PATIENT

Rooster Wooten

SPECIES

Canine

BREED

Pit Mix

SEX

Neutered male

AGE

8 years

WEIGHT

46.8 lbs

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Rondout Valley AH

REFERRING VET

Dr. Page

INVOICE

77600

DATE

5/15/26

PRESENTING CLINICAL SIGNS

History: Periods of tachycardia w/ periods of bradycardia, possible AV block. Meds: Apoquel

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended with anechoic urine. The bladder walls are mildly thickened. However, this is likely a result of underfilling and they cannot be adequately assessed at this time. The trigone and proximal urethra were patent. The ureters were not visualized, which is a normal finding. The bladder contains anechoic urine with no sediment or debris.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasia is present. The capsules are uniform without significant irregularities noted. The left kidney measured 6.46 cm. The right kidney measured 6.59 cm.

Adrenal Glands

Both adrenal glands are slightly thin and flattened with isoechoic parenchyma and normal phrenic vasculature. The left adrenal gland measured 0.39 x 2.53 cm and the right adrenal gland measured 0.47 x 2.59 cm.

Spleen

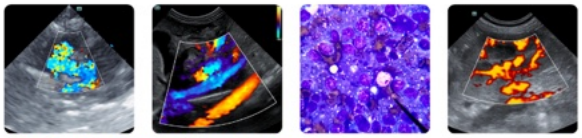
The spleen measured 1.34 cm at the hilus and is subjectively slightly prominent with a diffusely mild, heterogenous or mottled parenchymal pattern. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis.

Liver

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder contains a mild to moderate amount of echogenic suspended debris and dependent sediment. The cystic and common bile ducts were normal. No intrahepatic or extrahepatic biliary dilation. The gallbladder wall is appropriately thin.

Gastrointestinal

There is multi-focal, gastrointestinal luminal contents that are mildly echogenic. There is no significant gastrointestinal dilation and peristaltic activity appears normal. The walls are normal in thickness with maintenance of normal wall layering. The pyloric-duodenal junction and ileocecocolic junction are



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patent, and the colon contains normal shadowing feces. There is no evidence of shadowing obstructive material or 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.

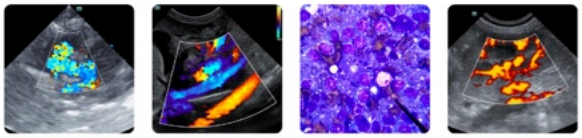
Free Abdomen

No lymphadenopathy or free fluid was noted.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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.

CANINE CARDIAC PARAMETERS	Body Weight Kg	HR BPM	LAD 4 ch Long	RAD 4 ch Long	La/Ao Heart Base	LVIDd	LVIDs
NORMAL PARAMETER		50-100			<1.6		
PATIENT	21.27 kg	160	4.24	2.71	1.1	3.18	1.81
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	43	0.3	0.8	1.7	NM	NM	33



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ULTRASONOGRAPHIC FINDINGS

The mildly enlarged spleen with a coarse/mottled reticular pattern is most consistent with a reactive spleen, or possible splenitis. Round cell neoplasia is considered less likely, but cannot be definitively excluded.

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.

Both adrenal glands are flattened and isoechoic. This may be normal for this patient or potentially secondary to hypoadrenocorticism or adrenal burnout from chronic disease.

These findings are consistent with an essentially normal echocardiogram. Any murmur will be considered functional in origin. Given the description of the cardiac rhythm, in the face of a structurally normal echo, a sick sinus or atrioventricular block should be considered.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An ACTH stimulation test is indicated to evaluate for potential hypoadrenocorticism. A baseline/resting cortisol less than 0.52 µg/dL significantly increases the index of suspicion for hypoadrenocorticism.

Fine needle aspirates of the spleen 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.

Given these findings, no cardiac therapy is recommended. A diagnostic ECG, or ideally 24-hour Holter monitor, should be considered. There are no cardiac contraindications to fluid therapy or corticosteroid therapy, as indicated for further assessment and treatment.

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.

New Jersey Mobile
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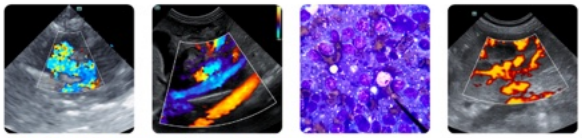

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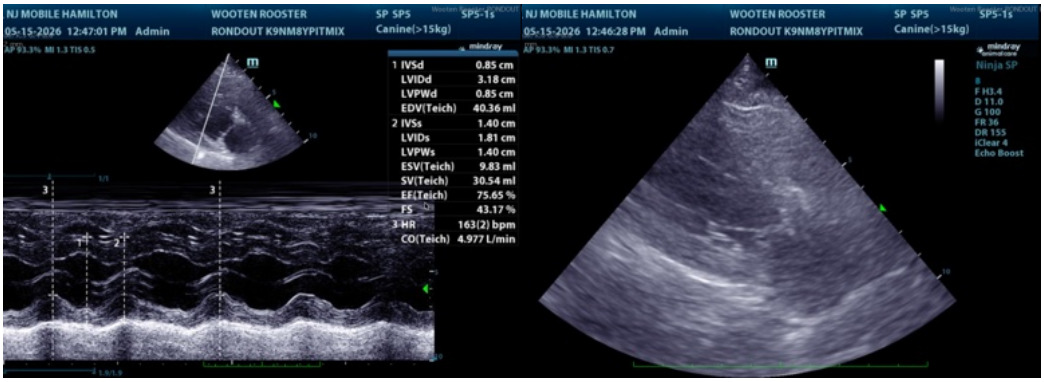

