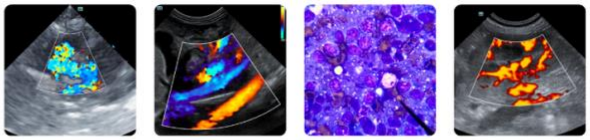


PATIENT

Axel Leef

SPECIES

Canine

BREED

Vizsla

SEX

Neutered Male

AGE

11

WEIGHT

61

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Christensen

HOSPITAL NAME

Tranquility Veterinary Clinic

REFERRING VET

Dr. Castellani

INVOICE

16120

DATE

05/12/26

PRESENTING CLINICAL SIGNS

Reason for Scan: Thrombocytopenia, anemia, lethargy, painful/shifting limbs, neutrophilia, increased liver enzymes, petechiation on gums, pale MM, soft stool. Current medications: Doxycycline 300mg SID, Proviable probiotic, Gabapentin 300mg BID, Carprofen 100mg 1/2 BID.

BW: HCT 34% (decreased 8.4% in 12 days), reticulocytes increased 233k, WBC increased 17.18k, Neutrophils increased 14.6k, platelets 43k, ALT 155, ALPT 737, Amylase 1706, Lipase 1985

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

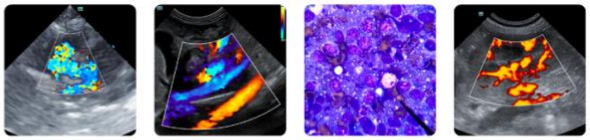
CANINE CARDIAC PARAMETERS	BW	HR BPM	LAD 4 ch Long	RAD 4 ch Long	La/Ao Heart Base	LVIDd	LVIDs
NORMAL PARAMETER		50-100			<1.6		
PATIENT	27.73	NM	3.29	NM	1.3	1.7	0.51
CANINE CARDIAC PARAMETERS	**FS**	**EPSS**	**PV V MAX (m/s)**	**AV V Max (m/sec)**	**MR Vmax**	**TR Vmax**	**RPA distensibility (normal >30%)**
NORMAL PARAMETER	28-40	<0.6	0.7-1.6	0.7-1.7	4.5-5.5	< 2.7	
PATIENT	70	0.1	1.0	1.5	NM	NM	NM

Cardiac Presentation

The left atrium is normal in dimension. The left ventricle is normal in dimension, with normal systolic function. The right atrium and ventricle are normal in dimension, with normal systolic function. The anterior and posterior mitral valve leaflets are appropriately thin with adequate apposition, intact chordae, and there is no significant prolapse. There is no significant mitral regurgitation identified. The tricuspid valve leaflets are appropriately thin with adequate apposition, intact chordae, no significant tricuspid regurgitation and no evidence of pulmonary hypertension. The left ventricular outflow tract demonstrated normal laminar flow and the visible aorta is unremarkable. The right ventricular outflow tract assessment revealed normal laminar flow, with appropriate main pulmonary artery diameter and right pulmonary artery distensibility. There is no pulmonic and no aortic valve insufficiency identified. There is no visible pericardial, pleural, or free peritoneal fluid documented. No evidence of hepatic venous congestion is noted. The cardiac chambers, pericardial and visible extra-cardiac regions were free of masses, spontaneous echo contrast, or thrombi.

Urinary System

The urinary bladder is adequately distended with anechoic urine. The bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not



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visualized, which is a normal finding. There are no uroliths or sediment noted. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size. The cortices are hyperechoic with a mild decrease in corticomedullary distinction. Normal cortex to medulla ratio with no significant pyelectasis or pelvic dilation. Mildly irregular renal capsular contour bilaterally. The left kidney measures 6.17 cm. The right kidney measures 6.54 cm.

Adrenal Glands

Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measures 0.69 cm x 2.5 cm. The right adrenal gland measures 0.58 cm x 2.3 cm.

Spleen

The spleen is subjectively enlarged with a diffusely mottled heterogeneous parenchyma. The capsule is smooth without significant irregularity or deformation. There appears to be a single solitary ill-defined hypoechoic nodule/mass lesion within the mid-body of the parenchyma of the tail of the spleen. This does not distort the otherwise smooth splenic capsule. There's an additional single hyperechoic nodule/mass lesion within the body of the spleen. The vasculature is normal. No evidence of congestion, spontaneous echocontrast or thrombosis. The spleen measures 2.13 cm at the hilus.

