



PATIENT

Gunner Bray

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

8 Years

WEIGHT

N/A

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Chabora

INVOICE

22026

DATE

4/17/23

PRESENTING CLINICAL SIGNS

History: splenic mass; diagnosed 3/23 with Evans syndrome. Received whole blood transfusion last night. Currently on dexamethasone, cerenia, atopica, sucralfate, omeprazole, doxy.

Abnormal PE/Chem/CBC/UA Results: lyme and anaplasma positive; 3/23 HCT 34%, platelets 25000. Put on prednisone and doxycycline. 4/4: HCT 25, platelets 49000. yesterday: ALT 301, ALKP 993, GGT 21, tbili 1.6, Na 138, WBC 17.88, lymphs 9.6, eos 0.01 rbc 1.04, Hgb 2.7, HCT 8.2, platelets 37000, PCV 20%, TP 4.8, Coag 15.2/103.2.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

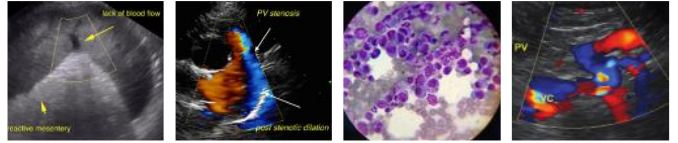
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
PATIENT	--	--	1.15	1.4	36	66	0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LA 2D short 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				
PATIENT	87	2.0	1.30	--	4.0	3.52	--

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. Trivial aortic insufficiency was noted in this patient, not clinically significant. 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). Pleural effusion was noted.

Urinary System



PATIENT	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.
Gunner Bray	
SPECIES	The kidneys were mildly swollen and hypoechoic with surrounding pericapsular fluid. The right kidney measured 6.0 cm. The left kidney measured 6.0 cm.
Canine	
BREED	Adrenal Glands
Mixed	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 2.3 cm x 0.4 cm at the caudal pole and 0.3 cm at the cranial pole. The right adrenal gland measured 2.46 cm x 1.06 cm at the cranial pole and 0.37 cm at the caudal pole.
SEX	Spleen
Neutered Male	The spleen revealed an expansive mixed hypoechoic parenchymal mass, measuring 4.7 cm.
AGE	Liver
8 Years	The liver was swollen. The hepatic lymph nodes were enlarged. Mild heterogenous hypoechoic nodular changes were noted in the liver. The gallbladder was edematous yet empty.
WEIGHT	Gastrointestinal
N/A	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.
INTERPRETED BY	Pancreas
Eric Lindquist, DMV DABVP, Cert. IVUSS	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.
IMAGING PERFORMED BY	Free Abdomen
Diane McFadden	The mesenteric lymph nodes were enlarged and rounded, measuring up to 2.5 cm. Ascites was noted in the abdomen, likely owing to lymphatic obstruction.
HOSPITAL NAME	ULTRASONOGRAPHIC FINDINGS
Newton VH	<ul style="list-style-type: none"> • Normal echocardiogram- no evidence of pathology in the right auricle or pericardium with normal function • Splenic mass and infiltrative splenic pattern • Multifocal lymphadenopathy • Heterogenous hepatic changes • Ascites • Pleural effusion • Swollen kidneys
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gunner Bray

This is a multicentric round cell neoplastic pattern. It is unlikely to be hemangiosarcoma. Ultrasound guided FNA of the spleen, liver and lymph nodes is indicated. Prognosis is guarded to poor depending upon responsiveness to chemotherapy.

