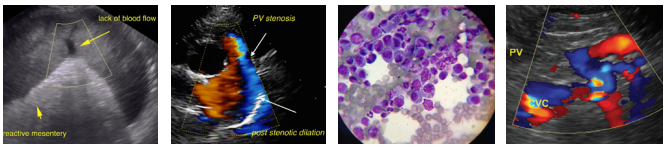
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Basil FJAH

SPECIES
Canine

BREED
Cocker Spaniel

SEX
Neutered male

AGE
10 years

WEIGHT
30 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME
SDEP Lab

INVOICE
95611

DATE
1/28/22

PRESENTING CLINICAL SIGNS

T 99.4, HR 120, RR 30, BCS 3.5/5, PS 0/4, FAS green. OU nuclear sclerosis, mucoid discharge. Grade I/VI, left systolic murmur.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The residual prostate was uniform and measured 0.94 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.4 cm. The right kidney measured 5.39 cm.

Adrenal Glands

The left **adrenal gland** was enlarged and measured 3.12 1.41 cm at the cranial pole and 0.55 cm at the caudal pole. The cranial pole was swollen. The right adrenal gland was normal in size and contour and measured 2.02 x 0.69 cm at the caudal pole and 0.38 cm at the cranial pole.

Spleen

The **spleen** revealed an isoechoic, expansive 2.65 cm parenchymal nodule at the mid body and a separate nodule that measured 1.6 x 1.22 cm at the cranial pole.

Liver

The **liver** was mildly enlarged with multi-focal, hyperechoic nodular changes. The isoechoic nodule measured 3.4 x 2.4 cm and a separate nodule measured 2.9 x 1.53 cm. Other smaller nodules were noted without disruption of architecture. The gallbladder was over distended with some striating bile.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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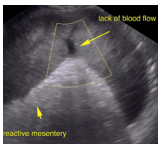

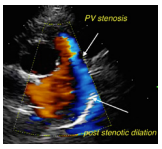

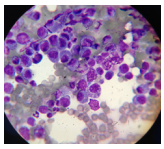
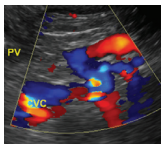

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. Trivial **mitral** valve insufficiency on spectral and color flow Doppler. This may be owing to sedation. The **left ventricle** presented thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No visible **pericardial** or free pleura fluid was noted. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window.

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			1.2	1.1			0.1
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		1.01	0.75		3.36 max		

ULTRASONOGRAPHIC FINDINGS

Enlarged left adrenal gland.

Splenic nodules and mass.

Nodular hyperplasia liver pattern with emerging gallbladder mucocele.

Normal echocardiogram with trivial mitral valve insufficiency, likely sedation induced.

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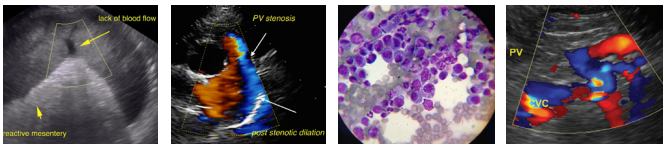

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend splenectomy, liver inspection and biopsy with manual expression of the gallbladder. The lesion may be benign. Left adrenalectomy should also be considered adenoma with a minor potential for adenocarcinoma or pheochromocytoma. Chest radiographs are recommended prior to surgery.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
Eric.Lindquist@SonoPath.com