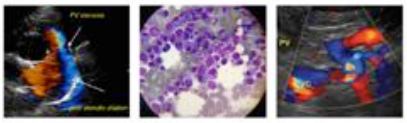


PATIENT

Mookie Skoglund

SPECIES

Canine

BREED

Victorian Bulldog

SEX

Spayed Female

AGE

7 years

WEIGHT

57 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Skoglund

INVOICE

92604

DATE

10/15/19

PRESENTING CLINICAL SIGNS

History: 09/18/21 collapsed (went laterally recumbent), cold extremities, pale gums. Went to local ER for lab work, SCF, and Cerenia. Minimal improvement, so repeated labs. Rods, methemoglobinuria, and leukocytosis found so went on Enrofloxacin for 10 days. Did improve, but did not do day 10 recheck urine. 2 weeks after antibiotic completed started showing subtle signs of relapse - not eating as well, not wanting to play, etc. 10/20/21 fever of 104, leukocytosis, urine had trace RBC , 21-50 WBC, 2-3 transitional epithelia, and 4-10 squamous epithelia. Currently on Rimadyl (for fever reduction) 100mg SID and Enrofloxacin 136mg SID
Abnormal PE/Chem/CBC/UA Results: 09/18/21 - WBC 27.19, monocytosis, neutrophilia 09/22/21 - WBC 23.0, neutrophilia, globulin 4.1, AST 69, ALP 146, urine: 3+ protein, 1+ ketones, 3+ bilirubin, 3+ blood, 2-3 RBC, 2-3 WBC, 10-25 rods. Abdominal rads - NSF 09/28/21 - globulin 3.8, urine: 1+ protein, 26-50 rods 10/21/21 - WBC 27.9, neutrophilia, globulin 4.0, ALP 192, urine: trace blood on strip & none see per hpf, 21-50 WBC, no bacteria, 2-3 transitional epithelia, and 4-10 squamous epithelia. Abdominal rads: head of spleen (or soft tissue opacity mass) looks large on VD

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.

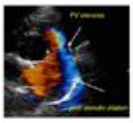
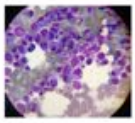
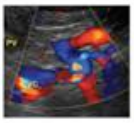
The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 6.0 cm. The left kidney measured 5.75 cm.

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 2.47 x 0.45 cm at the cranial pole and 0.65 cm at the caudal pole. The right adrenal gland measured 3.02 x 0.65 cm at the caudal pole and 0.32 cm at the cranial pole.

Spleen

The **spleen** in this patient revealed coalescing nodules that comprised a mass deriving from the cranial body with regional inflammation. There was no evidence of hemorrhage; however, I cannot rule out potential past abdominal hemorrhage with reabsorption.

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Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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.

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. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. 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** insufficiency was noted at 2.69 m/sec. 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.

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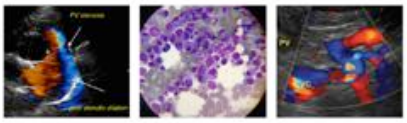

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CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT		2.69	1.3	1.3	39	70	0.63
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT**	**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	110	1.3	0.98	57 lbs	3.31 max	3.47	

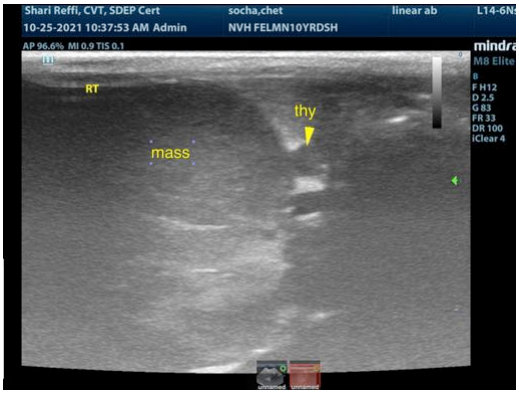
ULTRASONOGRAPHIC FINDINGS

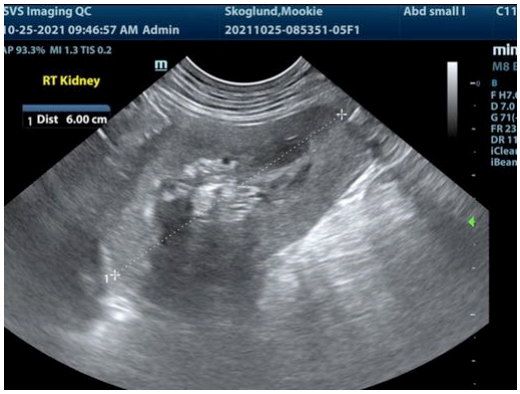
Normal canine cardiac presentation with mild tricuspid insufficiency, essentially common for this breed. Not clinically significant.

