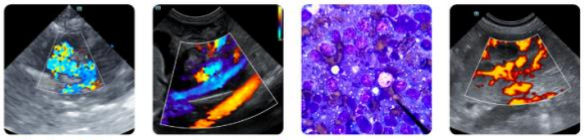


PATIENT

Alexis Mueller

SPECIES

Canine

BREED

Rottweiler Mix

SEX

Spayed Female

AGE

10

WEIGHT

64.8

INTERPRETED BY

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr. Harrs

INVOICE

13781

DATE

02/14/26

PRESENTING CLINICAL SIGNS

- Presented with dyspnea pale gums, soft tissue fluid mass in abd. Hx of mammary cancer Hx of splenectomy, kidney dz and high BP

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

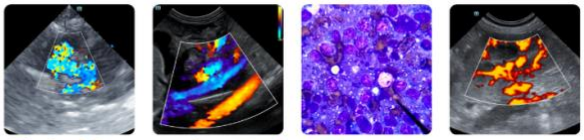
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	--	--	1.0	1.4	35	--	NM
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT**	**LAD** LA MAX 4 Chamber	**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	--	--	0.9	64.8	3.6	3.0	--

Cardiac Presentation

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 right ventricle were enlarged. valve insufficiency was noted in this patient. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary artery** was enlarged. Coalescing B-lines were present. Pulmonic insufficiency was also noted. Pulmonary edema or a neoplastic event is suspected. Pleural effusion was noted through the diaphragm.

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.



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The uterus/uterine stump was visualized at 5.0 mm at the level of the caudal bladder. In the region of the right ovarian fossa, a cystic structure measuring approximately 3.0 cm with an adjacent tubular attachment was present and suspected to be a residual right ovary, however, this cannot be confirmed. This may be a cystic lymph node as well.

The **left kidney** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.5 cm in length.

The **right kidney** 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 5.5 cm in length.

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 2.05 cm x 0.51 cm width at the caudal pole and 0.58 cm width at the cranial pole. The right adrenal gland measured 0.65 cm width at the cranial pole and 0.45 cm width at the caudal pole.

Spleen

The region of the **splenic fossa** revealed tissue that resembles spleen and capsulated in a fluid-filled capsule that superimposes the pancreas and cannot rule out a pancreatic origin.

Liver

The **liver** revealed mild hepatic vein dilation and increased portal markings. The liver appears subjectively benign. The gallbladder and common bile duct were unremarkable.

Transdiaphragmatic view revealed a shower curtain lung sign.

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.

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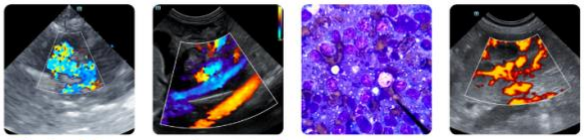

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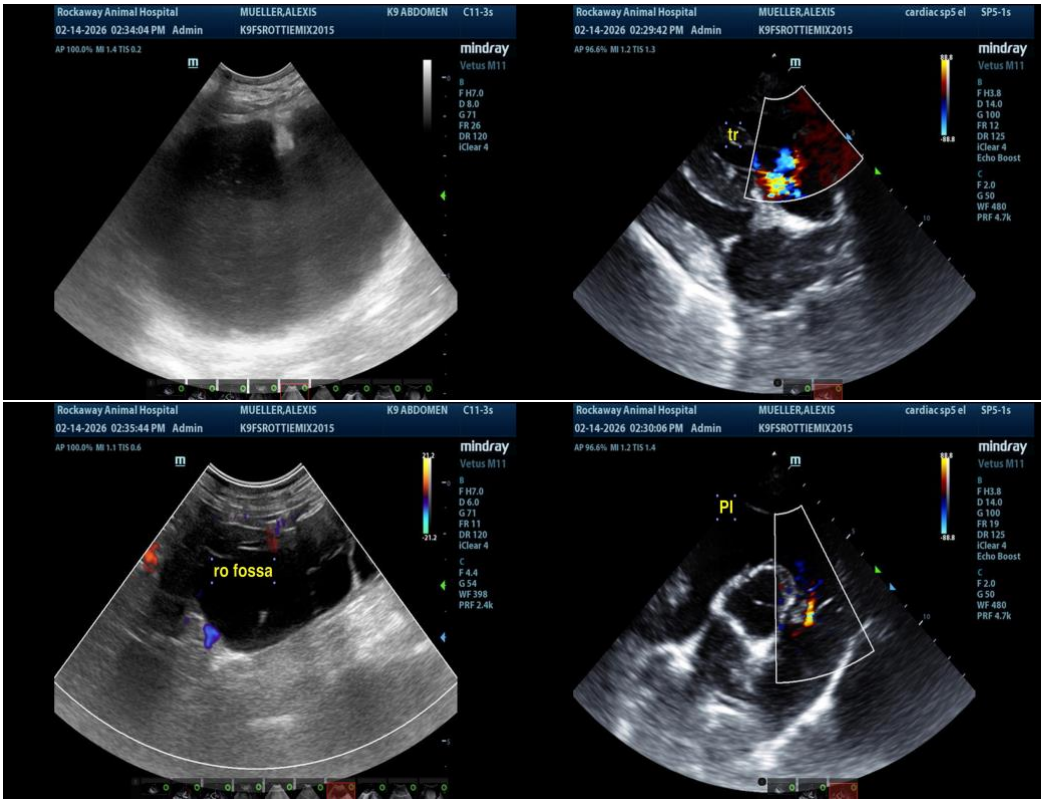
ULTRASONOGRAPHIC FINDINGS

