.



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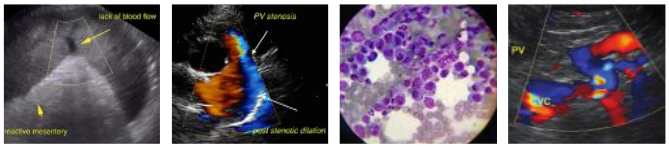

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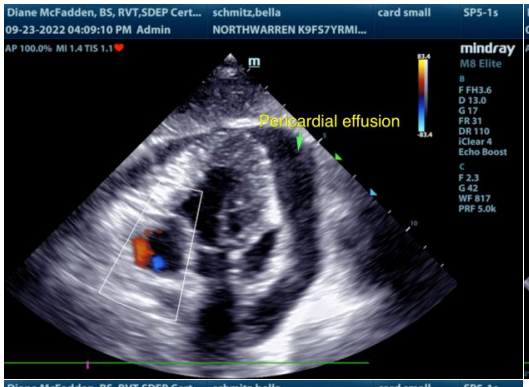

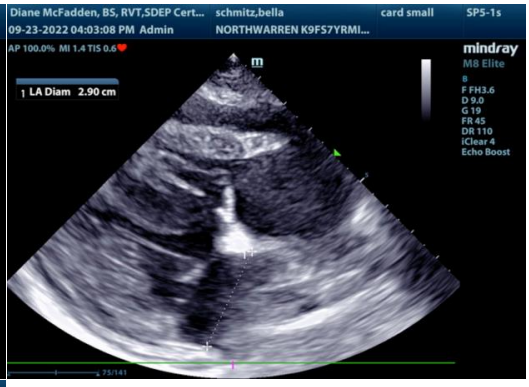

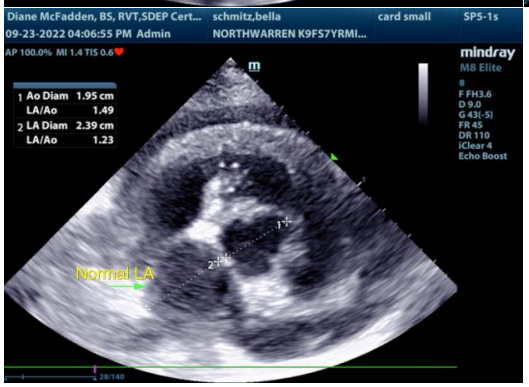

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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