



PATIENT

Sassy Reyes

SPECIES

Canine

BREED

Shar Pei Mix

SEX

Spayed Female

AGE

14 years

WEIGHT

40.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Animal Care Center of
Flanders

REFERRING VET

Dr. Hallihan

INVOICE

92479

DATE

10/19/21

PRESENTING CLINICAL SIGNS

History: Anorexia, pyrexia, hx of sig heart murmur- grade IV/VI, lungs clear. Rads: LAE, mild interstitial pattern, +/- mid abd mass effect. Current meds: Vetmedin, Enalapril 10mg bid, lasix HCT 30.7, Neuts 21, 580, bun 45, Creat 1.7, Amyl 1830, USG 1.014, Bld 3+

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 **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. The right kidney measured 5.09 cm. The left kidney measured 5.55 cm with pyelectasia. Pericapsular inflammatory pattern was noted around both kidneys with pyelectasia that is suggestive for pyelonephritis.

Adrenal Glands

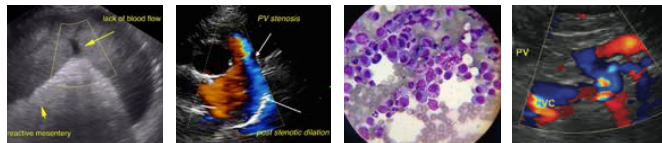
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.91 x 0.62 cm at the cranial pole and 0.59 cm at the caudal pole. The right adrenal gland measured 2.54 x 1.2 cm at the cranial pole and 0.82 cm at the caudal pole.

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 was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory,



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infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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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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Pancreas

The midabdomen in this patient presented an undifferentiated mass that measured approximately 6.0 x 5.0 cm with regional inflammation. The exact origin of the mass is unclear. It deviated the GI tract. I suspect that this is pancreatic in origin or lipogranuloma.

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ULTRASONOGRAPHIC EXAMINATION OF THE HEART

WEIGHT

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The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable insufficiency. 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** was enlarged with a 1.5:1 ratio with the left atrium. **Tricuspid** insufficiency was noted. The **right ventricle** was mildly enlarged. **Pulmonic** 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. No echographically detectable evidence of infiltrative disease was visible. The cranial **mediastinum and pericardial regions** were free of masses in the visible window. Minor tachycardia was noted. A large amount of thoracic fat was noted.

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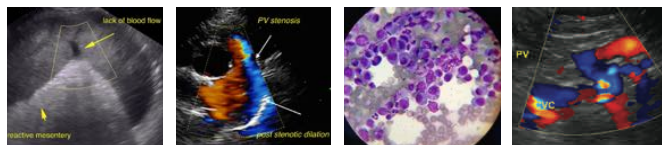
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CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	5.14		1.28	1.27	53	85	0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	LA (cm) 2D short axis Base view	LVIDd (cm) Avg; 2D and m-mode short axis	LVIDs (cm) Avg; 2D and m-mode short axis
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	125	1.5		40.6 lbs	3.34 max	2.62	

ULTRASONOGRAPHIC FINDINGS

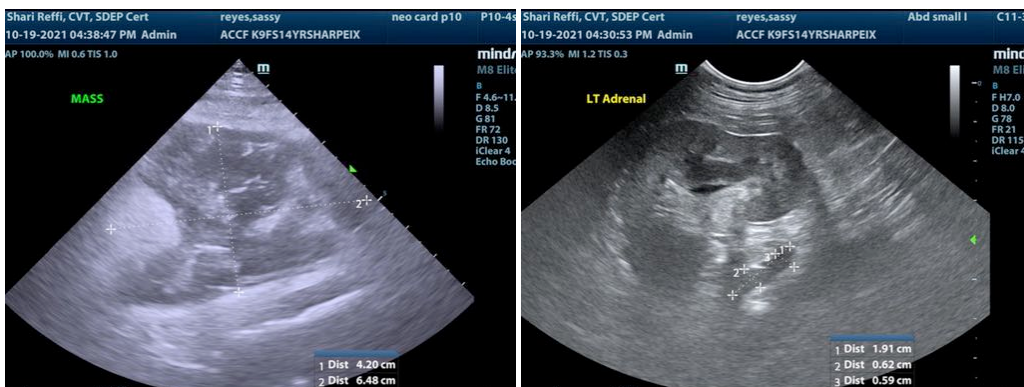
Cor pulmonale with stage B1 valvular disease.