Splenic mass with separate nodules. Suspect hemangiosarcoma, round cell neoplasia (less likely), benign hematoma possible; however, given the multiple lesions on the spleen hemangiosarcoma or other neoplastic event is likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view chest radiographs followed by exploratory surgery is recommended. There was no evidence of cardiac metastasis. The visible pancreas was unremarkable. However, the splenic mass superimposed upon portions of the pancreas.





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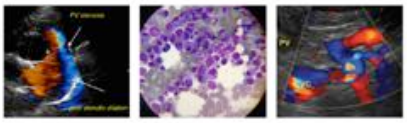

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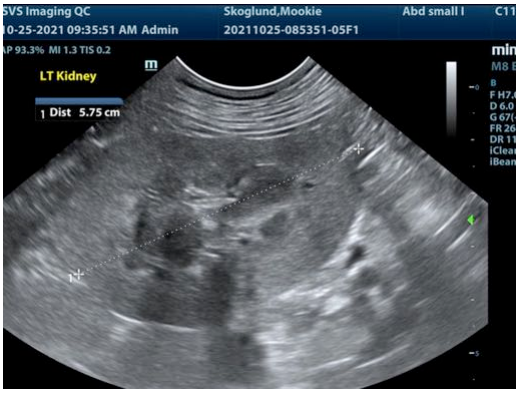

