



PATIENT

Ricky Basich

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

9 years

WEIGHT

13.75 Pounds

PRESENTING CLINICAL SIGNS

History: Patient presented for vomiting, pleural effusion - 250mls of turbid, white fluid was pulled from the chest. Treated with Lasix 12.5 mgs IV, Dex SP 2.4 mgs IV, metronidazole 90 mgs IV.

Abnormal PE/Chem/CBC/UA Results:

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

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	--	--	NM	1.2	28	58	NM
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	BELOW	BELOW	BELOW	BELOW
PATIENT	130	1.28	.96	--	1.94	2.25	--

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal Paradise H

REFERRING VET

Dr. Elshafie

INVOICE

13401

DATE

10/1/21

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. **Mitral** insufficiency noted, trivial, minor. 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.

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



PATIENT

Ricky Basich

was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

SPECIES

Canine

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.46 cm. The left kidney measured 4.3 cm with pinpoint mineralizations noted.

BREED

Dachshund

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some minor heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal gland measured 1.57 cm x 0.59 cm at the caudal pole and 0.8 cm at the cranial pole. The left adrenal gland measured 2.23 cm x 0.58 cm at the caudal pole and 0.53 cm at the cranial pole.

SEX

Neutered Male

AGE

9 years

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted. Cranial folding of the spleen was noted.

WEIGHT

13.75 Pounds

Liver

The **liver** presented minor subtle nodular changes. The gallbladder and common bile duct were unremarkable.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Gastrointestinal

The **pylorus** was mildly thickened with echogenic mucosa and luminal fluid. Variable gastrointestinal thickening noted. Some area of loss of detail noted.

IMAGING PERFORMED BY

Kelly Vazquez

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some moderate parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

HOSPITAL NAME

Animal Paradise H

REFERRING VET

Dr. Elshafie

INVOICE

13401

Other

Non-cardiogenic pleural effusion noted in the caudal **thorax**.

DATE

10/1/21

ULTRASONOGRAPHIC FINDINGS

- Trivial mitral insufficiency



PATIENT

Ricky Basich

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

9 years

WEIGHT

13.75 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal Paradise H

REFERRING VET

Dr. Elshafie

INVOICE

13401

DATE

10/1/21

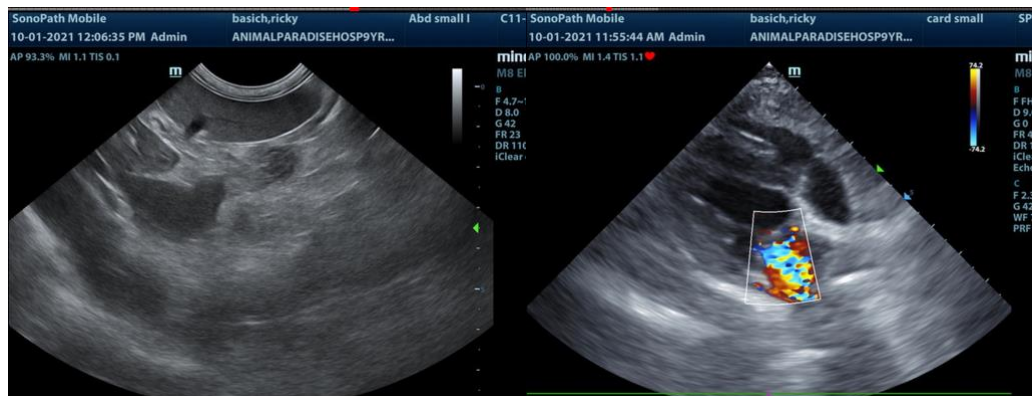
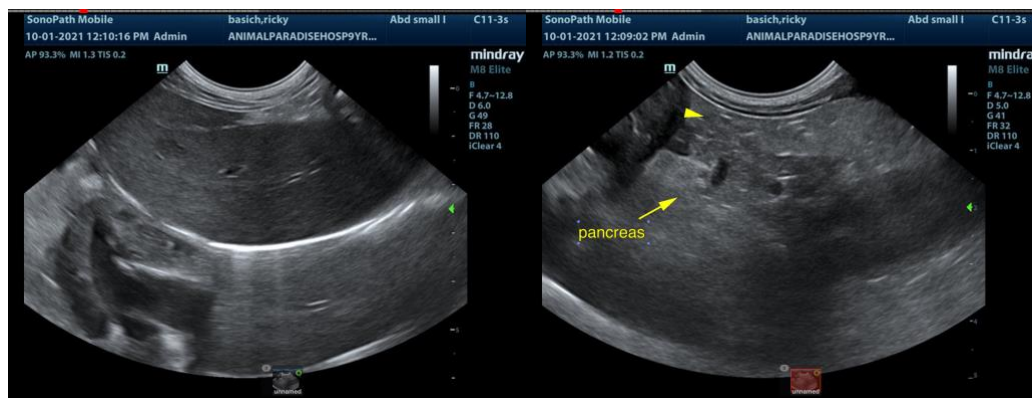
- Non-cardiogenic pleural effusion
- Age-related renal, adrenal and pancreatic changes
- Splenic fold
- Liver, minor subtle nodular changes
- Variable gastrointestinal thickening