Undifferentiated midabdominal mass.

Otherwise, geriatric abdomen with chronic nephritis and pyelonephritis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The heart appears compensated at this time. I am concerned for long term viability of the kidneys. The abdominal mass is a significant aggressive pathology possibly deriving from the pancreas. Assessment of urinalysis is warranted to confirm evidence of urinary tract infection. FNA of the mass could be considered for further definition or CT evaluation or direct exploratory surgery. Guarded prognosis.





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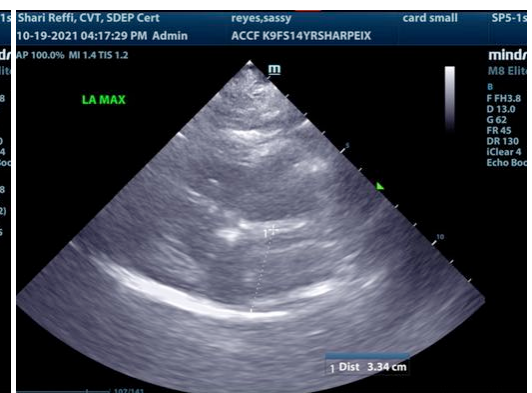
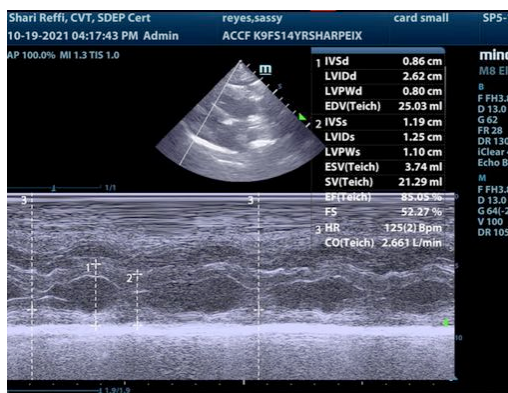
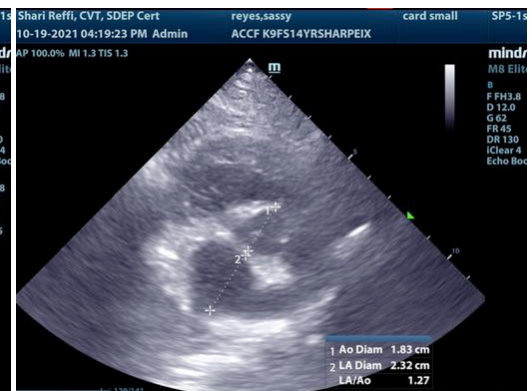
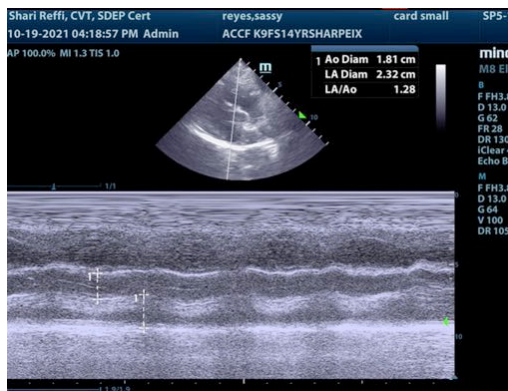
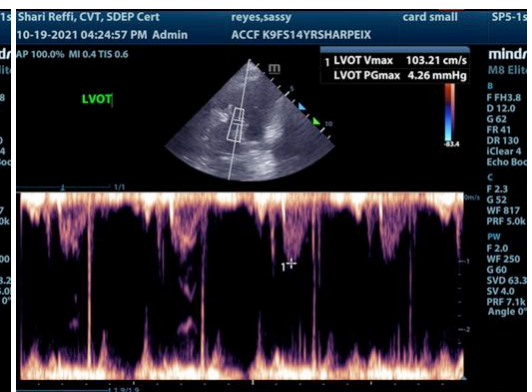
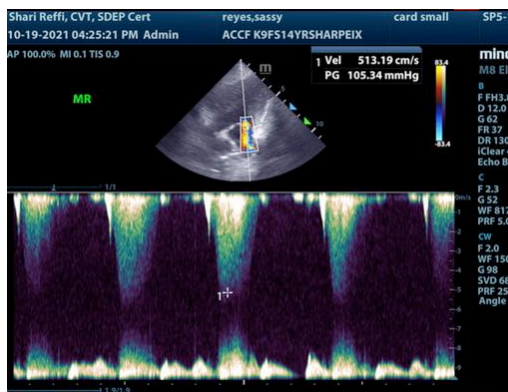
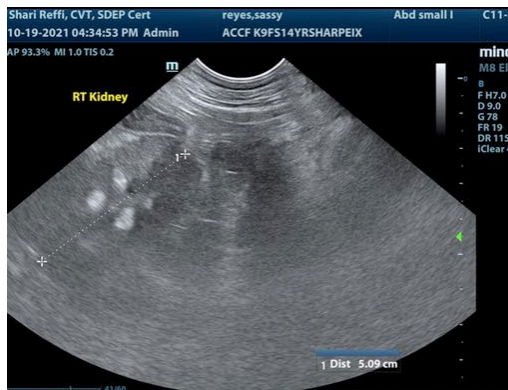
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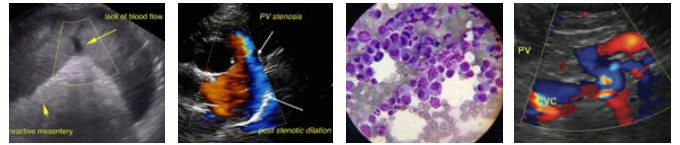
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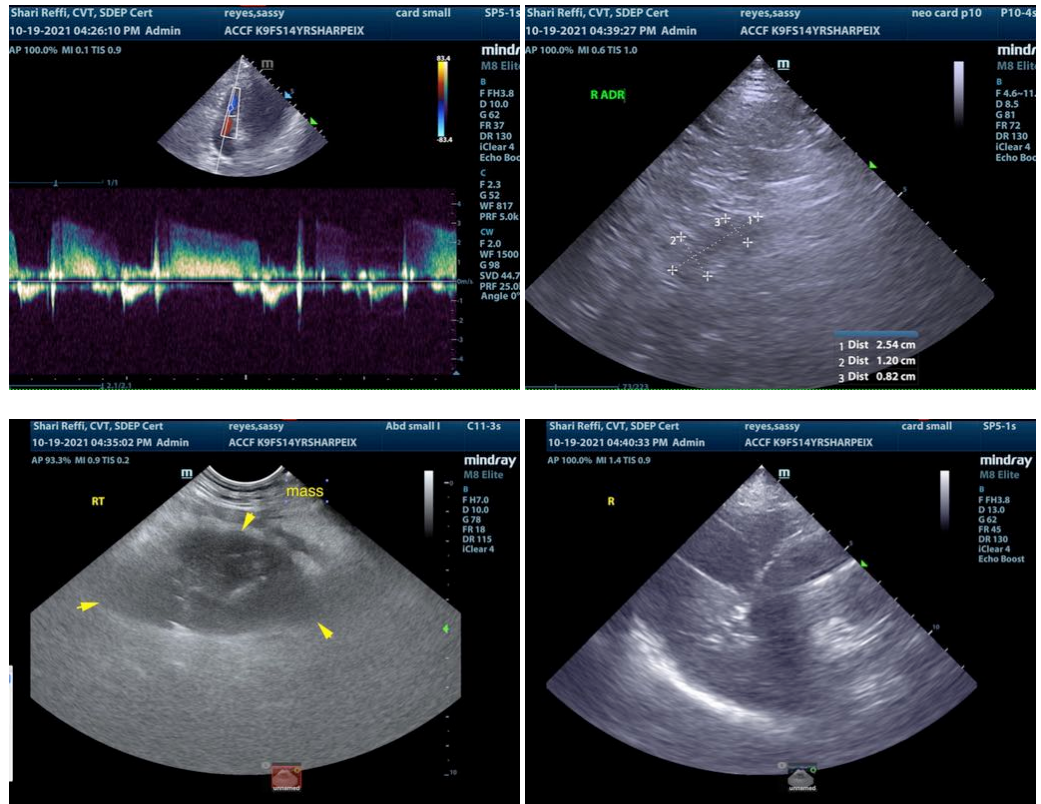
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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