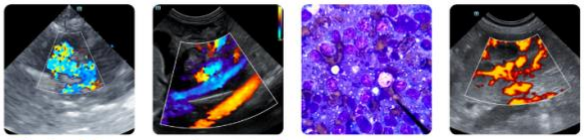

PATIENT

Woody Shields

SPECIES

Canine

BREED

Miniature Australian Shepherd

SEX

Neutered Male

AGE

10 Years

WEIGHT

41 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ackmann

HOSPITAL NAME

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PRESENTING CLINICAL SIGNS

Pt presented for second opinion of chronic draining area behind left and right elbows, duration of 6 months. Draining area was removed in Oct of 2025 and was chronic pyogranulomatous and necrotizing panniculitis and myositis. Since removal open oozing sores have developed behind elbows and have also developed numerous deep SQ nodules and sores along thorax and back. Has been on numerous antibiotics off and on since Oct. In the last two weeks pts drinking has increased, appetite has decreased and has been very lethargic. Stool is soft.

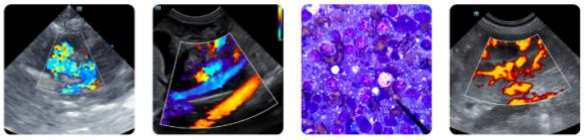
Abnormal PE/Chem/CBC/UA Results: Grade 3/6 heart murmur (this was not appreciated 5 days prior). Cranial abdominal palpation slightly tender. Numerous open sores on thorax with minimal discharge. Numerous SQ nodules, FNA of nodules shows inflammatory with some intracellular bacteria CBC: PLT 101, blood smear shows adequate platelets but platelets are enlarged and MPV is 17.9 Chem: ALP 1026, glucose 58 (has not eaten in last 24 hours) Pancreatic Lipase 398

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	>5.0	--	NM	1.3	--	--	0.1
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	1.0	1.5	0.9	41.0	3.7	3.6	--

Cardiac Presentation

Complete filling of the left atrium was noted without volume overload. 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 minor insufficiency. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure,



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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. The cranial **mediastinum and pericardial regions** were free of masses in the visible window.

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 prostate was not visualized and is presumed to be regressed.

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. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.5 cm in length. The right kidney measured 5.8 cm in length. The right kidney revealed slight pyelectasia with echogenic debris.

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 0.77 cm width. The right adrenal gland measured 1.2 cm width at the cranial pole and approximately 0.80 cm width at the caudal pole.

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** presented mildly swollen with slight increased portal markings and mild irregular contour. 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. Some minor retention of ingesta was noted in the stomach.

Pancreas

The **pancreas** revealed hypoechoic and irregular with a nodular change in the mid left body measuring up to 2.0 cm width. Enhanced mesentery was present around the pancreatic lesion.

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ULTRASONOGRAPHIC FINDINGS

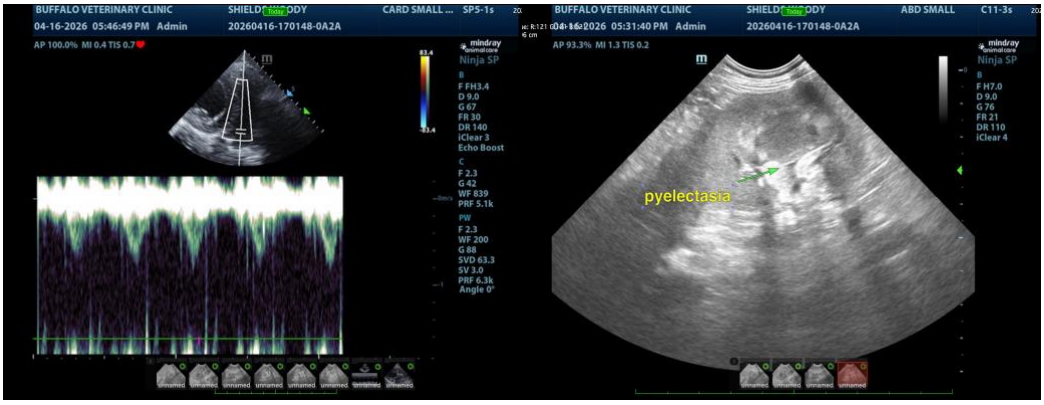
- Swollen irregular liver.
- Gastric ingesta.
- Pancreatic lesion in the mid body with prominent irregular swelling- nodular hyperplasia versus pancreatitis.
- Right kidney pyelectasia.
- Stage B1 valvular disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If liver enzyme elevations are present, FNA is indicated. I am concerned for potential emerging neoplastic event in the liver as opposed to benign hepatopathy. Urinalysis is warranted if not already performed to assess for UTI or potential pyelonephritis versus pelvic scarring.

Cannot rule out endocarditis in this patient. Given the patient's history, blood culture would be appropriate. Broad-spectrum antibiotics are warranted.