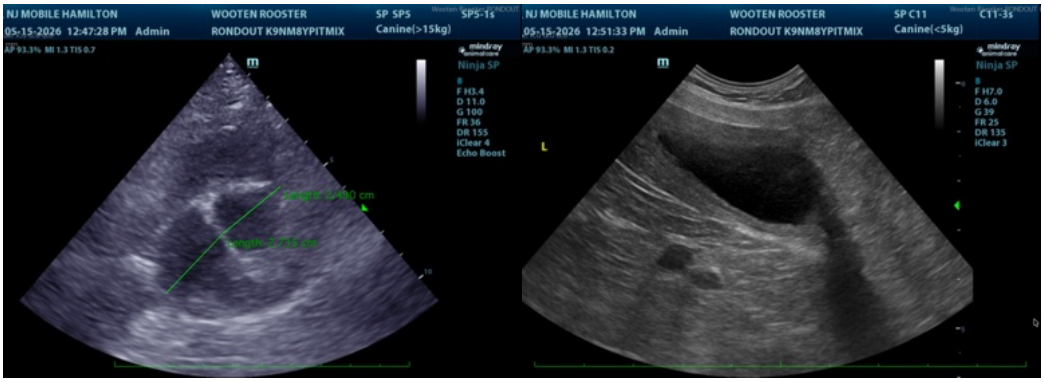

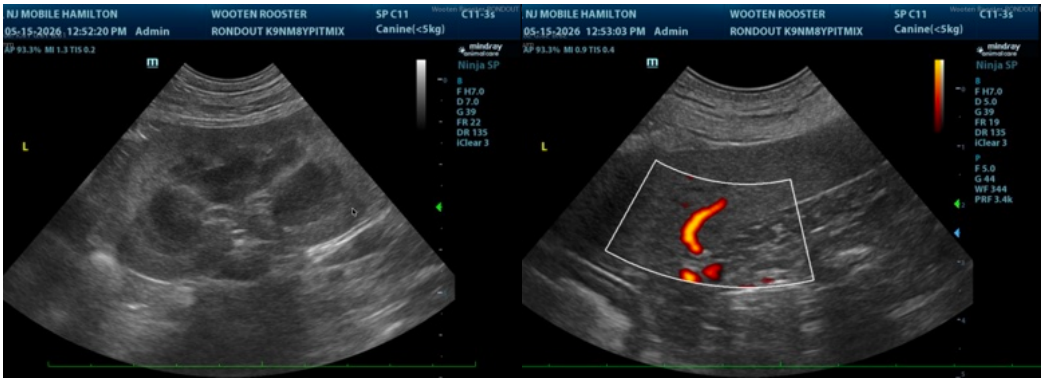

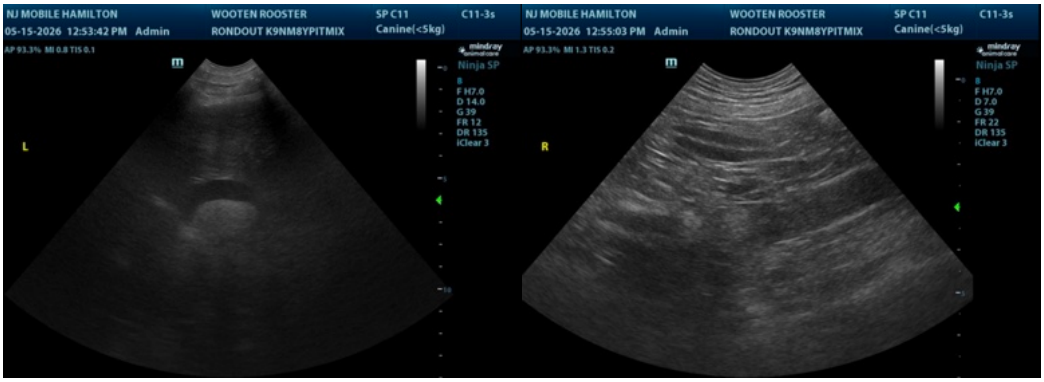

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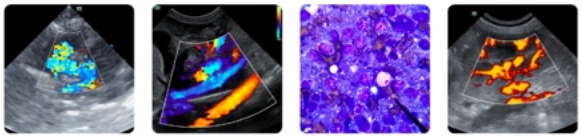

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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