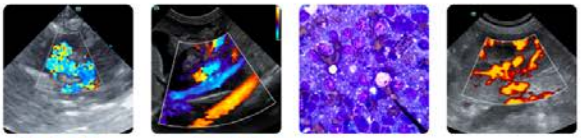

PATIENT

King Tarloff

SPECIES

Canine

BREED

Sharpei

SEX

Neutered Male

AGE

9 Years 2 Months

WEIGHT

56.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

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PRESENTING CLINICAL SIGNS

Anorexia, vomiting, discomfort in cranial and right side abdominal palpation and dull

Abnormal PE/Chem/CBC/UA Results: Thrombocytopenia, no other significant abnormalities, bun 29.1 high, Creat 1.6 high, chol 424 high, alp 191 high, total bili 0.6 high, potassium 3.6 low, lym 0.38, PLT 33 low, mpv 6 low, PCT 0.02 low

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

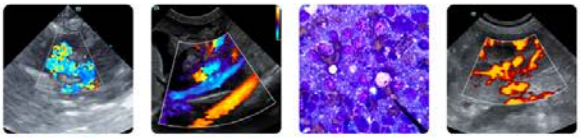
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	--	--	1.0	1.41	38	69	NM
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT** (lbs)	**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	90	1.0	0.7	56.3	2.5	3.2	--

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 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.

Urinary System

The **urinary bladder** presented multiple calculi and concentric wall thickening. Minimal amount urine present at the time of the sonogram. Calculi measured up to 0.65 cm. Wall thickness measured up to 0.60 cm. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.



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The iliac trifurcation was unremarkable.

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. Left kidney measured 5.92 cm. Right kidney measured 5.4 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. Right measured 2.27 cm x 1.14 cm at the cranial pole and 0.55 cm at the caudal pole. Left measured 2.35 cm x 0.65 cm at the cranial pole and 0.58 cm at the caudal pole.

Spleen

The **spleen** presented uniform with mild enlargement. Splenic thrombus noted extending from the mid spleen to the splenic vein. Reactive mesentery 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 FINDINGS

- Splenomegaly with splenic thrombosis. Potential splenic round cell neoplasia.
- Bladder sand and calculi, cystitis pattern.
- Age related hepatic changes.
- Normal echocardiogram, no evidence of pathology.

