



PATIENT PRESENTING CLINICAL SIGNS

Bravo Wuesthoff
History: gagging, lethargy, inappetence. Intermittent arrhythmia. no murmur. On omeprazole.
Abnormal PE/Chem/CBC/UA Results: pending

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

BREED

Shiloh Shepherd

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A trace amount of sand was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

SEX

Intact male

The prostate was enlarged with periprostatic cysts. The prostate measured 5.0 cm.

AGE

11 years

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 7.9 cm.

WEIGHT

107 lbs

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 right adrenal gland measured 3.72 x 1.51 cm at the cranial pole and 0.61 cm at the caudal pole. The left adrenal gland measured 3.92 x 0.66 cm at the caudal pole and 0.87 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The spleen was not visualized as splenectomy was previously performed. The splenic fossa was unremarkable.

IMAGING PERFORMED BY

Diane McFadden, RVT

HOSPITAL NAME

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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.

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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. The stomach appeared to be in proper position. Small and large intestine demonstrated normal luminal chyme and stool consistency



PATIENT respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.
Bravo Wuesthoff

SPECIES *Pancreas*

Canine 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.

BREED

Shiloh Shepherd

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

SEX

Intact male

AGE

11 years

WEIGHT

107 lbs

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. Trivial **mitral** valve insufficiency was noted. 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 at 2.8 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). Occasional arrhythmia was noted. **Pleural effusion** was present. No overt cardiac masses were noted.

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CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC PARAMETERS	VMAX (m/s)	VMAX (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT			1.16	1.0	42	73	0.61
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC PARAMETERS	(BPM)	VMAX (m/s)	MAX (m/s)		2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	92	1.3	0.8	107 lbs	3.0 max	4.23	



PATIENT ULTRASONOGRAPHIC FINDINGS

Bravo Wuesthoff Non-cardiogenic pleural effusion.

Trivial mitral and tricuspid insufficiency, not a clinical issue.

SPECIES

Stable abdomen.

Canine

BPH prostate with peri-prostatic cysts.

BREED

Shiloh Shepherd

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

There was no overt complication from the gastropexy. Chest CT with contrast is recommended in this patient. There were no masses in the thoracic acoustic window. However, given the presence of pleural effusion I am strongly concerned for thoracic neoplastic event.

Intact male

AGE

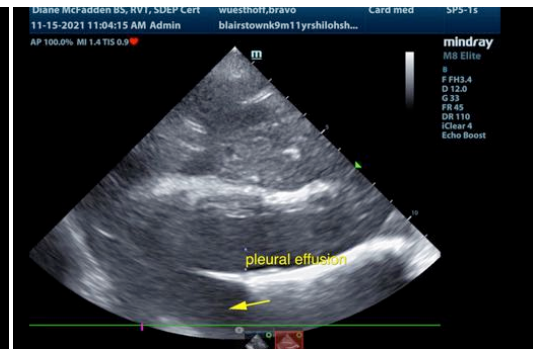
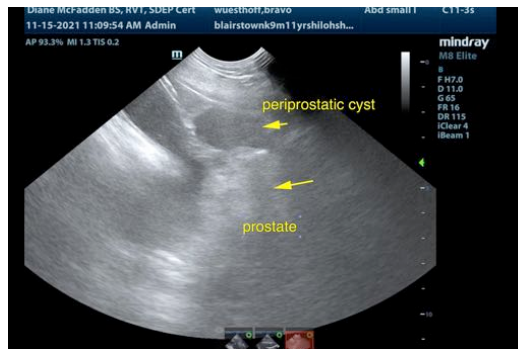
11 years

