

**DATE PRESENTING CLINICAL SIGNS**

10.10.2022

P presents for labored breathing/increased RR, chronic cough of multiple months, and exercise intolerance/lethargy. P has not previously had a regular veterinarian, vaccinations, or on any f/t/hwp for the past few years. On PE P had mildly pale MM, increased RR/RE, and a grade 5/6 systolic heart murmur with strong and synchronous femoral pulses, HR 150-160, no arrhythmias. Caudal lung fields bilaterally mild pulmonary crackles auscultated.

PATIENT

William Smith

SPECIES

Canine

Precision PSL is mildly elevated. T4 normal. USG 1.020. Inactive sediment. No proteinuria.

BREED

WH Terrier

Current Medications: started 10/5/22: Pimobendan 2.5mg BID PO, furosemide 20mg BID PO

Lab Results: Labs Pending. AFAST -- negative for free fluid. TFAST -- increased lumen of ventricles, subjective decreased contractility, suspicious for heart-based mass vs LAE

Radiographs: Left atrial enlargement and left ventricular enlargement (tall heart, increased width of waist of heart), suspicion for heart base mass on lateral radiographs. Caudal lung fields suspect mild pulmonary edema.

SEX

Neutered Male

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

AGE

9/12/2011

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**WEIGHT**

26.8 lbs

Urinary System

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A scant amount of suspended, echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

The **prostate** is normal in size (0.88 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The **left kidney** is normal size (5.41 cm in length); with a slightly irregular shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, or hydroureter.

HOSPITAL NAME

Everhart VH

The **right kidney** is normal size (6.13 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A small cortical cyst is observed at the medial aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

REFERRING VET

Dr. Baumler

Adrenal Glands**INVOICE**

11800

The **left adrenal gland** is mildly enlarged (0.60 cm at cranial pole) (0.75 cm at caudal pole) (2.02 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (0.76 cm at cranial pole) (0.58 cm at caudal pole) (1.95 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The **spleen** is normal in size (0.69 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few, small, ill-defined myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

Liver

The **liver** is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated, echogenic, mostly gravity dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **stomach and intestine** are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The region of the **pancreas** is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion. The abdominal **lymph nodes** are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Minor age-related renal changes
- The mild left adrenomegaly may be a normal variant for this patient or may be secondary to early hyperplastic change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further recommended should be based on the echocardiogram report.



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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com

