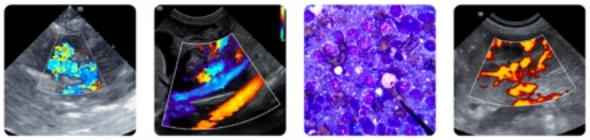


PATIENT

Brannigan Demarco

SPECIES

Canine

BREED

Boxer

SEX

Neutered male

AGE

9 years

WEIGHT

80 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Brandon

HOSPITAL NAME

Dillsburg VC

REFERRING VET

Dr. Pryor

INVOICE

71451

DATE

2/10/26

PRESENTING CLINICAL SIGNS

- pre-anesthesia ECG was performed and showed a ventricular arrhythmia with frequent isolated VPC's. recommended abd ultrasound to rule out non-cardiac causes.
- CBC/chem WNL and Accuplex neg x4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended. The urinary bladder wall is thin and smooth. Urine is anechoic. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No uroliths are identified. There is no ultrasonographic evidence of inflammatory or neoplastic changes.

Left kidney: Normal in shape and size, measuring 7.35×4.26 cm in the sagittal plane. Cortical thickness measures 0.70 cm. The renal cortex is isoechoic relative to the liver parenchyma. Corticomedullary ratio and corticomedullary definition are preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Right kidney: Normal in shape and size, measuring 6.93×3.91 cm in the sagittal plane. Cortical thickness 0.73 cm. The renal cortex is isoechoic relative to the liver parenchyma. Corticomedullary ratio and corticomedullary definition are preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

Both adrenal glands demonstrate normal shape and echogenicity. Left adrenal gland: 0.54 cm (cranial pole), 0.56 cm (caudal pole). Right adrenal gland: 0.67 cm (cranial pole), 0.79 cm (caudal pole)

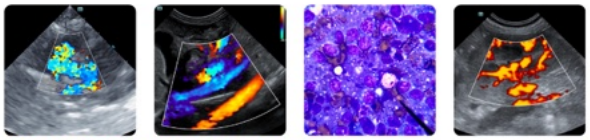
Spleen

Splenic thickness measures 1.51 cm. The splenic parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is homogeneous and isoechoic relative to the falciform fat, with normal echotexture. No focal hepatic lesions or hepatic lymphadenopathy are identified.

The gallbladder lumen is normally distended. The wall is thin. The contents are anechoic. No dilation of the cystic duct or common bile duct is identified.



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Gastrointestinal

The stomach is empty with minimal residual ingesta. Gastric wall thickness measures 2.54 mm with preserved wall layering.

The duodenum measures 4.24 mm. The jejunum measures 4.05 mm. Wall layering is preserved. No ultrasonographic evidence of inflammation, obstruction, or focal mass is identified.

The colon measures 1.72 mm in wall thickness and contains small amounts of fecal material within the descending segment.

Pancreas

The evaluated pancreatic regions do not show ultrasonographic evidence of inflammation, mass effect, or peripancreatic fat changes.

Peritoneal Cavity

No abdominal effusion or signs of peritonitis are observed. No abdominal lymphadenopathy is identified. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

No clinically significant abnormalities identified.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This abdominal ultrasound examination is unremarkable. No splenic mass, splenic nodular disease, pancreatic inflammation, hepatobiliary pathology, gastrointestinal abnormality, or abdominal effusion is identified. There are no ultrasonographic findings that would reasonably account for ventricular arrhythmia.

Specifically, there is no evidence of splenic neoplasia, occult abdominal mass effect, inflammatory abdominal disease, or metabolic structural disturbance that could serve as a secondary trigger for ventricular premature complexes.

Given the patient's signalment (Boxer) and the nature of the arrhythmia (frequent isolated VPCs), a primary cardiac etiology—most notably arrhythmogenic right ventricular cardiomyopathy—remains significantly more likely than an abdominal cause.

Recommendations

- No abdominal cause for the ventricular arrhythmia is identified. Cardiology evaluation is recommended, including consideration of 24-hour Holter monitoring and Echocardiography.

