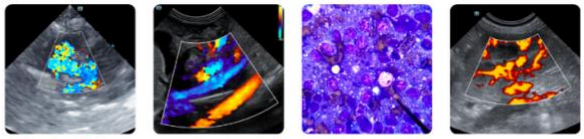

PATIENT

Rory Lake

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

8 Years 4 Months

WEIGHT

Not Provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Newton Veterinary Hospital

REFERRING VET

Dr. Timony

INVOICE

14593

DATE

03/25/26

PRESENTING CLINICAL SIGNS

- Seizure, elev liver enzymes
- Obtunded, grand mal seizure 1st offense- has not fully responded to diaz and pheno loading 1/3, limbs hyperextended, tachypnea, tachycardia (186-196)
- diaz, pheno,butorph, lidocain

Abnormal PE/Chem/CBC/UA Results: hct-30.7 hgb-10.4 rbc-4.49 tp-8.1 glob-4.7 gluc-316 alt-233 alp-466 ggt-20 k-3.6

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	5.8	2.0	NM	1.1	--	--	0.2
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT** (kg)	**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	NM	1.5	0.90	NM	4.1	--	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. 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 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 auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology. 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

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infiltrative disease was visible. The cranial **mediastinum and pericardial regions** were free of masses in the visible window. Tachyarrhythmia was noted in this patient.

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 moderate 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 7.4 cm in length. The right kidney measured 7.24 cm in length.

Adrenal Glands

The **left adrenal gland** was slight enlarged and mildly irregular measuring 2.42 cm x 0.94 cm width at the caudal pole and 0.66 cm width at the cranial pole.

The region of the **right adrenal gland** was imaged with no evident pathology.

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. The spleen was folded upon itself cranially.

Liver

The **liver** revealed coarse architecture with multifocal nodular changes and appear mild to moderately disruptive. The gallbladder and common bile duct 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

- Stage b1 valvular disease with tachyarrhythmia.
- Moderate degenerative renal changes.