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I'm very concerned for neoplastic process such as carcinomatosis, lymphomatosis or similar. The thoracic presentation may be a metastatic pattern deriving from gastrointestinal neoplasia; however, gastroenteritis/pancreatitis may be playing a role completely separate from the thoracic pathology. Pleurocentesis and cytospin +/- chest CT warranted to assess the thoracic pathology further. Treatment for gastroenteritis warranted in the meantime, however, the focus upon the chest with a chest CT would be ideal.

SonoPath CT Services are offered at the Blairstown Animal Hospital. Blairstown animal hospital is just a 30-minute drive west on route 80 from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at:

<https://sonopath.com/resources/sonopaths-teleconsultation-services-and-sdep-certification/sonopath-ct-services>





PATIENT

Ricky Basich

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

9 years

WEIGHT

13.75 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal Paradise H

REFERRING VET

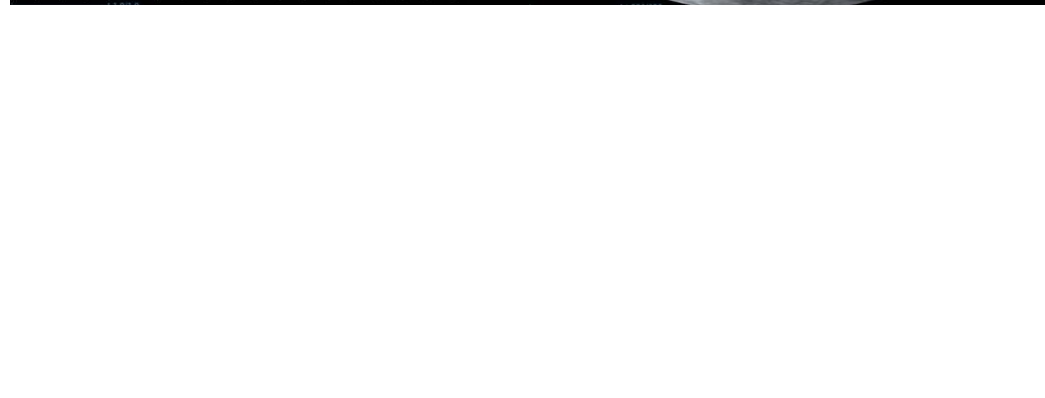
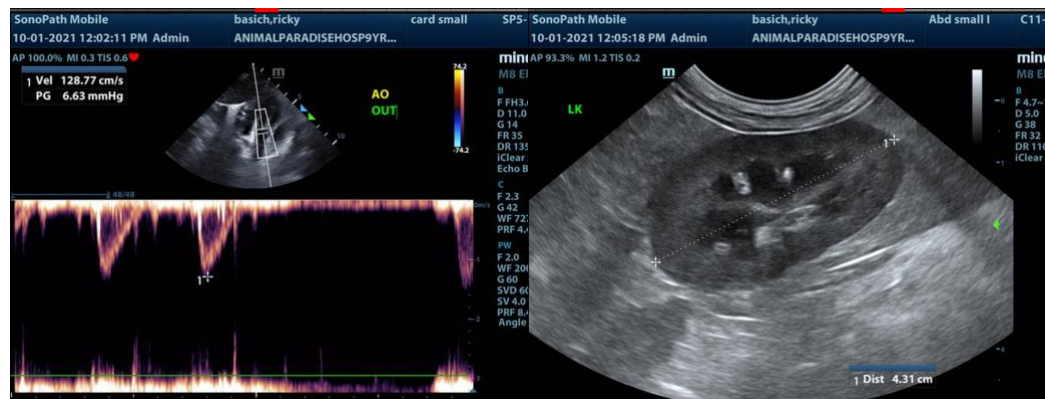
Dr. Elshafie

