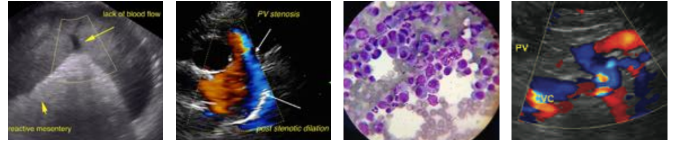
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Peanut Burr

SPECIES

Canine

BREED

Beagle Mix

SEX

Spayed Female

AGE

14 years

WEIGHT

46 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Striano Kaplan

HOSPITAL NAME

Ramsey VH

REFERRING VET

Dr. Striano Kaplan

INVOICE

92773

DATE

11/1/21

PRESENTING CLINICAL SIGNS

History: Presented as new patient - 10/27, interm. diarrhea and gagging for previous month, pet seems PU/PD for few days. Episode of ataxia, weakness, resolved in 36 hours. Episodes of restlessness, potential vision and hearing impairment.
Abnormal PE/Chem/CBC/UA Results: PE - tense painful abdomen, grade 2/6 HM BUN 37, Crea 1, K+ 3.8, Cl- 105, ALP 307, Retic 124 USG 1.023, 10-15 WBC, 6-10 RBC, moderate rods - UCS - E.Coli sensitivity pending 3 view radiographs - splenic tail mass, mild hepatomegaly, pulmonary bullae - considered incidental finding - prev right sided rib fracture no pulmonary ST nodule right shoulder DJD

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

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 4.93 cm. The right kidney measured 5.21 cm.

Adrenal Glands

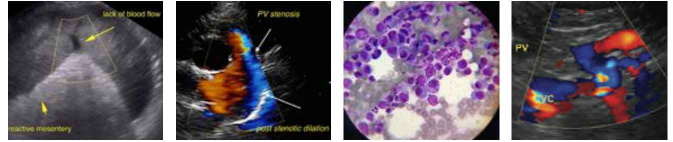
The right **adrenal gland** was visualized and was mildly heterogenous measuring 1.2 cm at the cranial pole and 0.6 cm at the caudal pole. The left adrenal gland was uniform and measured 0.5 cm at maximum width.

Spleen

The **spleen** revealed a large parenchymal, 7.5 cm mass with multi-focal areas of mineralization. There was no evidence of cavitation. The remainder of the spleen was unremarkable with minor heterogenous changes.

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. There were no obvious metastatic lesions; however, liver biopsy is warranted at the time of surgery. Vascular and biliary tracts were of normal volume and no evidence of



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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, 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.

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. Trivial **mitral** valve insufficiency was noted. This is not clinically significant. The mitral insufficiency was centralized and 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. Trivial **tricuspid** insufficiency was noted. 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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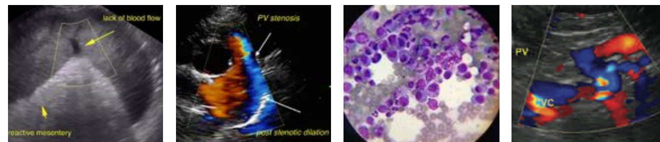

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CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT			NM	1.3	35	80	NM
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV 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		1.1		46 lbs	1.15	2.79	

ULTRASONOGRAPHIC FINDINGS

Splenic mass. Differentials include hemangiosarcoma, benign splenic hyperplastic mass, stromal tumor or round cell neoplasia.

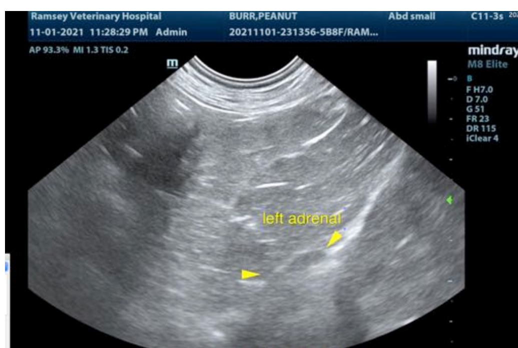
Minor apical bladder wall thickening. This is consistent with chronic cystitis.