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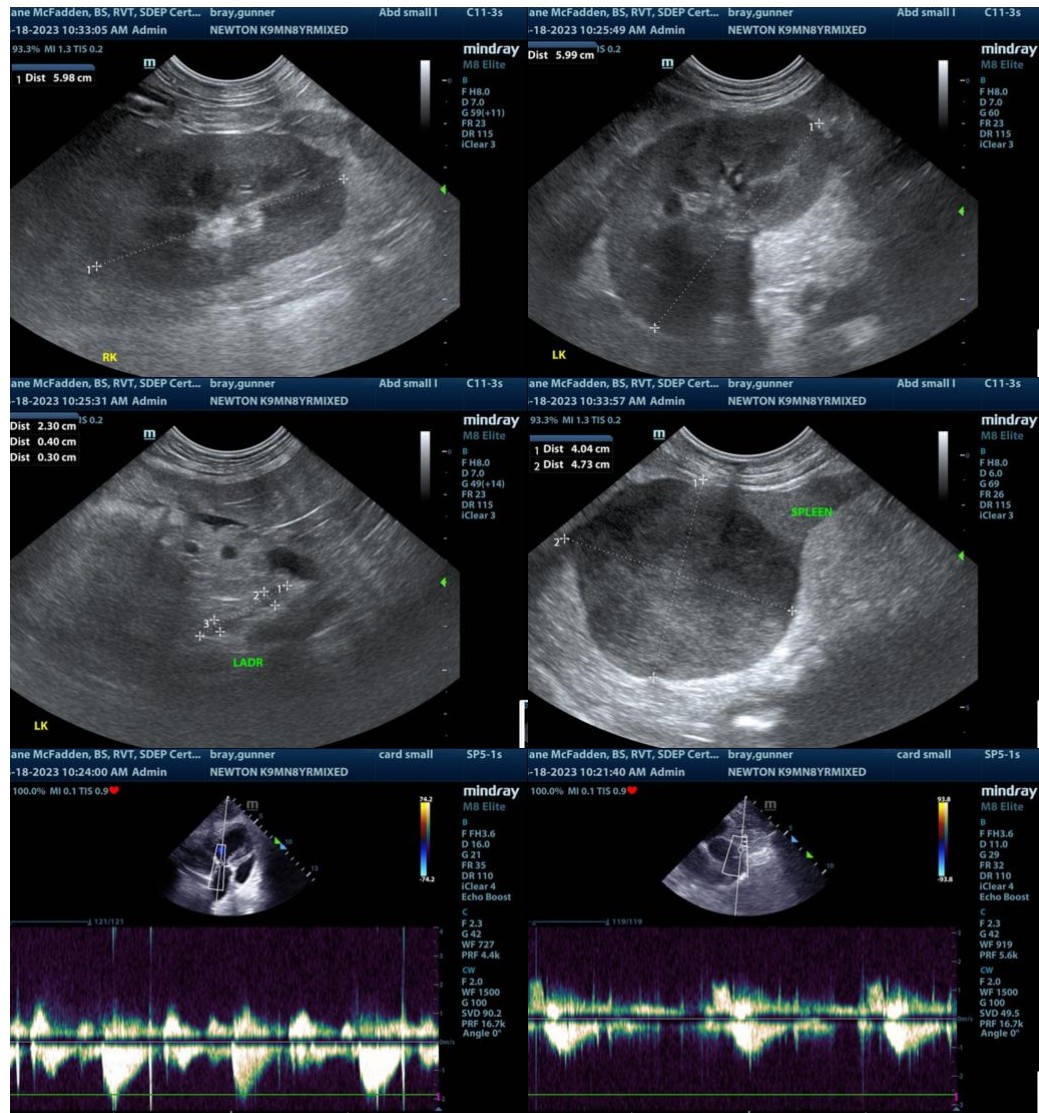
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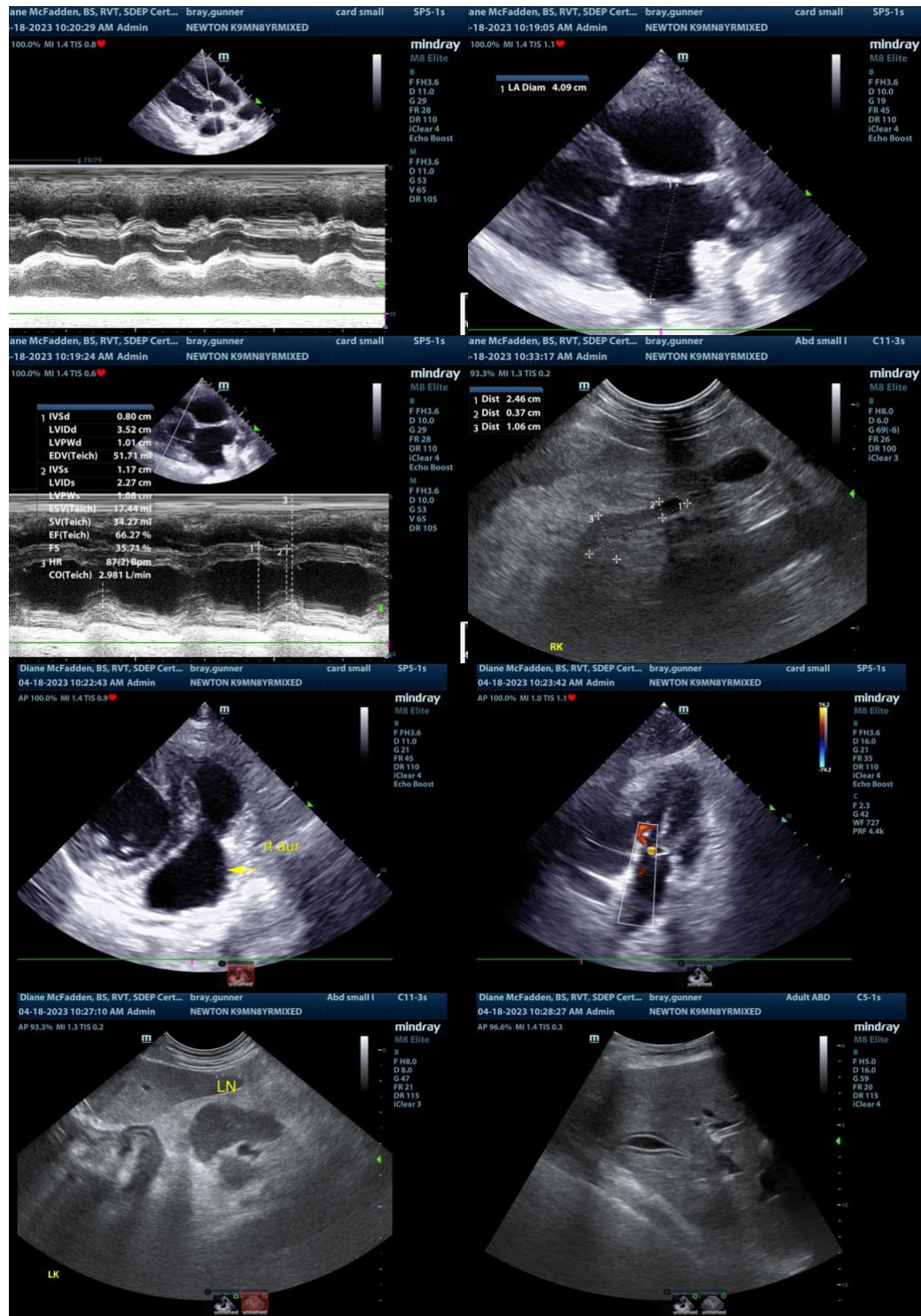