The heart is stable without clinical disease. No overt contraindication for anesthesia of brief to moderate duration. I suggest Torbutrol premed, Propofol induction, Isoflo maintenance or similar protocol if anesthesia is desired. Blood pressure, EKG and chest radiographs are recommended if not already performed. Target white coat negative systolic pressure of < 160 mmHg. If higher than this ACE-inhibitor is suggested to reach this level. Recheck echocardiogram is recommended in 6-12 months, earlier if murmur grade increases or clinical signs initiate.



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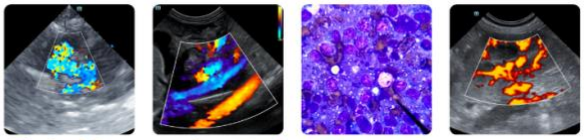

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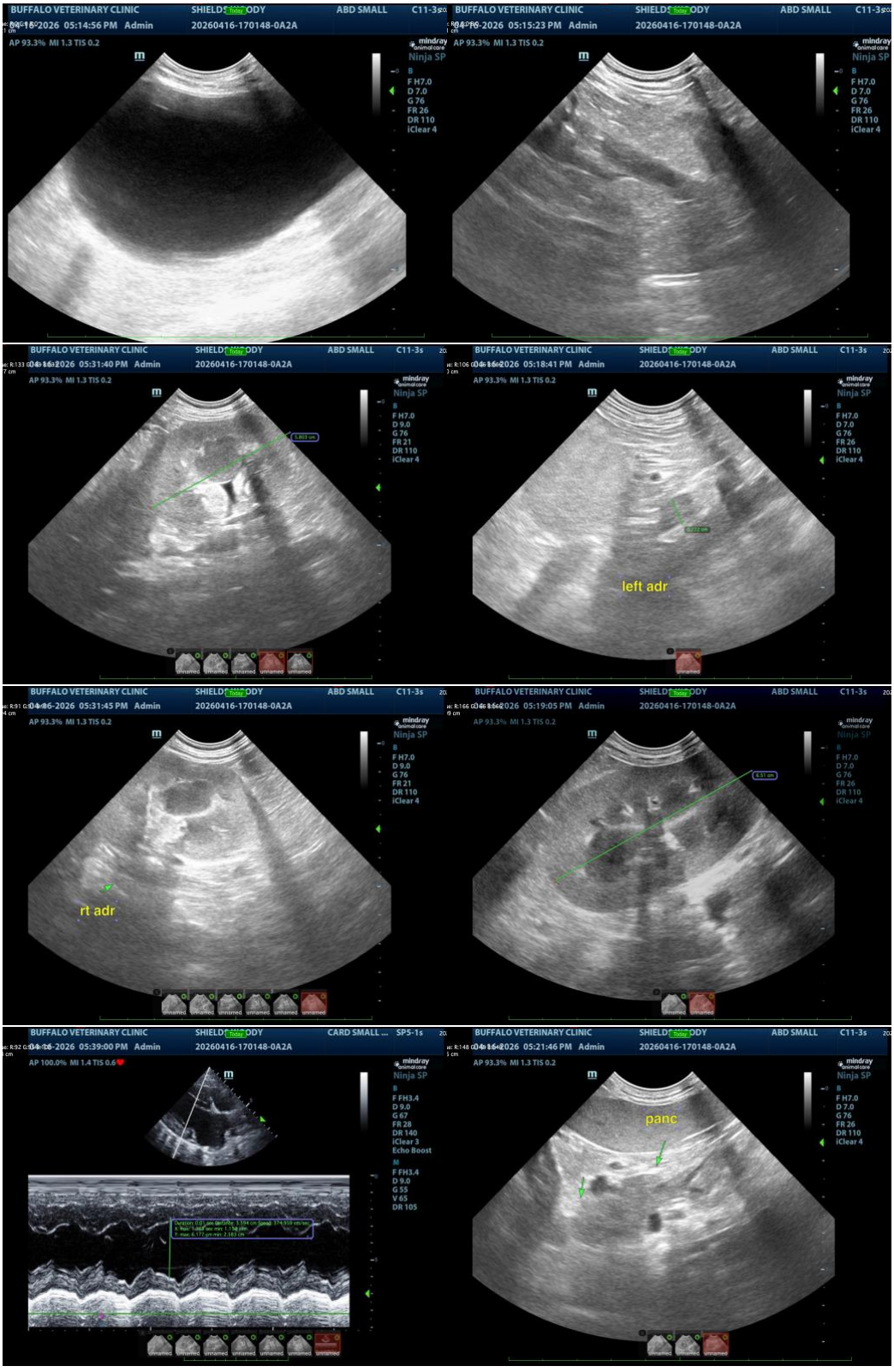

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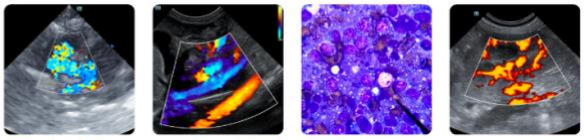