WEIGHT

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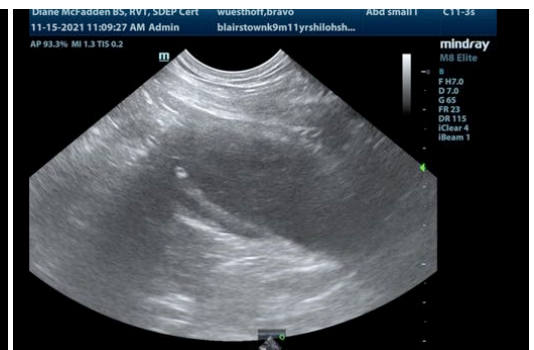
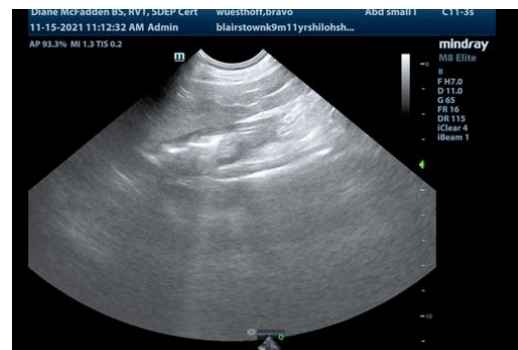
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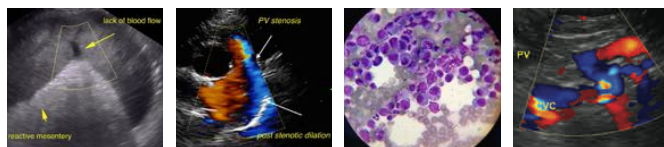
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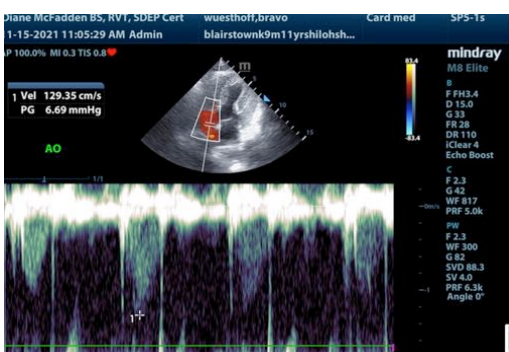
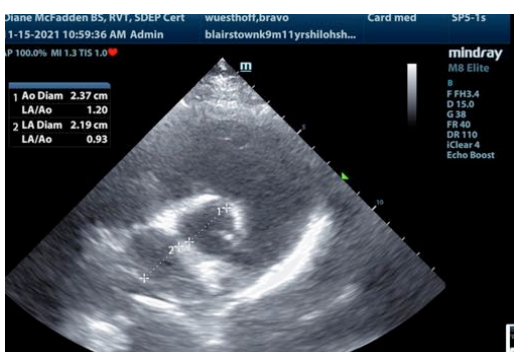
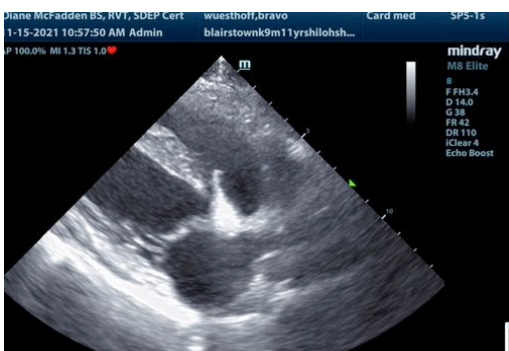
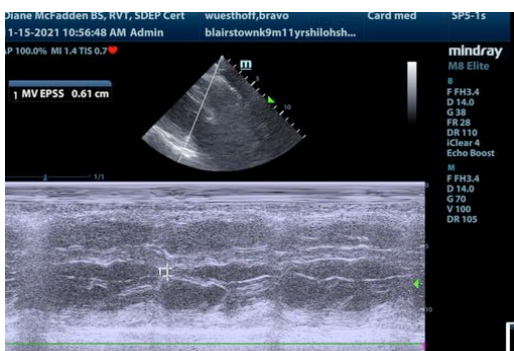