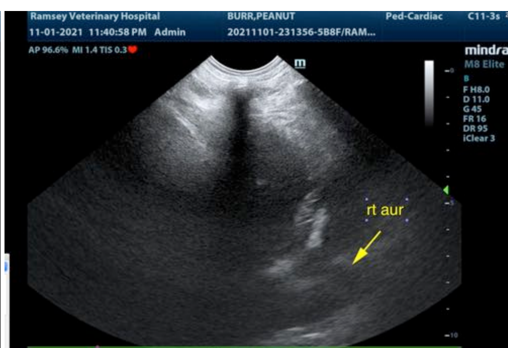
Age related renal changes.

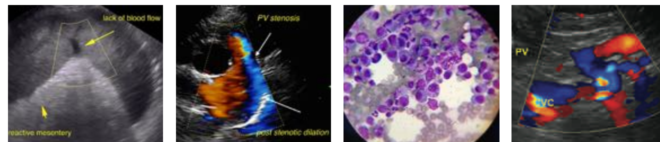
Early stage B1 valvular disease, no evidence of cardiac masses.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view chest radiographs are recommended followed by exploratory surgery/splenectomy and liver biopsy is indicated. There is no contraindication to anesthetic procedure. A recheck echocardiogram is recommended in 6 months.







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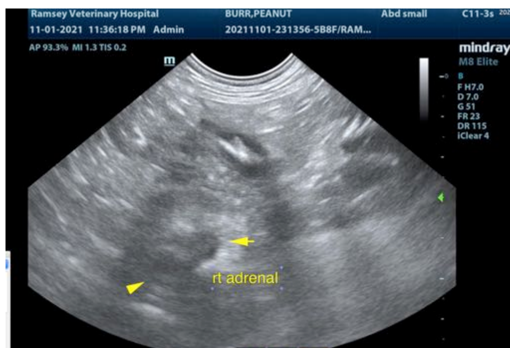