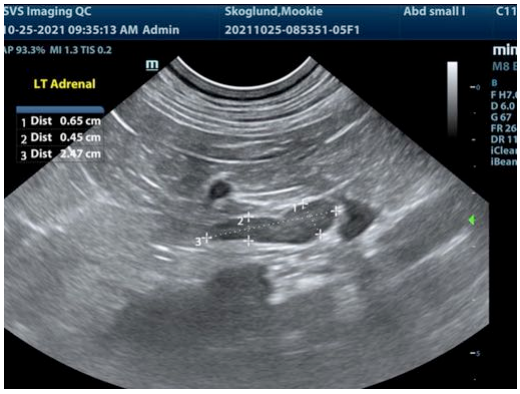

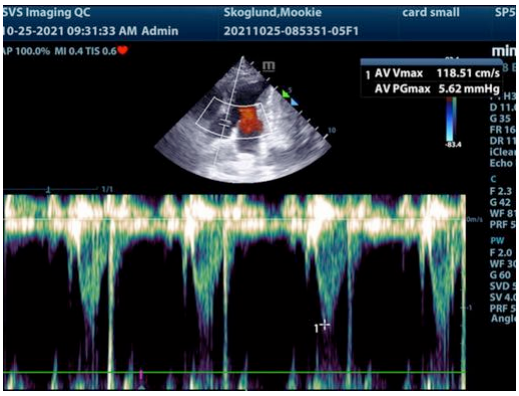

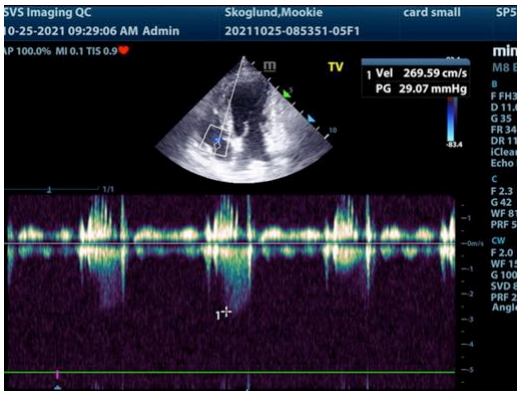

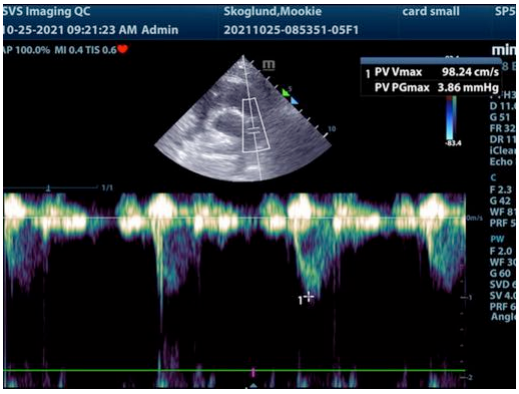

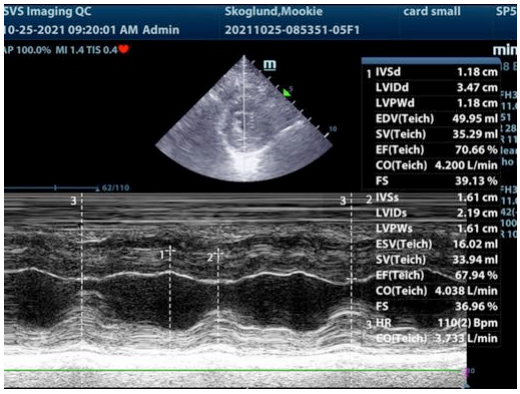

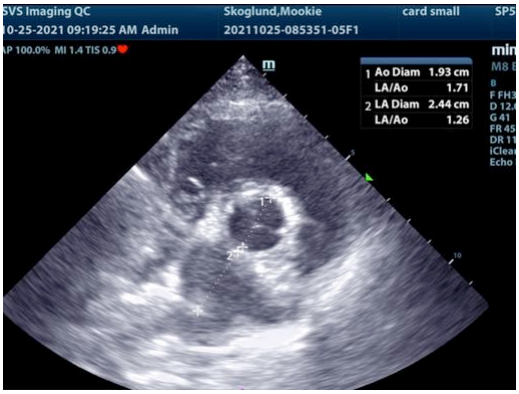

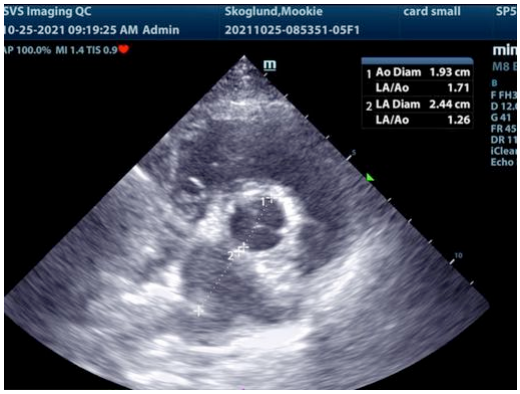

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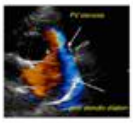
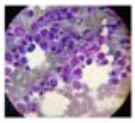
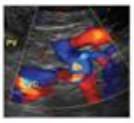

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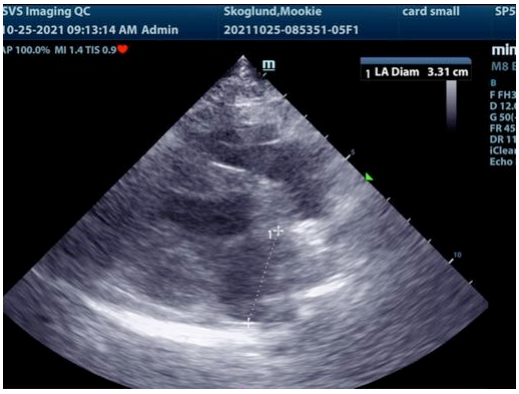