Liver

The liver is mildly enlarged with a slightly rounded contour. There's a diffuse heterogeneous or mottled parenchyma pattern. No significant mass lesions are noted. The vasculature is normal with no evidence of congestion. The gallbladder contains a minimal amount of suspended echogenic debris and dependent sediment. No intra or extra hepatic biliary dilation. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestines are free of stasis and peristaltic activity, with no significant dilation noted. There is normal wall thickness and acceptable curvilinear mural detail. The pyloric-duodenal junction and ileocecocolic junction are patent, and the colon contains normal shadowing feces. There is no evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.

Pancreas

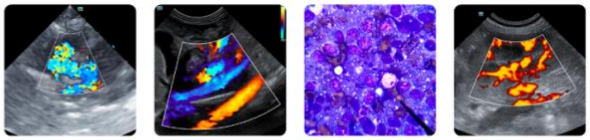
The base and limbs of the pancreas are isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

Free Abdomen

There is no significant lymphadenopathy. There is moderate to severe volume of echogenic free fluid with swirling spontaneous echogenic contrast within.

ULTRASONOGRAPHIC FINDINGS

- The cardiac findings are consistent with an essentially normal echocardiogram. Any murmur



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will be considered functional in origin. No cardiac cause of the morbidity is identified.

- The kidneys are relatively normal in size and structure, and cortex:medulla ratio (cortex 1/3 of medulla) is essentially maintained. There is age-related loss of the normal smooth capsular contour and C/M junction definition. The cortices are largely uniform in texture with mild hyperechogenicity expected for this patient's age. There is no evidence of pelvic dilation present.
- The splenic lesion may represent infiltrative neoplastic disease. Alternatively benign changes such as hemangioma or extramedullary hematopoiesis or lymphoid hyperplasia can't be excluded.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory, immune-mediated, metabolic, or endocrine disease. Infiltrative neoplasia or acute hepatitis cannot be ruled out.
- The gallbladder contains echogenic, suspended and dependent unorganized debris. This is not yet to the level of an organized mucocele, however early/developing mucocele cannot be ruled out. This dependent sediment is often an incidental finding or may be associated with concurrent endocrine disease such as hyperadrenocorticism or diabetes mellitus.
- The appearance of the free fluid is concerning for potential hemorrhage, however, other exudative effusions can retain a similar appearance, although hemorrhage would explain the progressive decrease in red blood cell concentration over the last two weeks. If this is the case, no definitive source of hemorrhage is identified on this study, although both the spleen and liver remain possibilities, as well as occult neoplastic disease within the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given these findings, no cardiac therapy is recommended. There are no cardiac contraindications to fluid therapy or corticosteroid therapy, as indicated for further assessment and treatment. No specific cardiac recheck is recommended unless a murmur or clinical signs of heart disease develop.

Anesthesia considerations:
No special considerations are necessary.

Diet:
No special considerations are necessary. Any high-quality food from Hills, Royal Canin, Science Diet, Eukanuba, Iams, or Purina is reasonable.

Activity:
No special considerations are necessary.

Given the mildly low platelet concentration, a platelet concentrate transfusion may be indicated prior to sampling the abdomen. Fine needle aspirates of the spleen and liver with cytology are recommended. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally some tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis.

