



PATIENT

Eddie Thomas

SPECIES

Canine

BREED

Labrador

SEX

Neutered male

AGE

9 years

WEIGHT

46 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Dewinton VC

REFERRING VET

Dr. Pazej

INVOICE

42839

DATE

11/30/22

PRESENTING CLINICAL SIGNS

History: History of panting and atrial fibrillation seen on an ECG - attached file. Patient also has symmetrical truncal non purification alopecia.
Abnormal PE/Chem/CBC/UA Results: Owners declined blood work Dog had a previous LDDST done in 2019 and was negative Chest x rays look unremarkable.

ULTRASONOGRAPHIC EXAMINATION

Urinary System

Limited abdominal examination revealed a right adrenal nodule that measured 1.65 cm at the cranial pole and 0.8 cm at the caudal pole. The nodule is most consistent with adenoma. The nodule is hyperechoic with capsular expansion. The left adrenal gland revealed similar hyperechoic nodule that measured 1.85 cm. and was deriving from the caudal body.

The liver was unremarkable and uniform.

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 normal 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** valvular assessment demonstrated adequate linear morphology and kinesis. 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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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			1.27	1.04	37	67	0.2
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	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	BELOW	BELOW	BELOW	BELOW
PATIENT	109	1.0	0.71	46 kg	4.2	4.57	

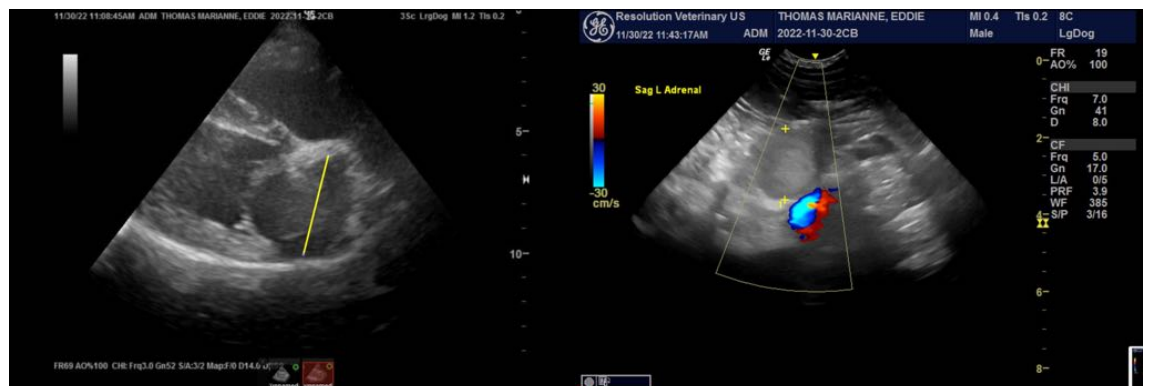
ULTRASONOGRAPHIC FINDINGS

Bilateral adrenal nodules, adenoma is likely. Adenocarcinoma, pheochromocytoma is possible depending on clinical status and any evidence of hypertension.

Normal echocardiogram. No evidence of structural or functional pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of structural pathology. Treatment should be based on EKG results. Serial blood pressure measurements are warranted to assess for any hypertension associated with the adrenal pathology. Full adrenal panel to the University of Tennessee would be ideal.





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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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