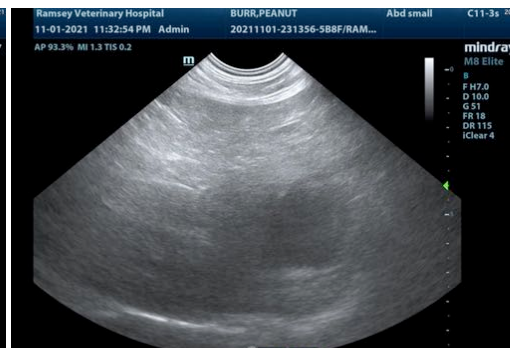

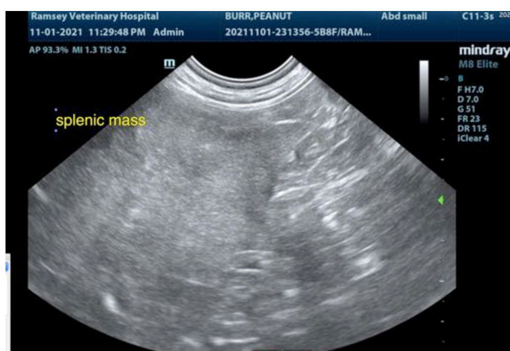

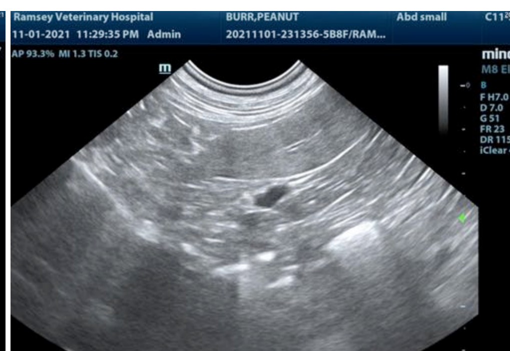

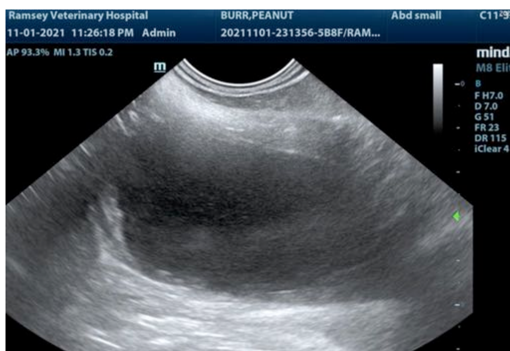

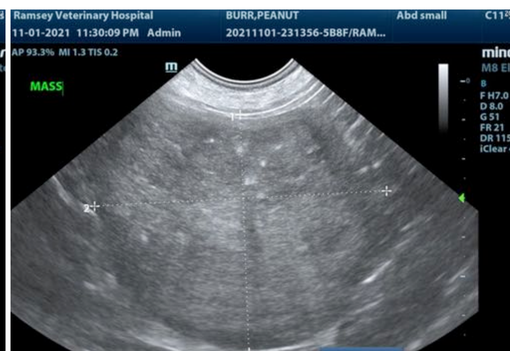

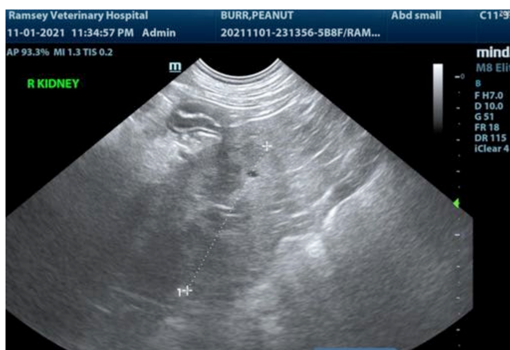

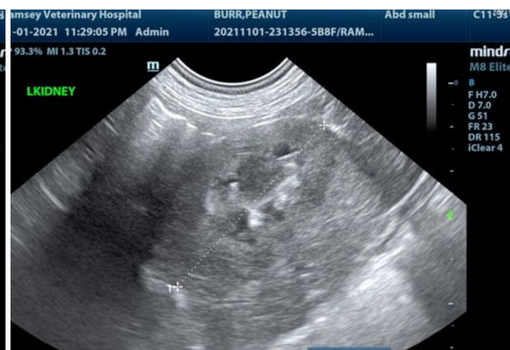

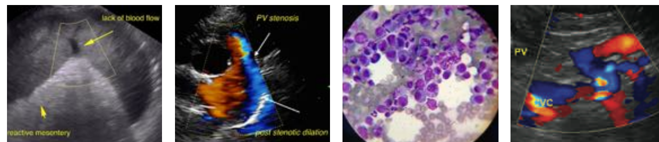

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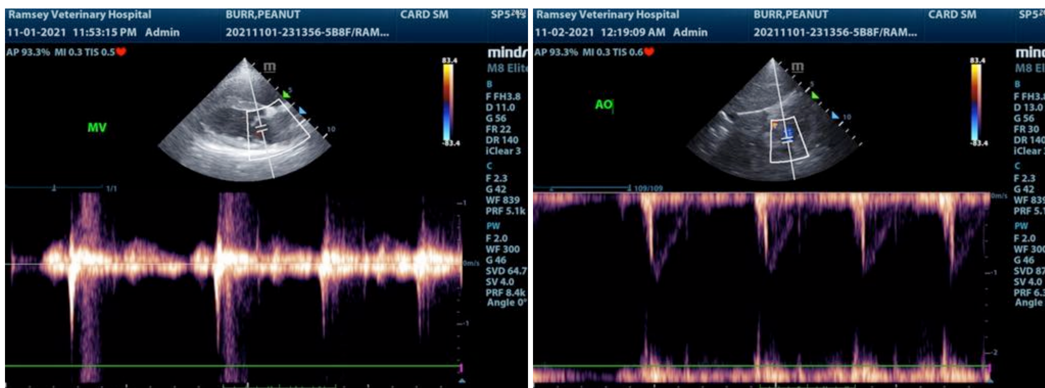
