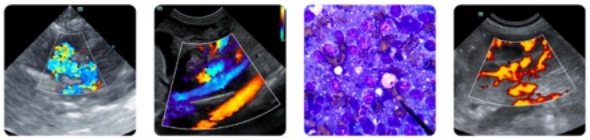

PATIENT

Beasley Friedrich

SPECIES

Canine

BREED

Bichon Mix

SEX

Neutered male

AGE

9 years

WEIGHT

12.2 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Hollway

HOSPITAL NAME

Valley Green VH

REFERRING VET

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2/16/26

PRESENTING CLINICAL SIGNS

- HX SEIZURES since 2023 with recent cluster seizures. HX anaplasma +. HX vaccine reactions - mild reaction to Lyme/Lepto: swelling of the vaccine location. Patient presenting for exam and vaccines with known vaccine reaction. When getting history for vaccination appointment owner noted that patient had cluster seizures 3 weeks ago.
- BAR. ABD = TTP. Hx intermittent HM. No HM heard today. Lungs clear. Neuro normal today. Hx Cluster seizure ~3 weeks ago that Owner did not seek treatment for. Hx of seizures at least monthly per Owner since 2023. Grade 3-4ddz on RIGHT side, grade 2 on left side. NEW lipoma-like mass ventral thorax. Showed Owner that mouth. Discussed multiple extractions on the RIGHT side expected as Patient is likely uncomfortable and chewing on the LEFT side
- Next step for seizure work-up = CT/MRI. Pending AUS results will start Zonisamide.
- Today: BP = 160mmHG (stressed) ECG = NSF FNA of mass on ventral thorax = pending 2/11/26 IDX Rad Report: CONCLUSIONS: The thorax is normal, with no evidence of pneumonia, cardiovascular disease, or intrathoracic neoplasia. The abdomen is normal for the postprandial state. 2/11/26 CBC: NSF CHEMISTRY: Creat 1.5 -- IRIS Stage 2 CKD is a concern at this level --> need urine sample to fully understand kindey function Lytes: NSF T4 = 2.1 normal 4Dx = (+) Anaplasma -- this is historical proBNP = 1,333 HIGH (0-900)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

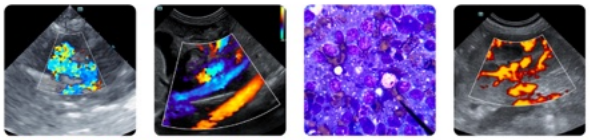
The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

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 right kidney measured 3.4 cm. The left kidney measured 3.5 cm.

The residual **prostate** measured 0.9 cm.

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 0.45 cm. The right adrenal gland measured 0.75 cm at the cranial pole and 0.35 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 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 was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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.

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 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

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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	LA/AO (Heart Base)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	NM	NM	1.1	1.0	40	90	0.1
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	BELOW	BELOW	BELOW	BELOW
PATIENT	NM	NM	0.8	12.2 lbs	NM	1.7	NM

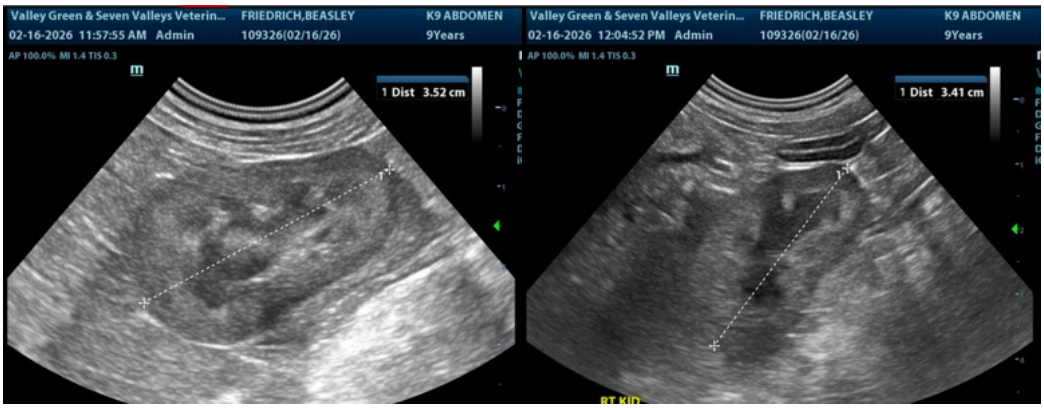
ULTRASONOGRAPHIC FINDINGS

Structurally normal abdomen, no evidence of pathology.