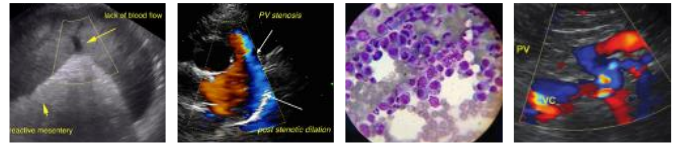
INVOICE

13401

DATE

10/1/21





PATIENT

Ricky Basich

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

9 years

WEIGHT

13.75 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal Paradise H

REFERRING VET

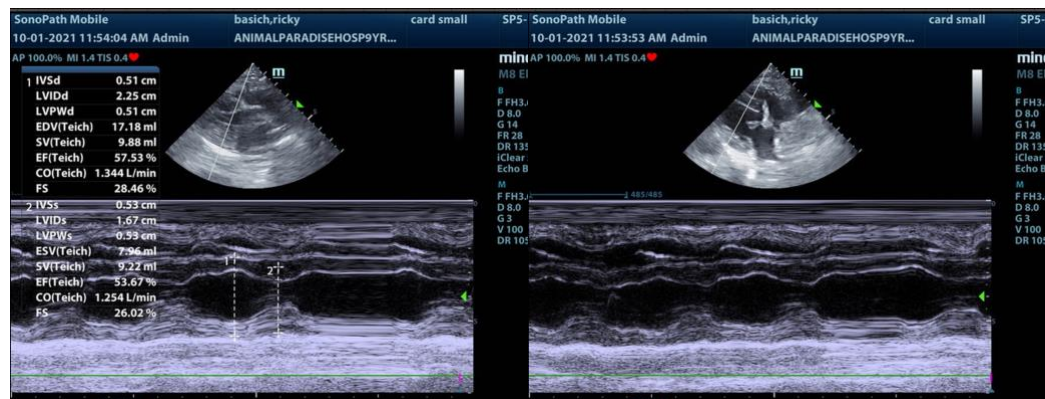
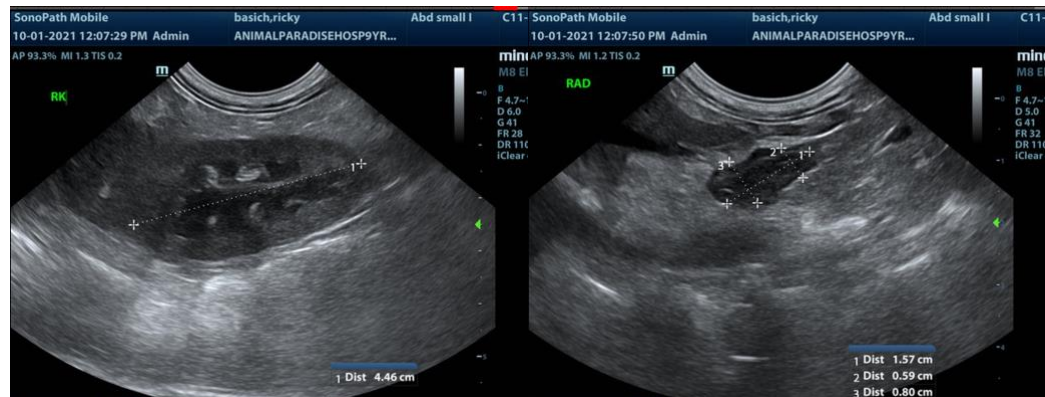
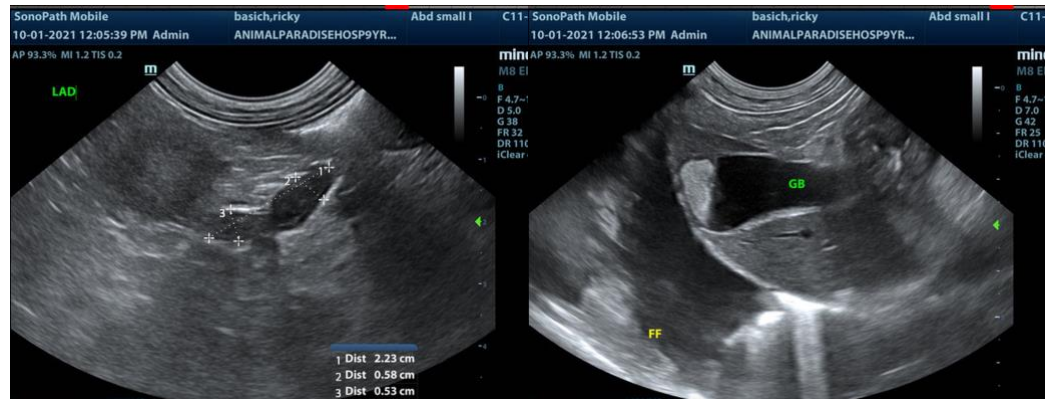
Dr. Elshafie

INVOICE

13401

DATE

10/1/21



The information and recommendations provided are based on the images presented by the referring veterinarian. 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
info@SonoPath.com