



PATIENT PRESENTING CLINICAL SIGNS

Gatsby Gasser

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered male

AGE

9 years

WEIGHT

74.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Bailes

HOSPITAL NAME

All Creatures Great
and Small VC Corvallis

REFERRING VET

Dr. Bailes

INVOICE

94460

DATE

12/9/21

History: examined 6/21 for evaluation of multiple skin masses, OA concerns. Bloodwork/urine performed then: BC: NSF Biochem: mild hyperglobulinemia 3.7 (1.6-3.6) Mild hypercholesterolemia 355 (92-324) Elevated PSL 264 (24-140) UA: USG- 1.025, pH- 8.5, +2 protein, hematuria, pyuria with marked bacteria (cocci and rods) UPCR: 0.5 Cephalexin prescribed; recheck UA 2 weeks later confirmed well concentrated urine, resolution of UTI and resolution of proteinuria Thoracic rads taken 6/28/21 prior to sedation for multiple M/R's - generalized cardiomegaly noted. Echo performed 7/1/21: The primary abnormality identified is mild LA and LV dilation. The systolic function is borderline, which may in total be a marker of early cardiomyopathy; however, this may also be a normal variant in this large breed dog. Patient was on grain free diet @ the time; owners switched to a grain inclusive diet. Acute onset PU/PD/urinary incontinence noted 8/21 - dilute urine noted, otherwise NSF; owner measured water consumption and was WNL; incontinence and Pu/PD spontaneously resolved Examined 11/23/21 - progressive weight loss noted, otherwise no concerns @ home. Eating/drinking well; no vomiting or diarrhea; normal energy level. No coughing. Recheck BW performed: CHEM: increased CHOL (331) CBC: WNL TT4: WNL @ 1.0 UA: USG = 1.013; negative proteinuria, IS Abnormal PE/Chem/CBC/UA Results: Multiple SQ/dermal masses TNTC Chronic otitis Mm atrophy rear legs, mild MCS atrophy dorsum. Otherwise NSF on PE - no heart murmur.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The **left atrium and left ventricle** were at the upper limits of normal. Trivial **mitral** valve insufficiency was noted. **Contractility** appears to be fairly similar to the prior sonogram. 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.

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			0.9	1.2	27	51	0.78
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		1.54		74.6 lbs	4.4 max	5.79	



PATIENT **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Gatsby Gasser

Urinary System

SPECIES

Canine

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

BREED

Golden Retriever

SEX

Neutered male

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 7.5 cm. The left kidney measured 8.23 cm.

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9 years

Adrenal Glands

WEIGHT

74.6 lbs

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 3.24 x 0.64 cm at the caudal pole and 0.96 cm at the cranial pole. The left adrenal gland measured 2.93 x 0.76 cm at the caudal pole and 0.5 cm at the cranial pole.

INTERPRETED BY

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Spleen

The **spleen** presented a thrombus that measured 1.0 x 0.5 cm. The thrombus was partially occlusive of the primary splenic vein.

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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

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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.

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PATIENT

Pancreas

Gatsby Gasser

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

Idiopathic mild hypocontractility.

Golden Retriever

Age related abdominal changes with splenic thrombosis.

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutered male

No significant changes from the prior echocardiogram. Systemic disease such as hypothyroidism, Addison's or athletic state can all present in this fashion. Grain free diet/taurine deficiency should be considered as a potential. Full coagulation panel is warranted. I recommend continual treatment for UTI given the patient's history. Systemic infectious disease should be considered such as tick borne disease. Plavix therapy would be appropriate. Thyroid assessment is warranted if not already performed. Screening for occult Addison's is warranted if not already performed. I recommend baseline cortisol. No cardiac medications are recommended. Recheck sonogram is recommended in a week to assess the splenic thrombus.

