

**PATIENT**

Ginger Smutzer

**PRESENTING CLINICAL SIGNS**

Not eating, coughing, O stated he thought something was in her stomach

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Nothing found on radiograph in abdomen. Suspect possibly heart failure. Pulmonary edema. Has received dose of Lasix and torb IV.

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN**

**BREED**

Golden

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

78 Pounds

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			1.15	1.6	45	79	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	128	2.07	0.9		3.2	2.6	

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Cardiac Presentation**

The cardiac presentation revealed left ventricular hypertrophy or pseudohypertrophy. Normal left atrial and left ventricular volumes present. Right atrium, right ventricle, and pulmonary outflow were unremarkable. No pericardial effusion present. There is no evidence of clinical cardiac disease in this patient. A large amount of respiratory interference was present.

**IMAGING PERFORMED BY**

Sara Pender, CVT

**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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Narske

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 8.03 cm. The left kidney measured 7.06 cm.

**INVOICE**

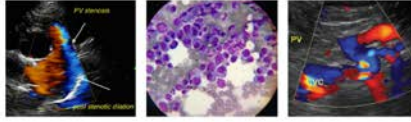
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**Adrenal Glands**

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 2.9 cm x 0.51 cm at the cranial pole and 0.66 cm at the caudal pole. The right adrenal gland measured 2.91 cm x 0.97 cm at the cranial pole and 0.66 cm at the caudal pole.

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**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded on itself cranially and caudally. 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.

**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.

**Other**

Lung consolidation noted through the diaphragm.

**ULTRASONOGRAPHIC FINDINGS**

- Lung consolidations, non-cardiogenic pleural and pulmonary pathology

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Chest CT, and, if accessible, lung FNA indicated. Strong concern for thoracic neoplasia. Pneumonitis and lung necrosis possible. Fungal infectious agent possible yet less likely.

**Radiographs: Normal cardiac silhouette, multifocal lung consolidation, and possible pleural effusion.**

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svsimaging.net 309-737-3070



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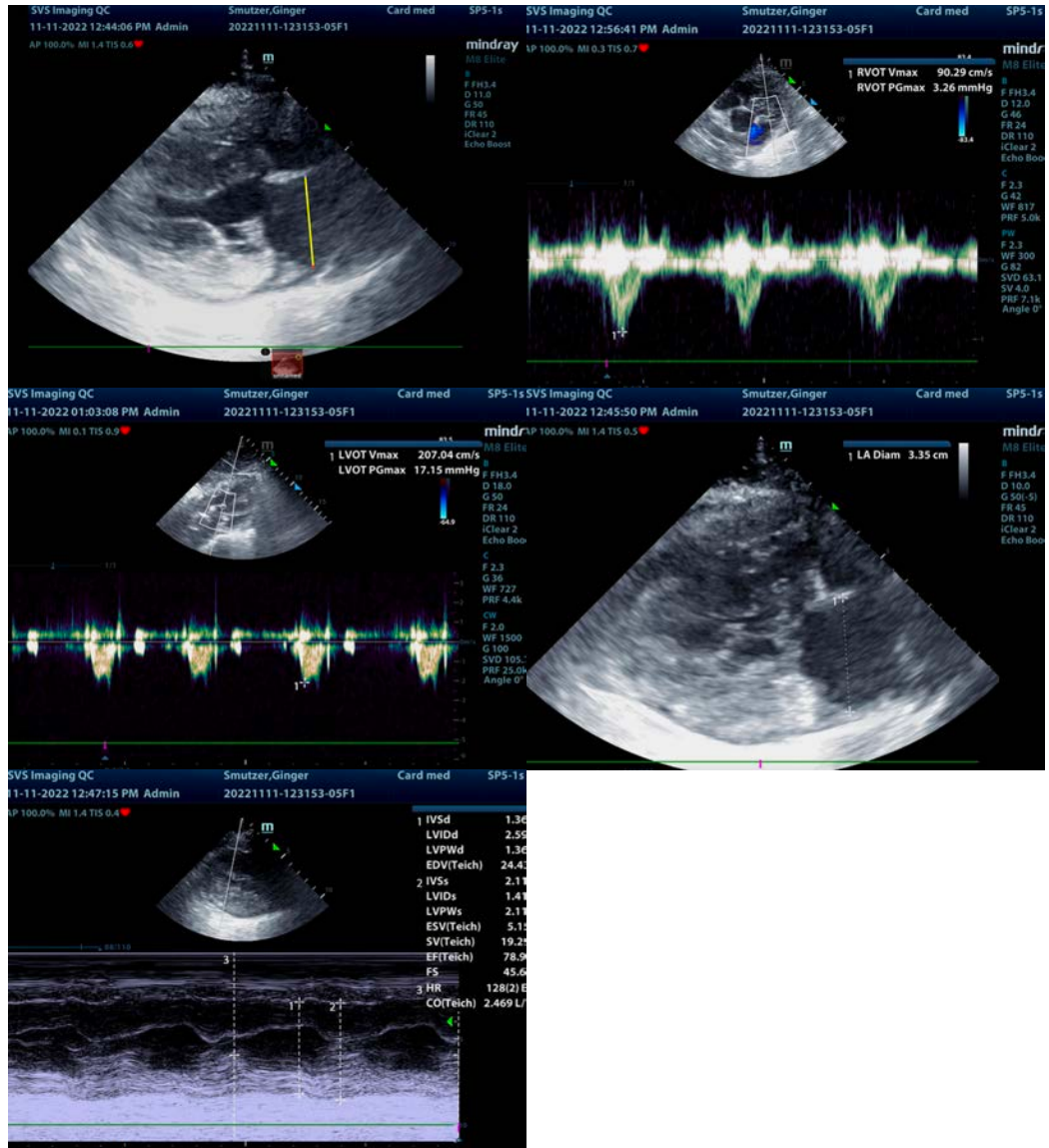
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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