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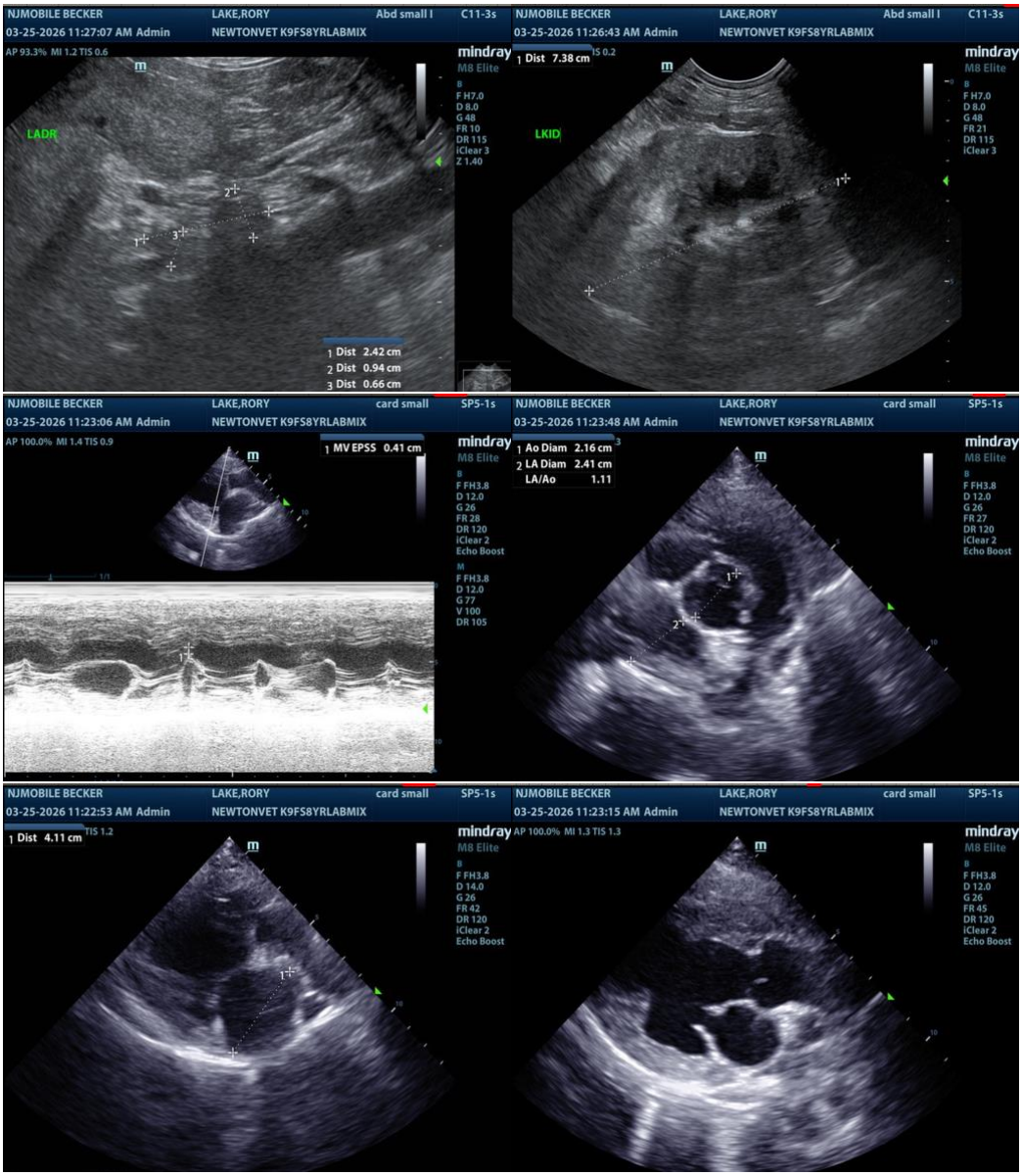
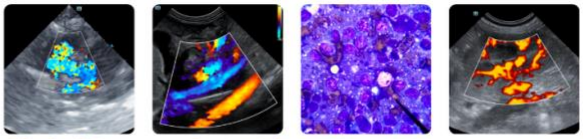
- Folded spleen.
- Nodular liver- consistent with nodular hyperplasia with minor potential for a neoplastic event.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An ECG or Holter monitor is warranted as arrhythmogenic disease may be the source of the underlying clinical issue. 25-gauge FNA of the liver nodules is indicated. Blood pressure measurements are indicated. A skull CT would be ideal. Prognosis is guarded.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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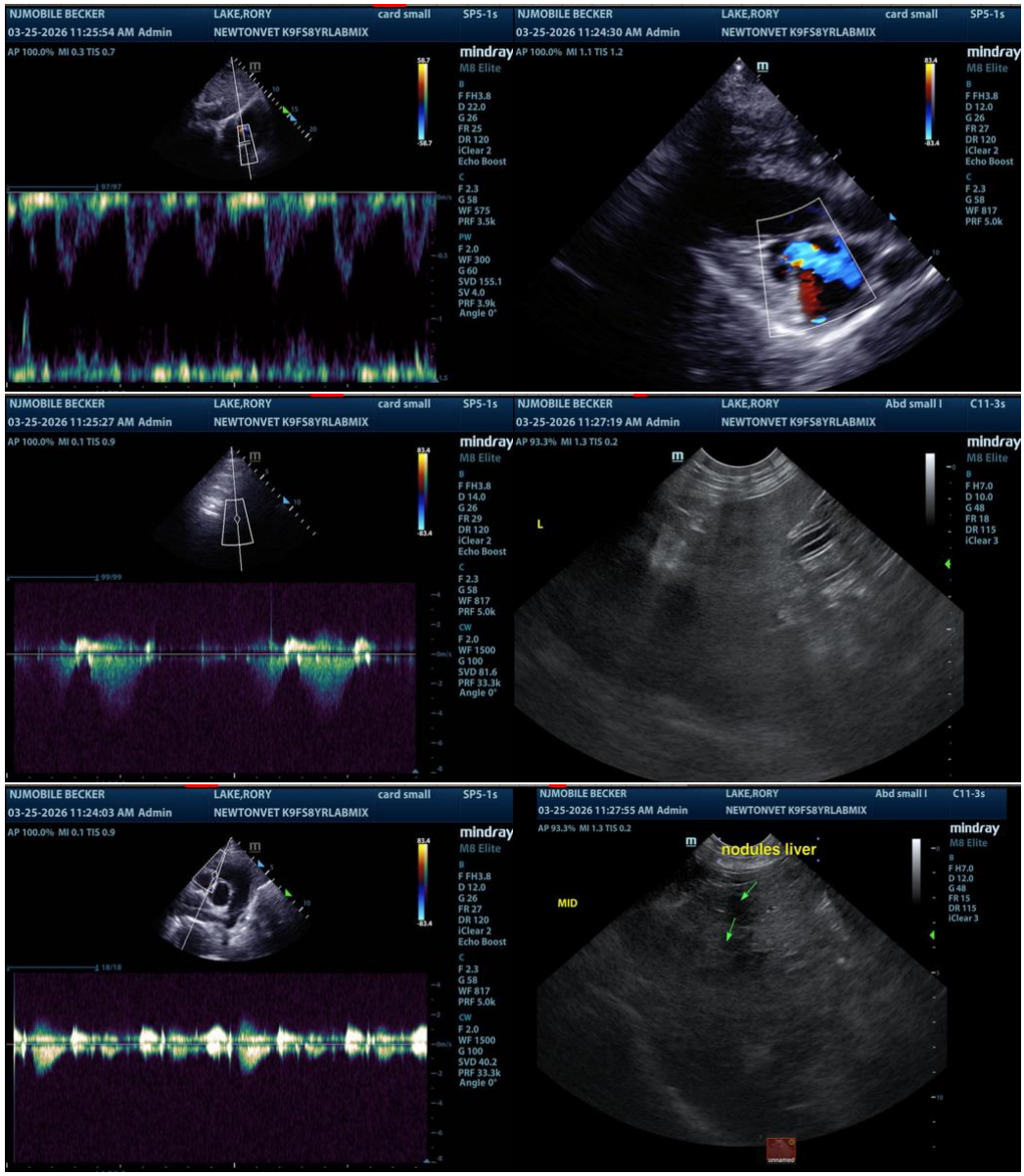

