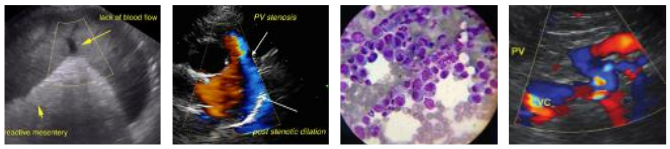
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Charlie Martinez

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Male

AGE

12 Years

WEIGHT

35.5 Lbs.

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

13814

DATE

2/7/22

PRESENTING CLINICAL SIGNS

History: cardiac dz, cns tumor, vs old dog vestiblular dz

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

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		3.8	>2.0	>2.0	28	53	0.2
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT** (kg)	**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	160	1.40	.60	--	5.72	5.21	--

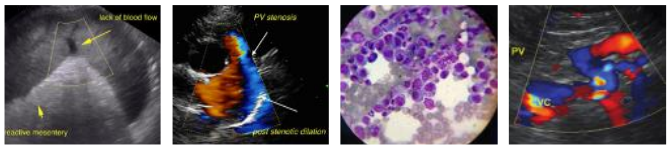
Cardiac Presentation

The echocardiogram for this patient presented excessive **left atrial size** expressed both in the LA/AO and LA max measurements Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable insufficiency. The **left ventricle** presented hypocontractility.
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 **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** insufficiency noted with right atrial enlargement. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** 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. No echographically detectable evidence of infiltrative disease was visible. Trace pericardial effusion was present. No evidence of masses. Arrythmia noted.

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.

The **kidneys** 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



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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 6.08 cm. The left kidney measured 4.08 cm.

Adrenal Glands

The region of the **adrenal glands** was unremarkable.

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 were noted.

Liver

The **liver** revealed coarse architecture and swollen irregular contour. Nodular omental changes were noted. Minor gallbladder debris was noted. Passive congestion pattern. Hepatic veins and vena cava were dilated.

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 **pancreas** was enlarged, irregular, hypoechoic and nodular with enhanced surrounding mesentery, suggestive for pancreatitis or possible pancreatic neoplasia.

Free Abdomen

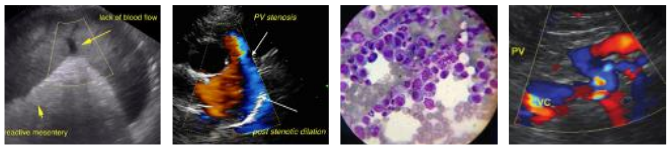
Ascites noted.

ULTRASONOGRAPHIC FINDINGS

- Stage C-1 – D-1 valvular disease
- Slight pericardial effusion
- Left and right sided congestive heart failure owing to valvular disease and myocardial insufficiency
- Dilated hepatic veins
- Ascites
- Extensive mixed hypoechoic pancreatic pathology, chronic pancreatitis, necrosis or carcinoma all possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ascites is owing to at least in part to passive congestion from right sided failure, however, pancreatic carcinoma also a potential. I recommend quadra therapy and cage rest. Oxygen is



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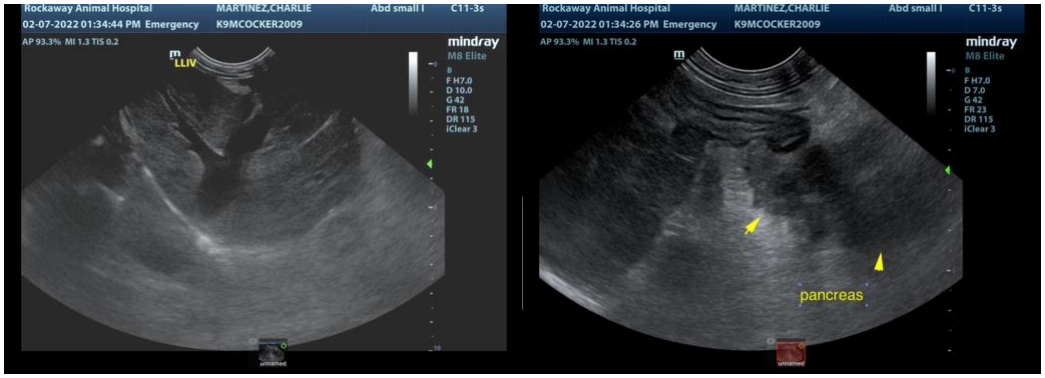
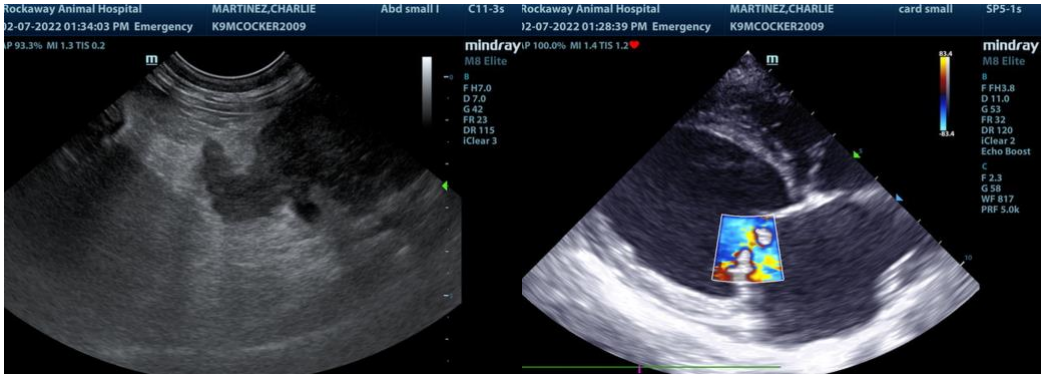
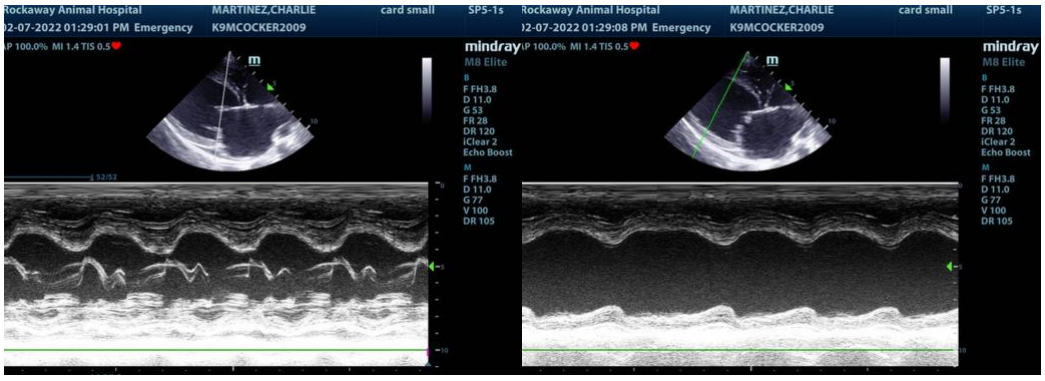
necessary. Lasix 3-4 mg/kg BID, spironolactone 1-2 mg/kg BID, ace-inhibitor 0.5 mg/kg SID, progressing to BID, pimobendane 0.3 mg/kg BID and attempt at stabilizing a cardiac presentation. Recheck echo in 3-7 days, depending on progression. Eventual further evaluation of the pancreatic pathology is also indicated. Prognosis is very guarded to poor long term.