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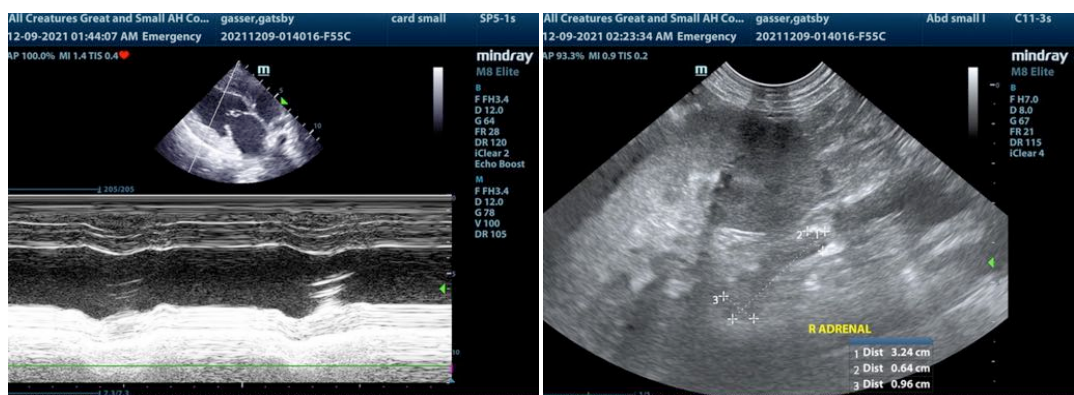
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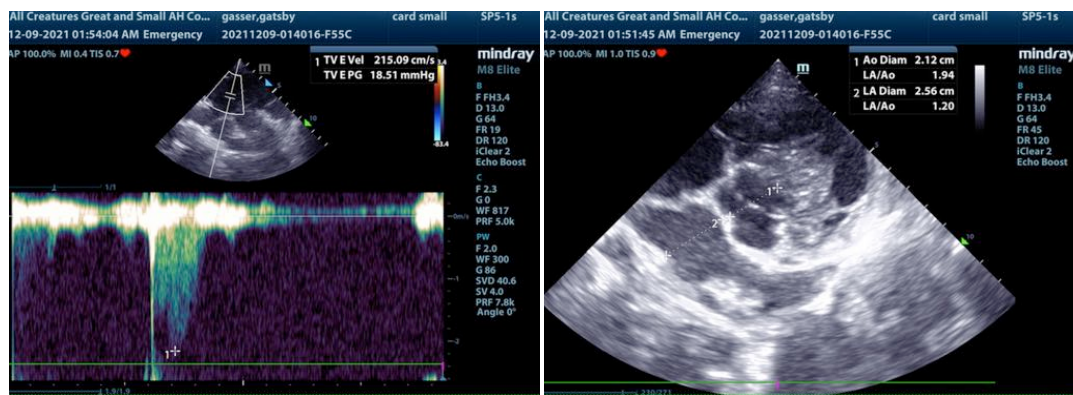
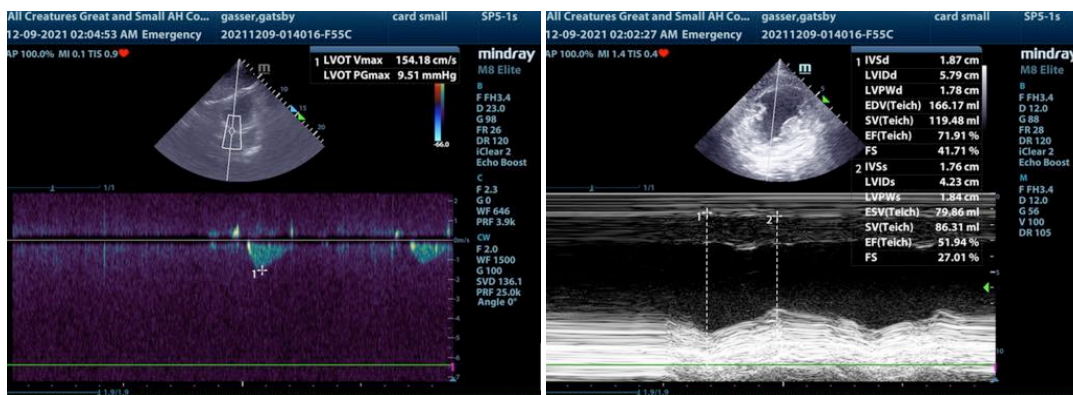
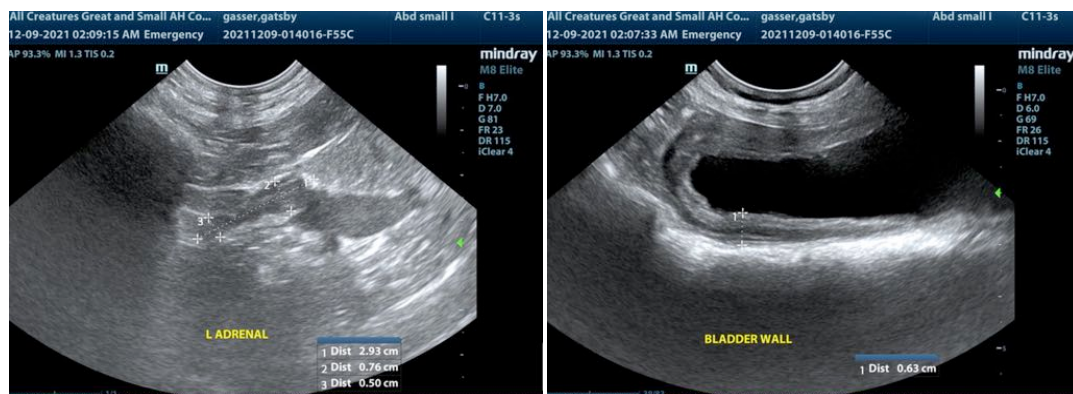
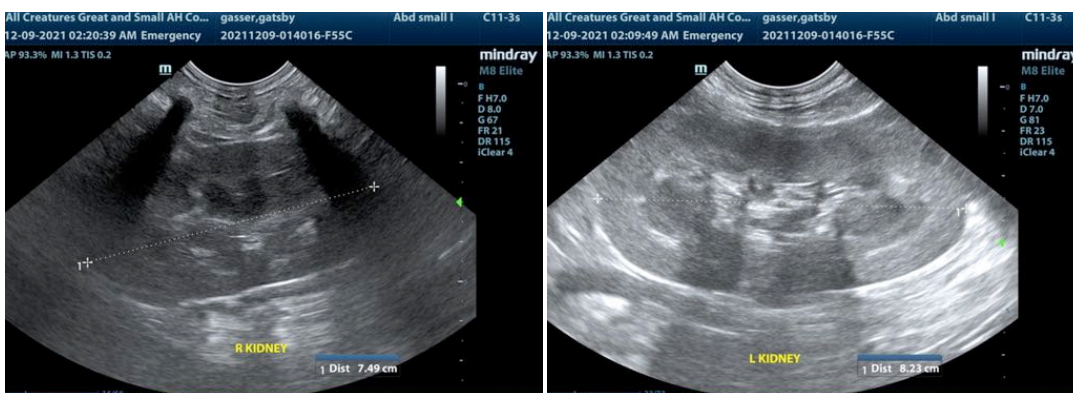