Normal echocardiogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of cardiac disease related to the clinical signs. Given the patient's history, skull CT would be appropriate for further definition. Recheck blood pressure measurements after Torbutrol injection would be appropriate to assess if the mildly elevated systemic pressures are persistent in which case anti-hypertensives would be appropriate.



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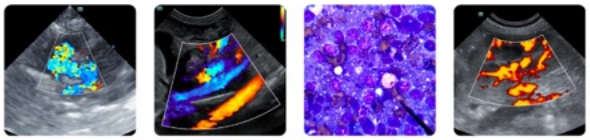

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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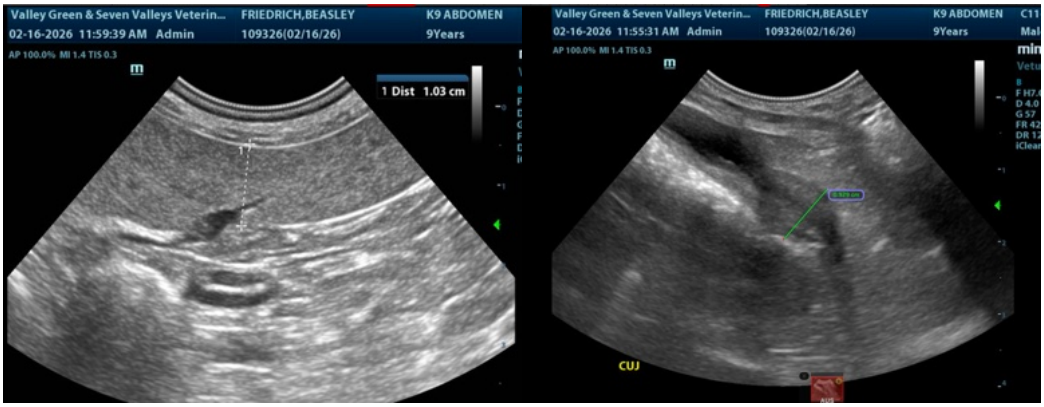