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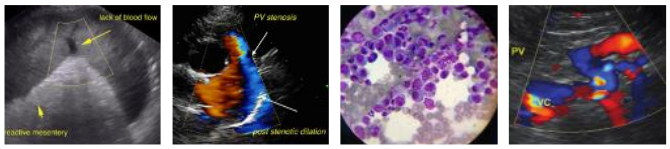

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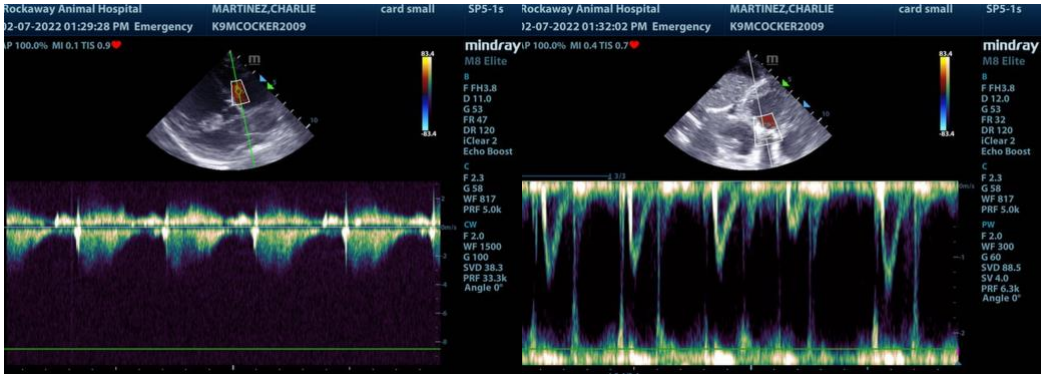

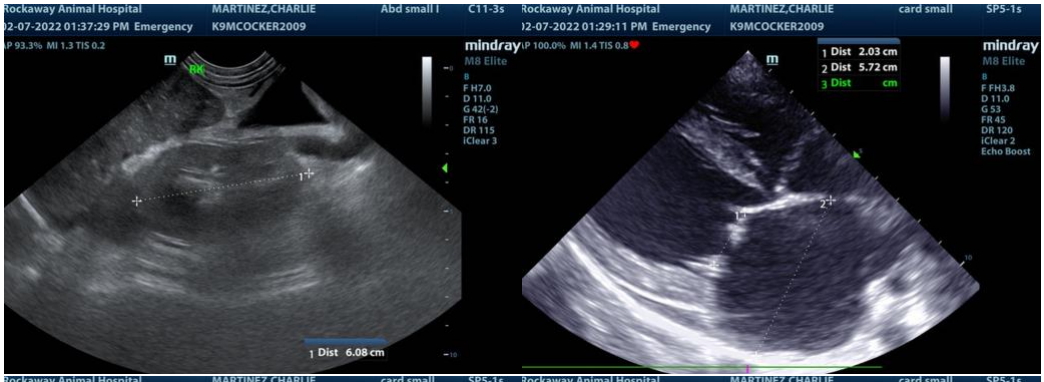

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com