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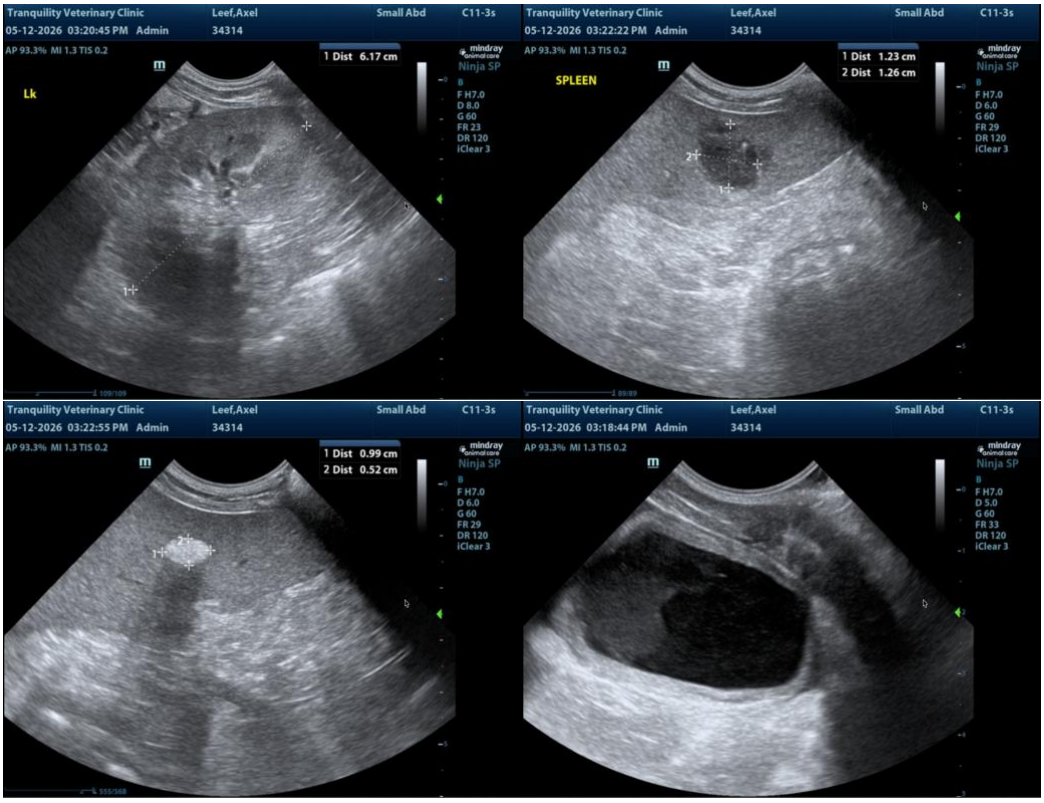
Alternatively consider abdominal CT with contrast. A urinalysis and urine culture via cystocentesis are recommended to evaluate the urinary tract changes for potential urinary tract infection. Ultimately an exploratory laparotomy may be required, however, platelet concentrate should almost certainly be provided prior to this unless biochemical results change.



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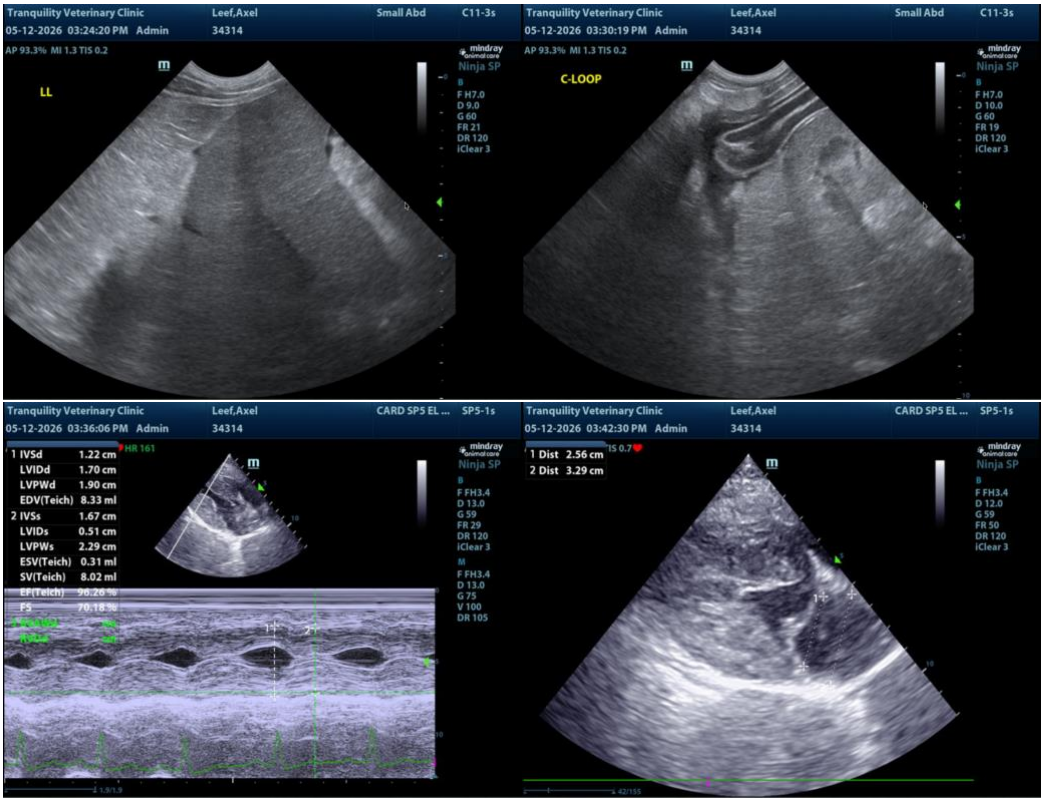

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com