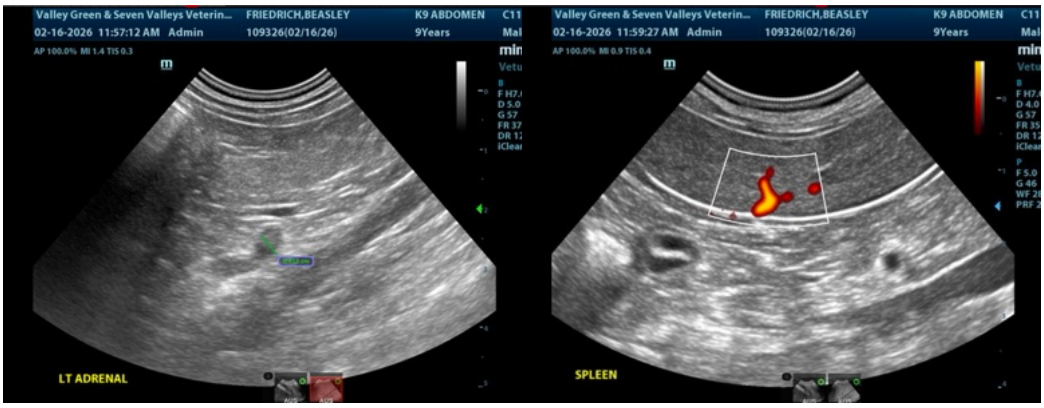

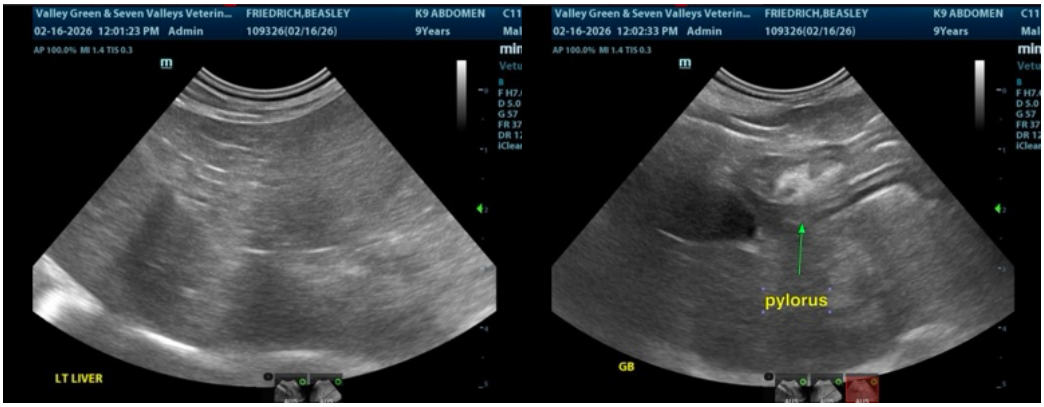

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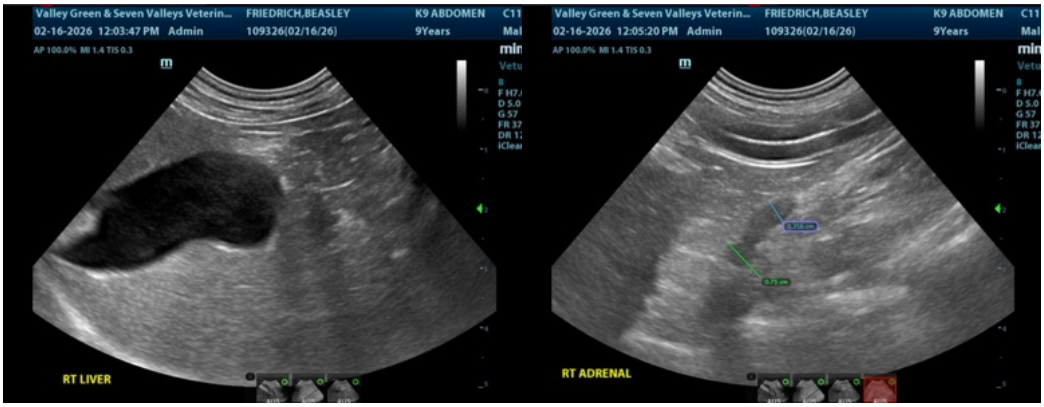

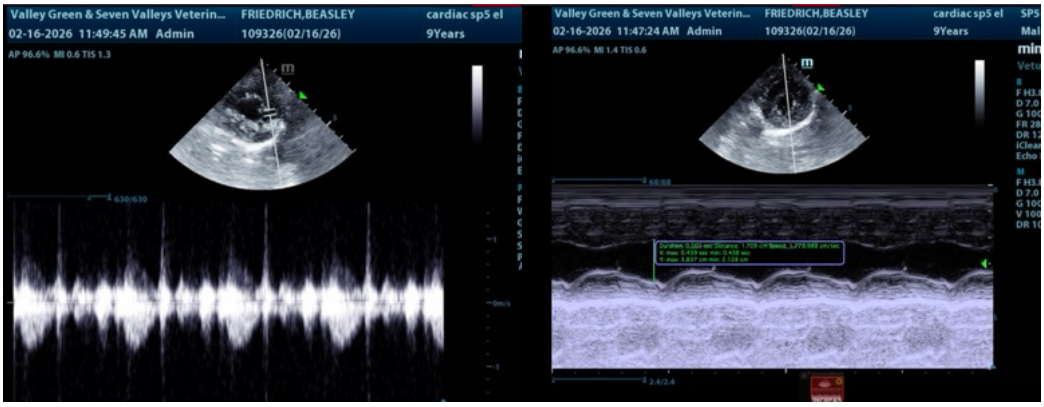

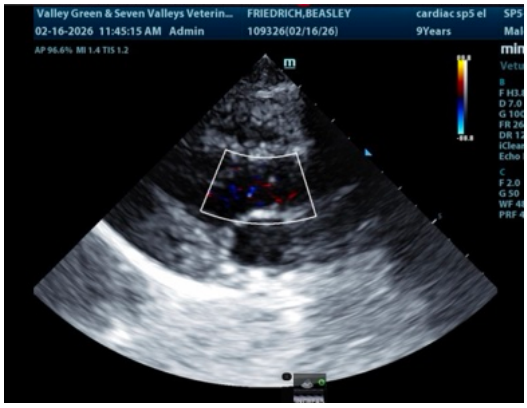

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

info@SonoPath.com