



PATIENT PRESENTING CLINICAL SIGNS

Bella D'Ericco Breathing difficulty, coughing, gagging when held in specific position. Chest mass/cardiac silhouette obscured on radiographs. No current meds.
 Abnormal PE/Chem/CBC/UA Results: CBC/Chem: WNL. U/A: WNL, USG 1.020.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

14 Years

WEIGHT

14 Pounds

| 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 | | 2.4 | 1.1 | 1.27 | 43.5 | 78.1 | 0.15 |
| 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 | 1.0 | 0.8 | | 2.0 | 2.3 | |

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

North Haledon Vet

REFERRING VET

Dr. Mansfield

INVOICE

25963

DATE

9/30/21

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size and structure. Chamber volume and blood echogenicity were normal. The cranial and caudal **mitral valve** leaflets presented minor irregular age-related changes that are not clinically significant at this time with adequate extension in systole and union in diastole. The **left ventricle** presented normal free wall and septal thicknesses with linear contour. The **myocardium** presented some echogenic remodeling consistent with expected age-related change. **Contractility** of the ventricular walls was adequate and in normal range for this breed and patient size. The **left ventricular outflow** tract demonstrated normal laminar flow with subjectively unremarkable structure. Subjective assessment of the **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated expected findings for this age patient. Doppler indicated mitral tricuspid valve insufficiency. The **right ventricle** was of normal size (1/3 diameter of LV), echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). No dilation due to heartworm disease, cuor pulmonale, stenosis, or pulmonic hypertension was noted. No visible **pericardial** free fluid noted with subjective moderate free pleural fluid present. A moderately sized, hypoechoic to mildly non-homogeneous mass was present in the thoracic cavity, exhibiting focal hyperechoic foci, which may indicate areas of air entrapment or mineralization. The mass measured approximately 6.6 cm x 3.5 cm.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure and function for age
- Tricuspid valve insufficiency – mildly elevated pulmonary pressures, yet not consistent with clinical pulmonary hypertension.



PATIENT

Bella D'Ericco

- Thoracic mass – neoplasia favored, suspect pulmonary origin given potential for air entrapment. Lung lobe torsion, granuloma or other non-neoplastic etiology possible yet considered less likely.
- Pleural effusion

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, ultrasound guided FNA of the thoracic mass may be considered for further clarification. However, unfortunately, likely unfavorable long-term prognosis is indicated.

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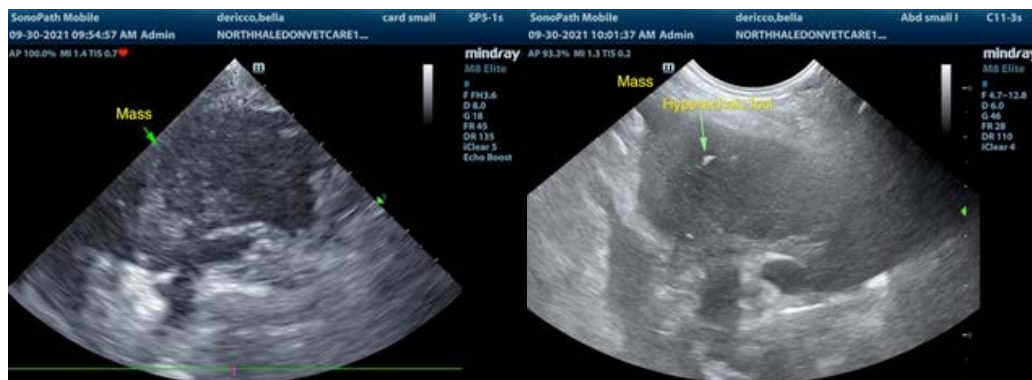
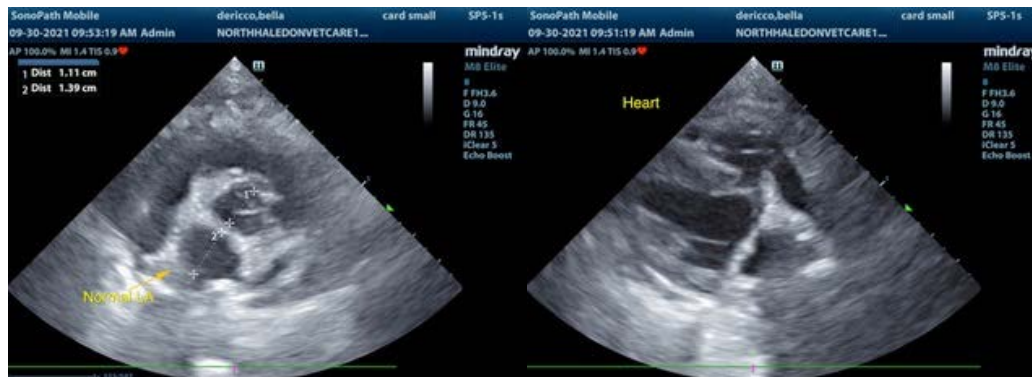
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PATIENT

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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.

SPECIES

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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)
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