



PATIENT

Brandon Babcock

SPECIES

Canine

BREED

Cane Corso

SEX

Neutered Male

AGE

8 Years

WEIGHT

160 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Hunt

HOSPITAL NAME

Bayshore VH

REFERRING VET

Tim Hunt

INVOICE

13310

DATE

9/28/21

PRESENTING CLINICAL SIGNS

History: Acute pleural fluid with blood, platelets dropped to 4K, HCT 36, t-104 and now normal. Suspect DIC from tumor and subsequent pleural bleed/pericardial bleed.

Abnormal PE/Chem/CBC/UA Results:

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	--	--	NM	1.5	32.1	63.9	0.35
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	NM	NM	NM	--	5.2	5.3	--

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 yet appeared to be mildly suppressed at evidence 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 free fluid along with minor concurrent pericardial free fluid was noted. A large non-homogenous to nodular mass lesion was noted in the area of the mid to cranial thorax, subjectively extending into the area of the cranial mediastinum, measuring approximately 11.0 cm x 10.0 cm.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure and function



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- Mid to cranial thoracic versus mediastinal mass
- Concurrent pleural and minor pericardial effusion

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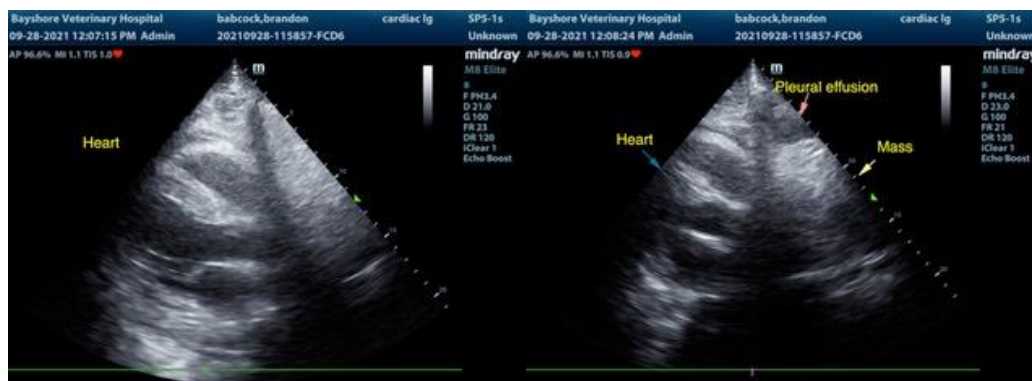
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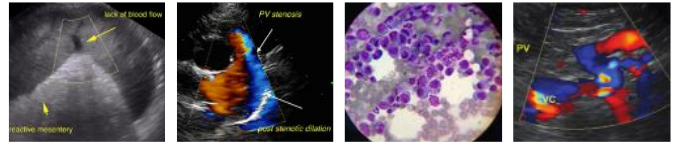
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the non-homogenous appearance of the mid to cranial thoracic to mediastinal mass, neoplasia is likely with less likely potential for non-neoplastic etiologies such as consolidation, granuloma, inflammation/infection or other. Potential for an expansive heart base mass extending into the mid to cranial thorax and mediastinum possible given the concurrent presence of pericardial free fluid although considered unlikely. Further assessment may include, assuming normal clotting status, ultrasound guided FNA of the mass as well as pleural effusion analysis, cytology +/- culture and sensitivity. However, a very guarded to likely unfavorable prognosis is unfortunately indicated.



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



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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.

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