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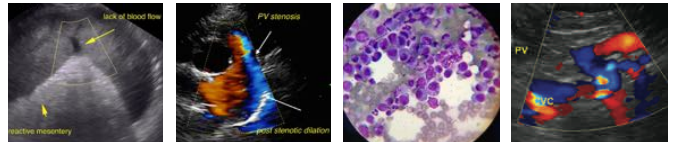
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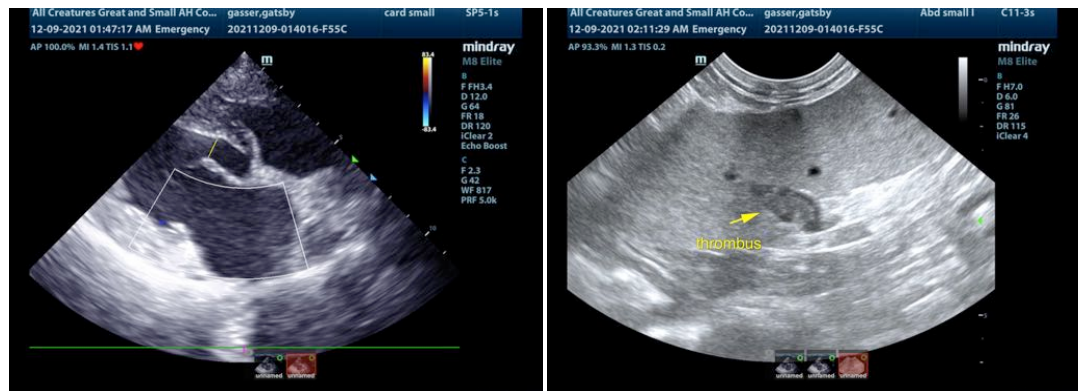
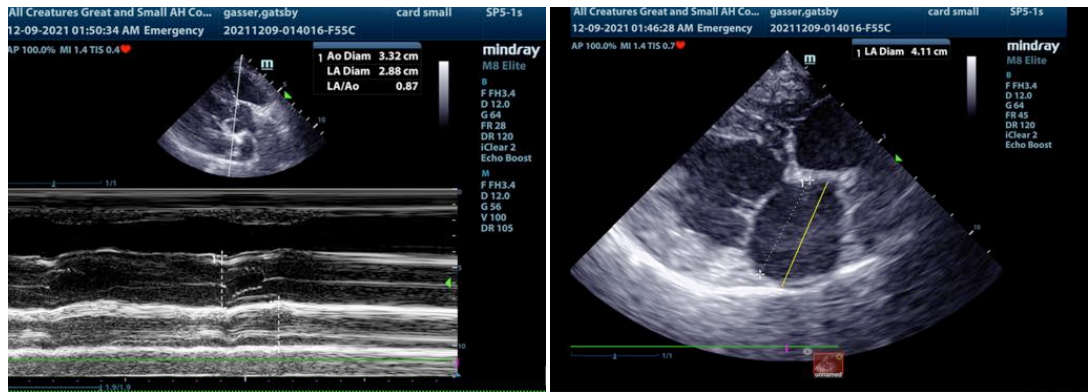
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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