- Mild passive congestion liver pattern.
- Pleural effusion.
- Shower curtain lung pattern- indicative of alveolar disease.
- Right sided volume overload- likely pulmonary hypertension secondary to thoracic disease.
- Age-related renal changes.
- Undefined cystic mass in the region of the splenic fossa.
- Right ovarian fossa cystic structure.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sildenafil therapy is recommended. Primary respiratory therapy is recommended. Further imaging such as chest CT would be indicated to assess for a neoplastic process, possible pneumonitis or thromboembolic events, primarily in the thorax. If the patient is able to be stabilized, exploratory abdominal surgery is recommended with focus on the region of the mass and cystic structure in the right ovarian fossa.



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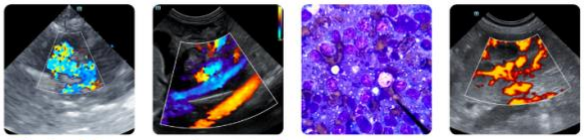

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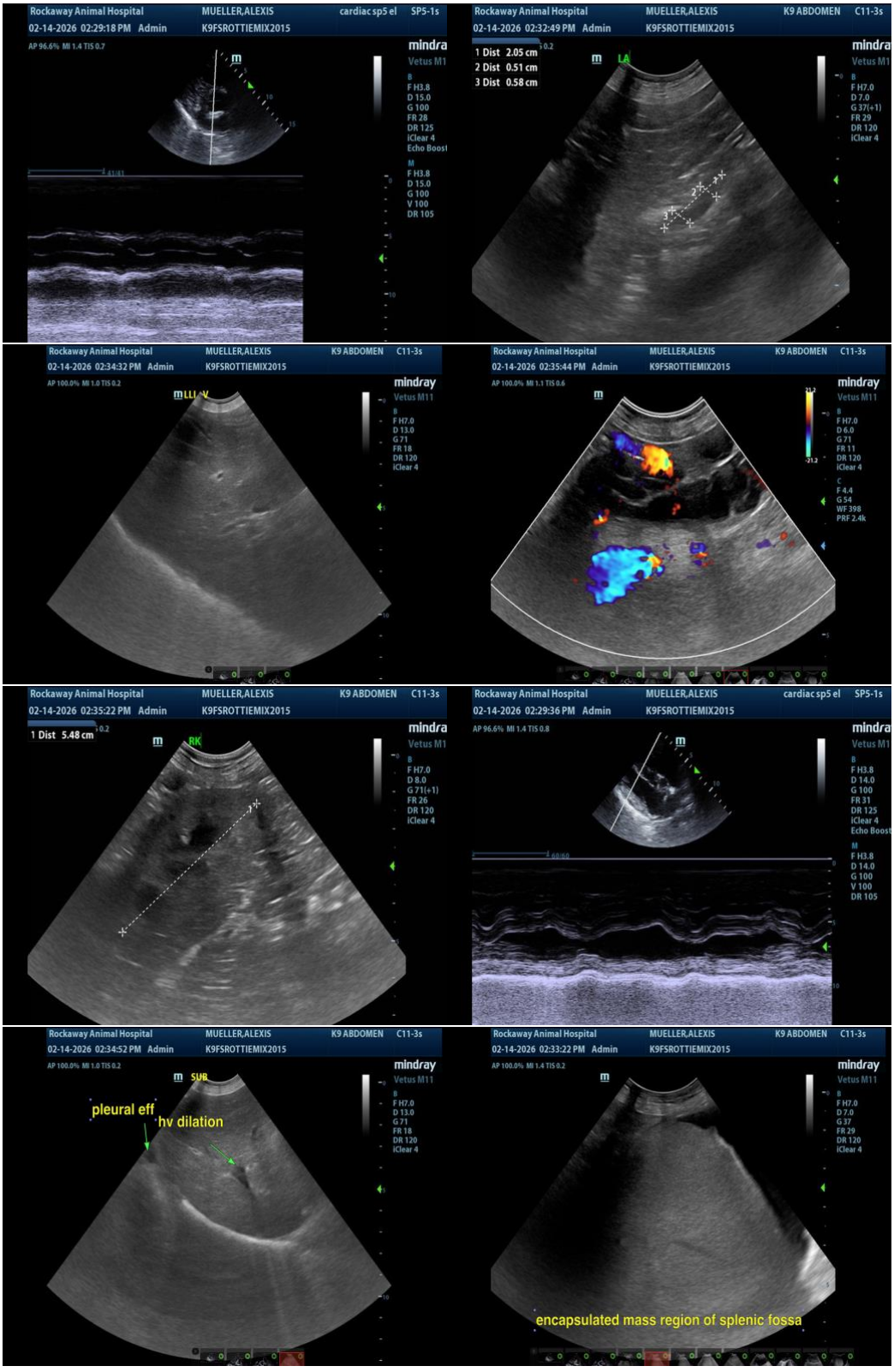