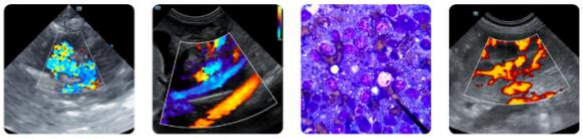

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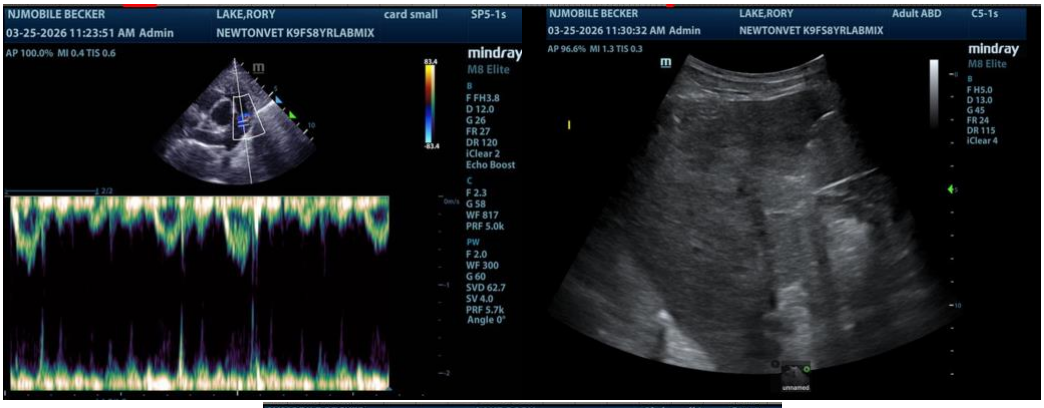

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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