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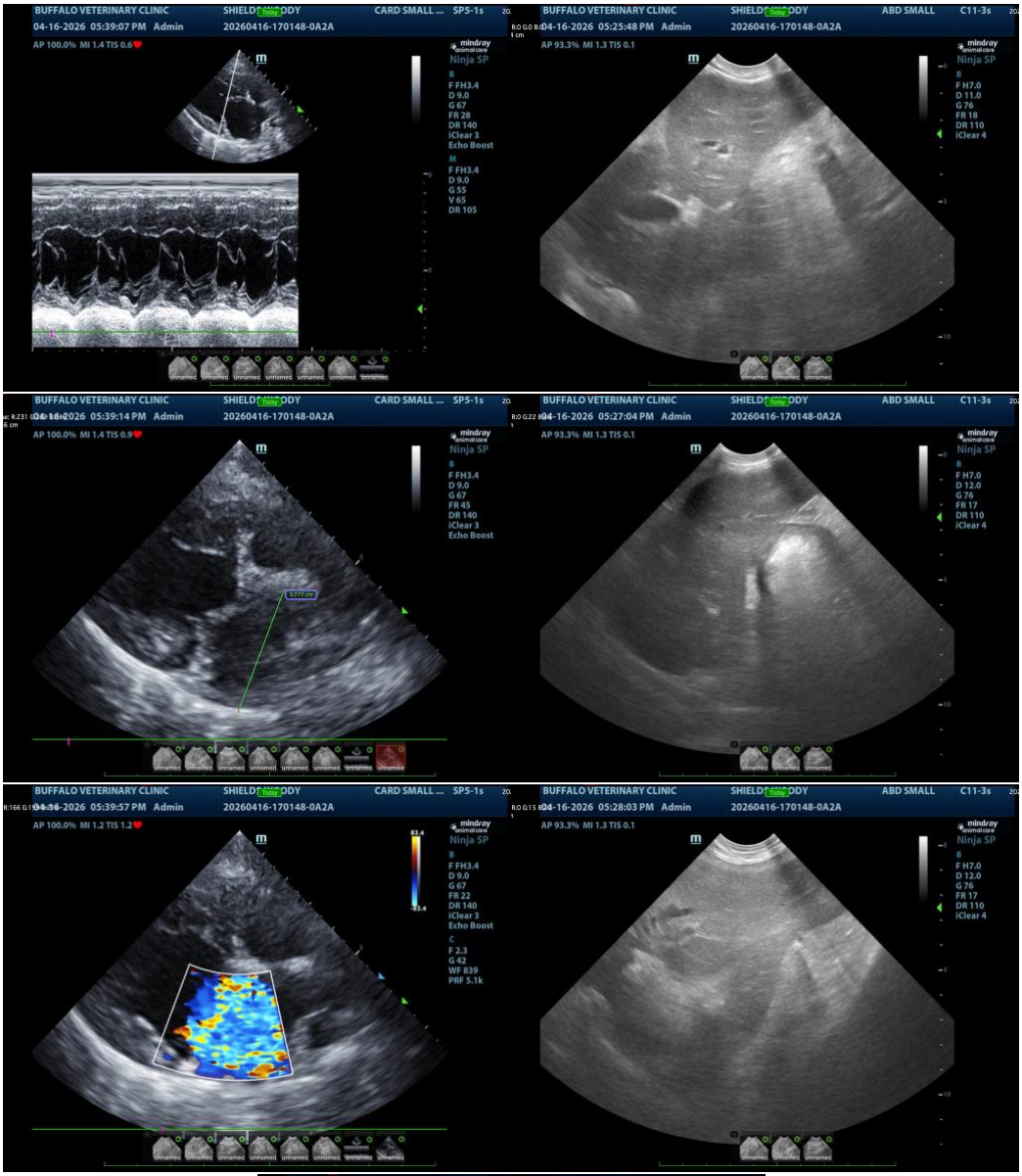

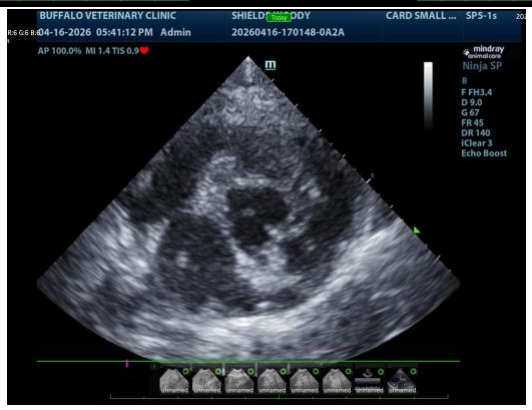

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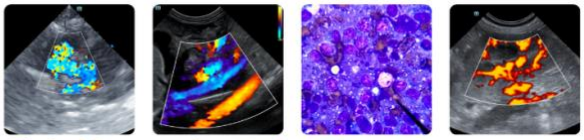

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com