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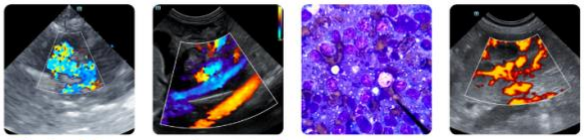

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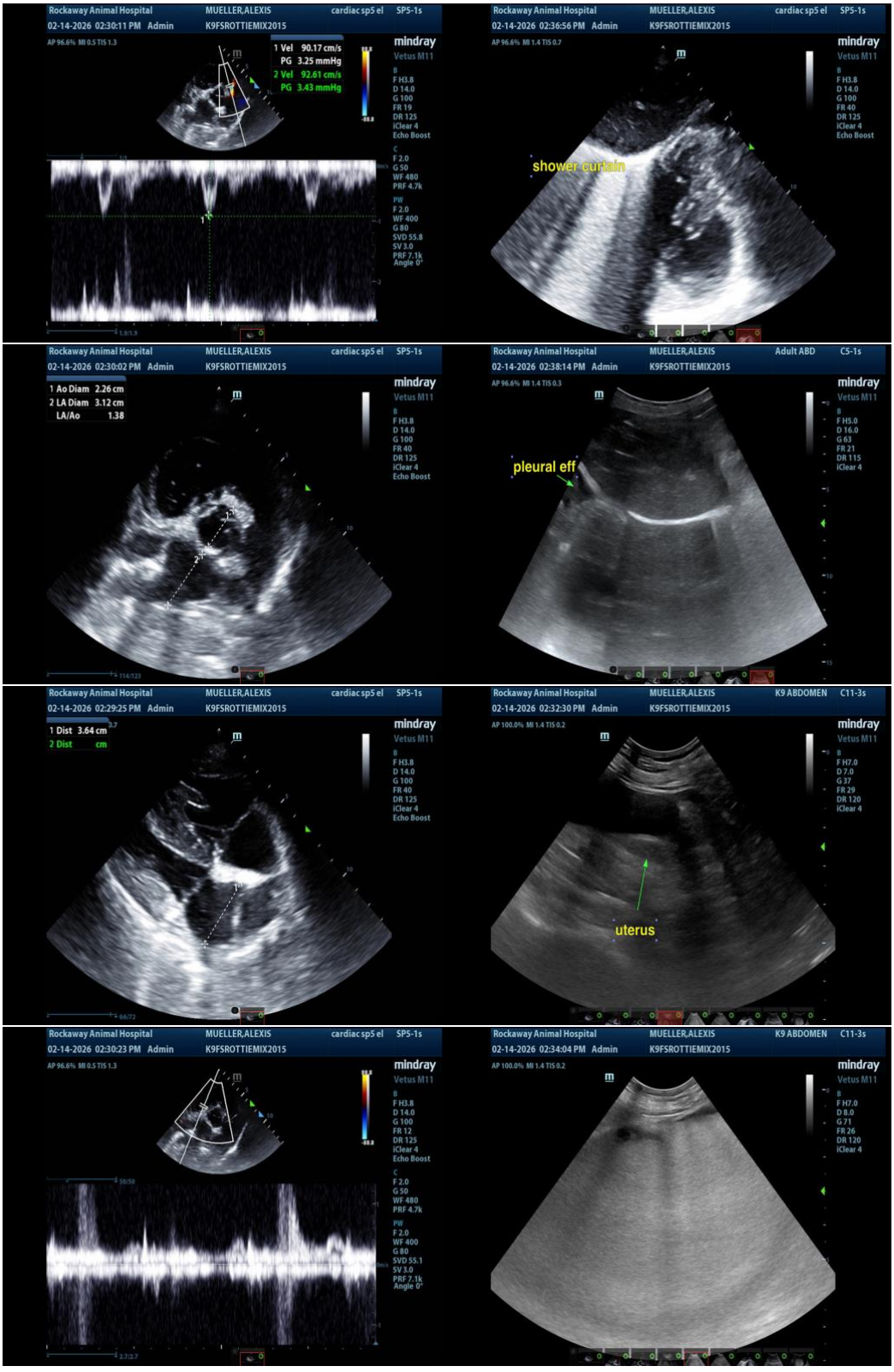

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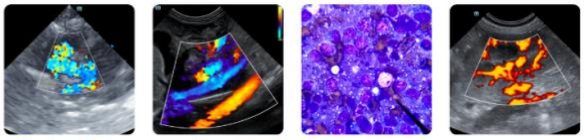

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,

CEO, Owner, Founder -- SonoPath.com

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