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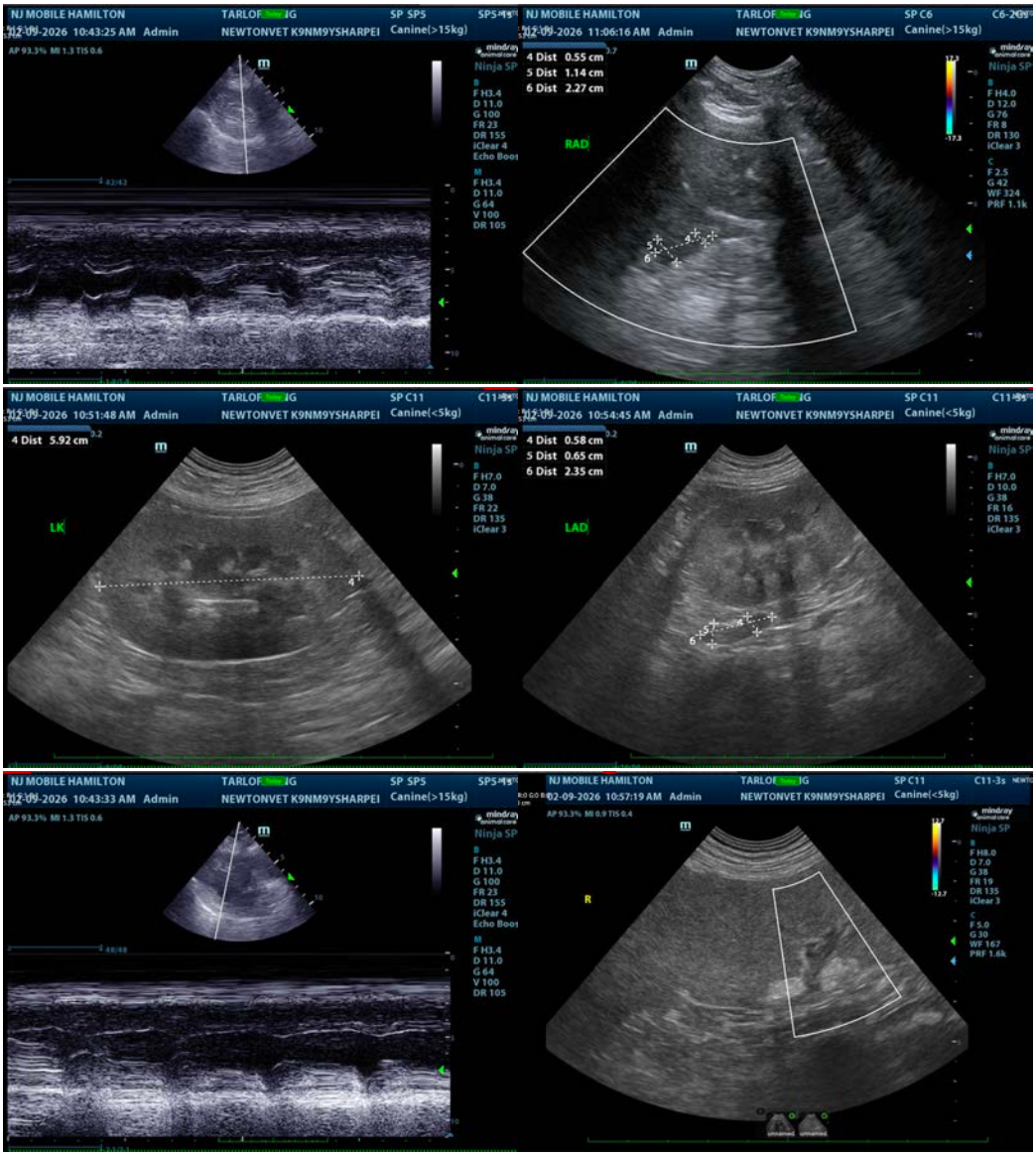
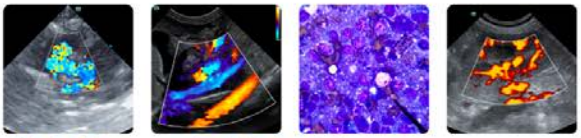
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full coagulation panel warranted and 25-gauge FNA of the spleen if platelet count is at least 70,000, or direct splenectomy indicated. Cystotomy, sand analysis and culture indicated. Examination for immune mediated thrombocytopenia or infectious thrombocytopenia should be considered. Evan's syndrome suspected, given the reported anemia and thrombocytopenia. CBC path review +/- bone marrow aspirate indicated.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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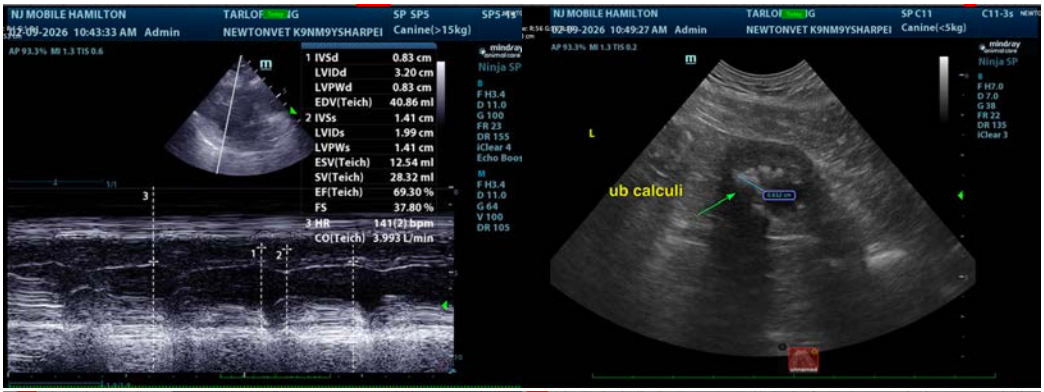

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com