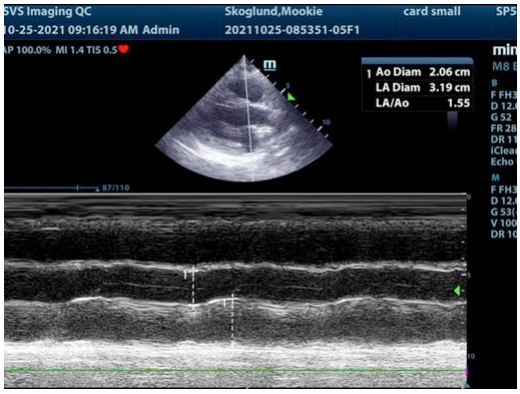

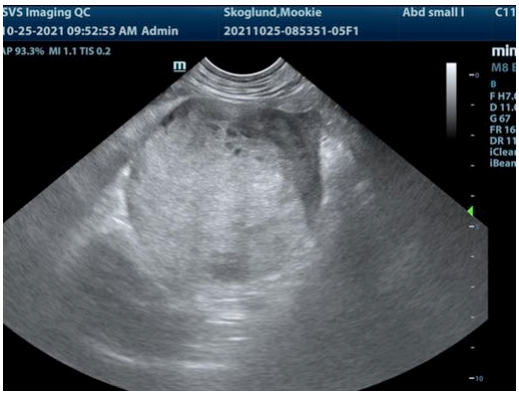

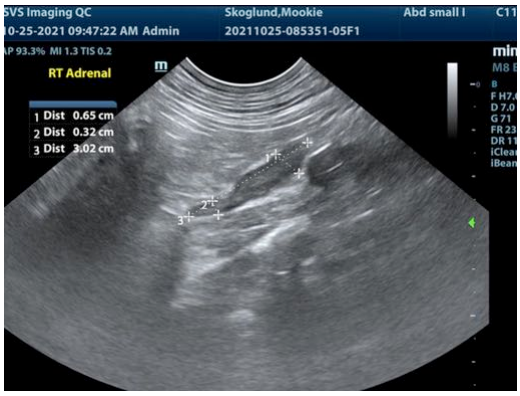

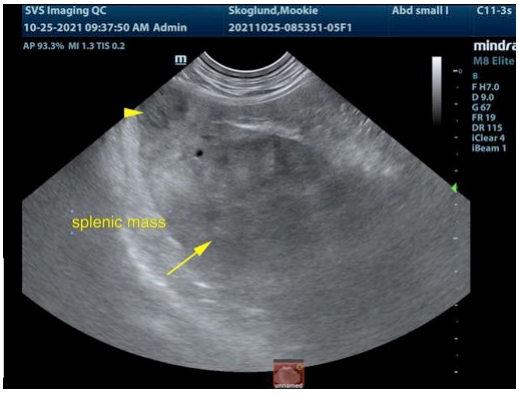

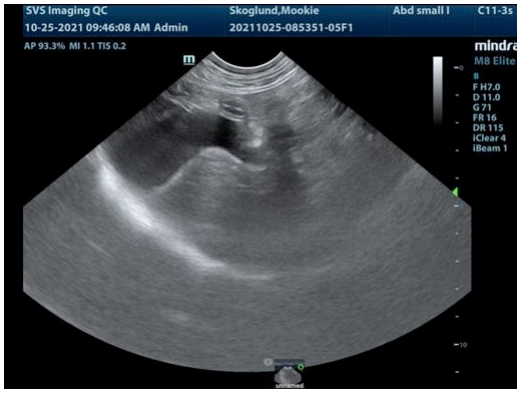

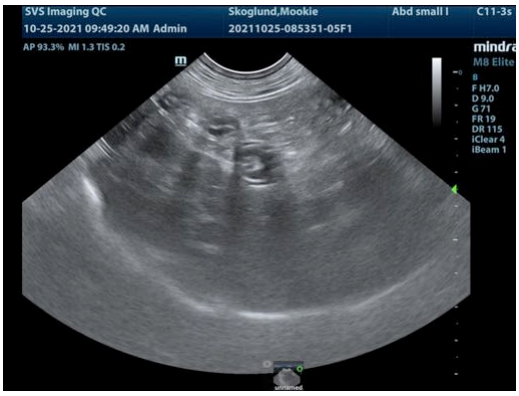

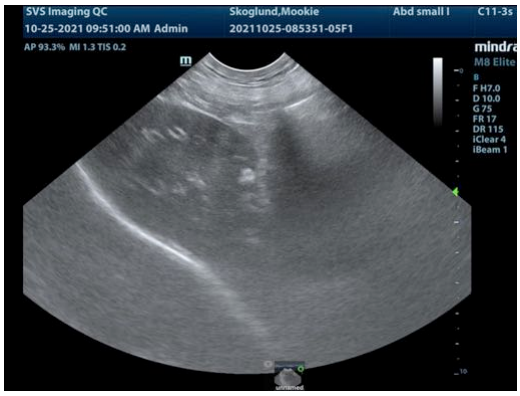

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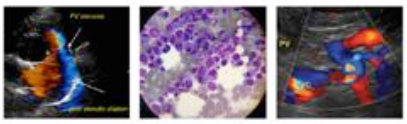

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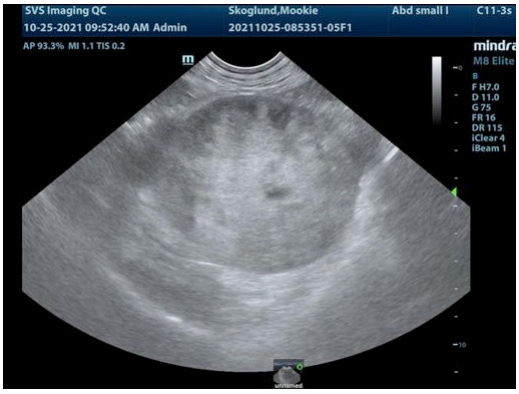

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com