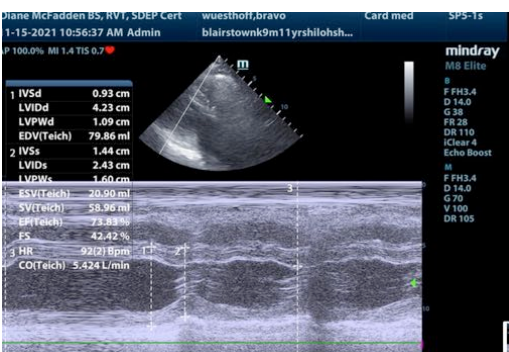
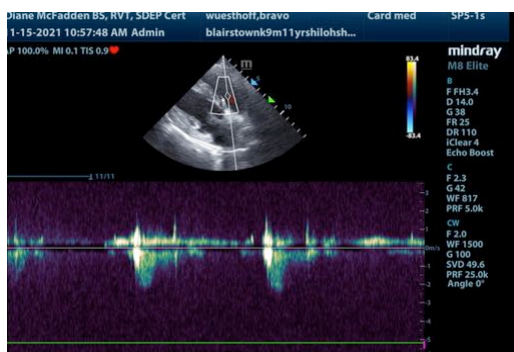
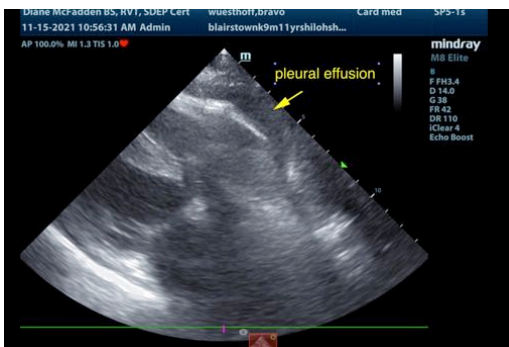
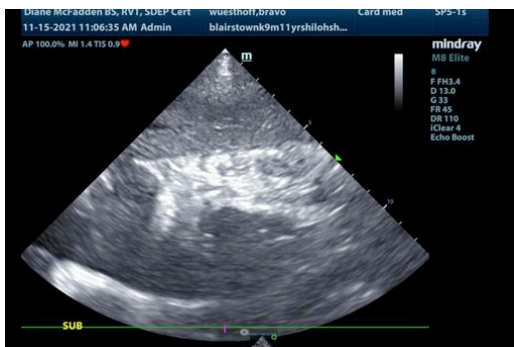
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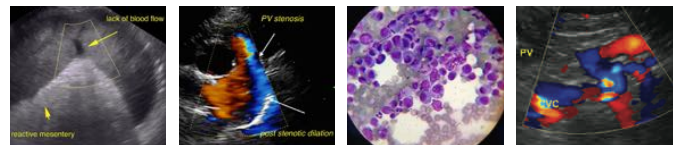
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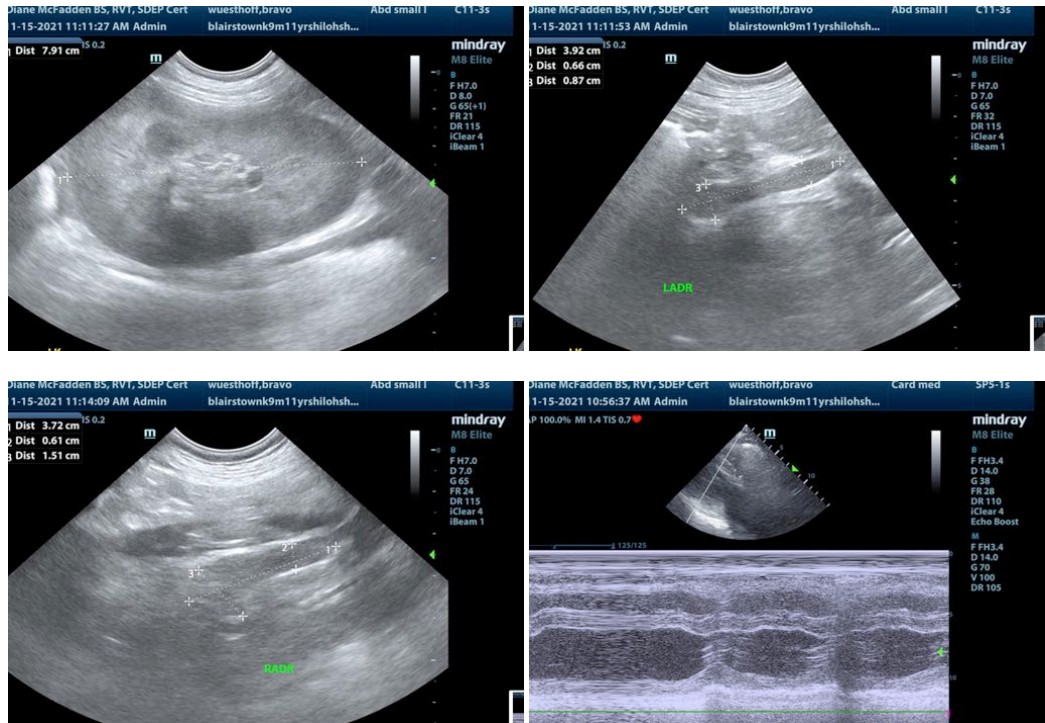
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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