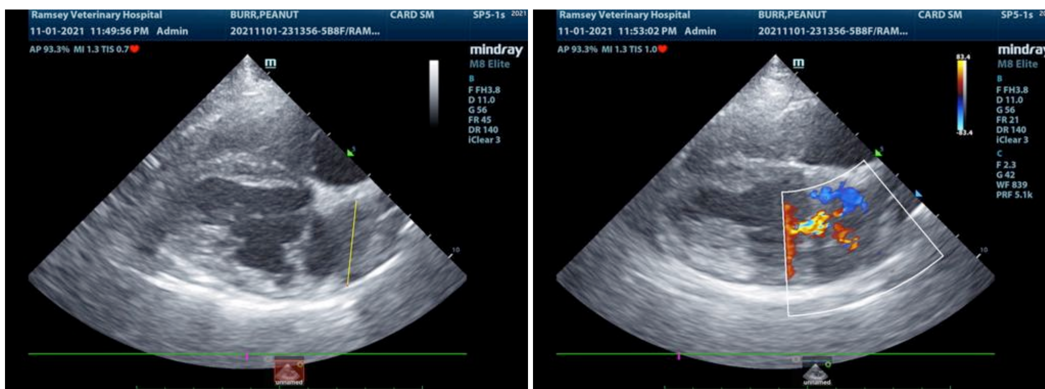
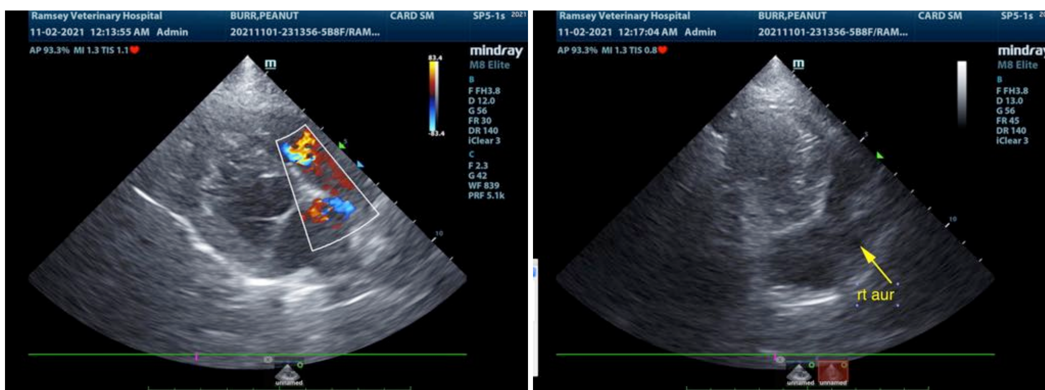
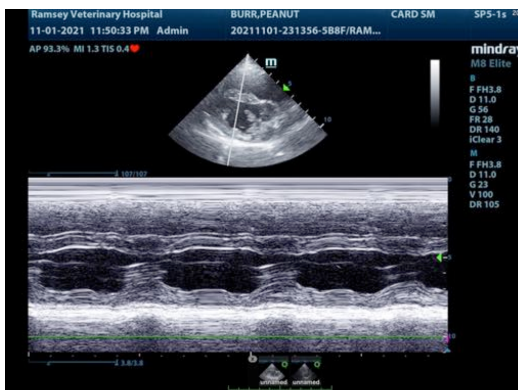
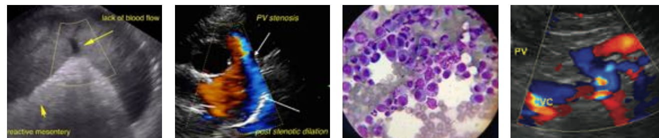








The information and recommendations provided are based on the images presented by the referring



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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