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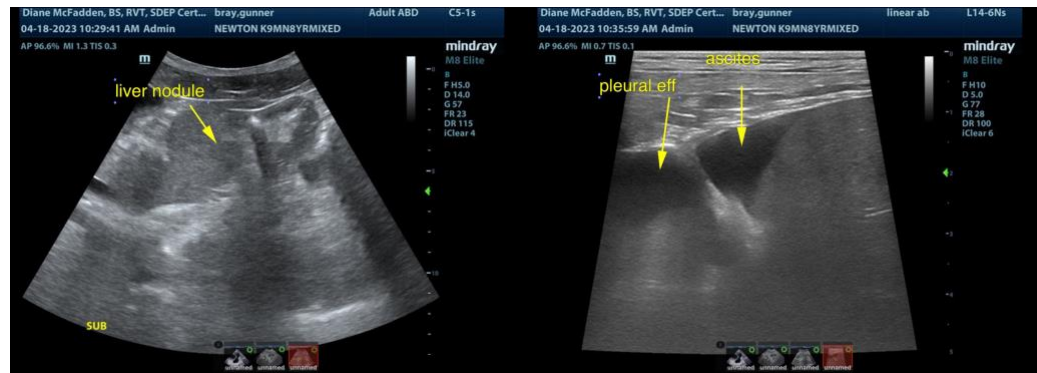
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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