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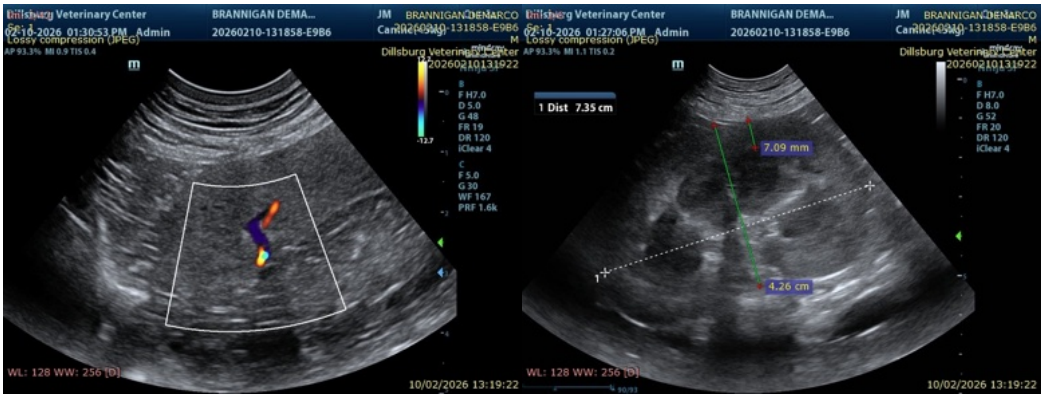

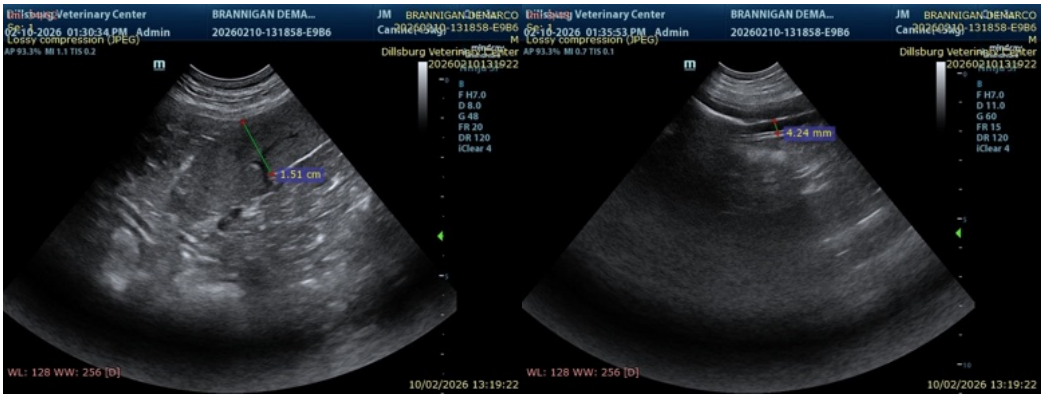

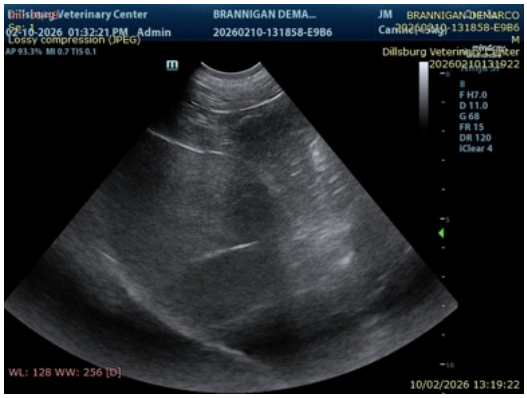

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.
MV Esp Ultrasound in Domestic and Wild Animals

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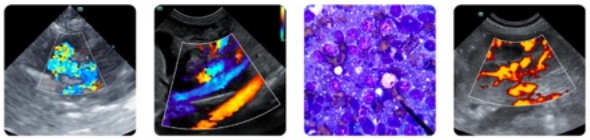

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