



PATIENT

Henry Wilmoth

PRESENTING CLINICAL SIGNS

Grade 5/6 left sided murmur. History of AP 1587 (2/18/22), current bloods pending. No reported meds.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Dachshund

The **urinary bladder** revealed a polypoid cystourethral junction mass that continued into the pelvic urethra. This is strongly consistent with carcinoma. Traumatic catheterization is recommended to confirm the suspicion of carcinoma. The remainder of the bladder was unremarkable. The polypoid changes in the cystourethral junction and urethra appear to be moderately vascular.

SEX

Neutered male

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.26 cm. The left kidney measured 4.42 cm.

AGE

14 years

Adrenal Glands

WEIGHT

12.9 lbs

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 right adrenal gland measured 1.82 x 0.59 cm at the caudal pole and 0.54 cm at the cranial pole. The left adrenal gland measured 2.08 x 0.64 cm at the caudal pole and 0.62 cm at the cranial pole.

INTERPRETED BY

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

Spleen

IMAGING PERFORMED BY

Kelly Vazquez, CVT

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 was noted.

HOSPITAL NAME

Westwood Regional
VH

Liver

REFERRING VET

Dr. Goldman

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.

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Gastrointestinal

Henry Wilmoth

The **gastrointestinal** tract was largely unremarkable. However, mucosal striations and fogging were noted in portions of the small intestine. This is suggestive of lymphangectasia.

SPECIES

Canine

Pancreas

BREED

Dachshund

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.

SEX

Neutered male

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

AGE

14 years

The echocardiogram in this patient demonstrated enlarged **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. Complete filling of the left atrium was noted on color flow assessment of the mitral valve. Doppler indicated measurable insufficiency. 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 or chamber overload. Minor **tricuspid** insufficiency was noted. 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. The cranial **mediastinum** and **pericardial** regions were free of masses in the visible window.

WEIGHT

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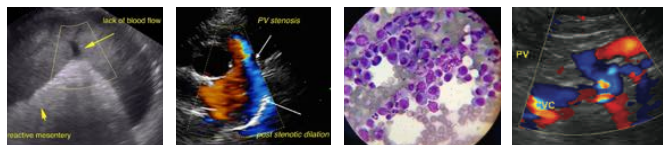
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CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC	VMAX	VMAX	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
PARAMETERS	(m/s)	(m/s)					
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
PATIENT	6.0		1.6	1.3	37	68	NM
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC	(BPM)	VMAX	MAX		2D short axis Base view	Avg; 2D and m-mode short axis	Avg; 2D and m-mode short axis
PARAMETERS		(m/s)	(m/s)		(cm)	(cm)	(cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	120	1.23	1.4	12.9 lbs	3.6 max	2.82	



PATIENT

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ULTRASONOGRAPHIC FINDINGS

Early stage B2 valvular disease.

Mild left atrial enlargement.

SPECIES

Canine

Mitral insufficiency.

Bladder/urethral mass. Suggestive for carcinoma. Potential for polypoid hyperplasia.

BREED

Dachshund

Lymphangectasia intestinal pattern may be idiopathic.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Neutered male

I recommend initiating Pimobendan given the cardiac presentation at 0.3 mg/kg b.i.d., ace inhibitor therapy is warranted if systolic pressure is greater than 160. Traumatic catheterization and/or urinalysis is recommended to assess for transitional cells.

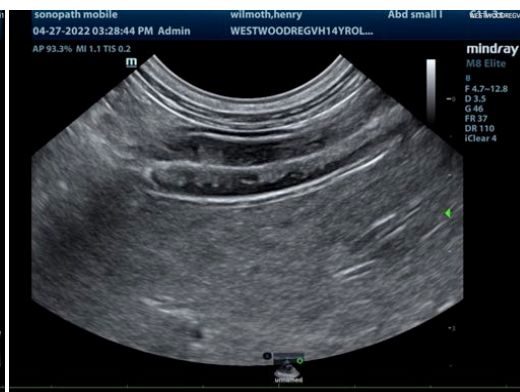
AGE

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Albumin levels and GI signs should be monitored.

WEIGHT

12.9 lbs

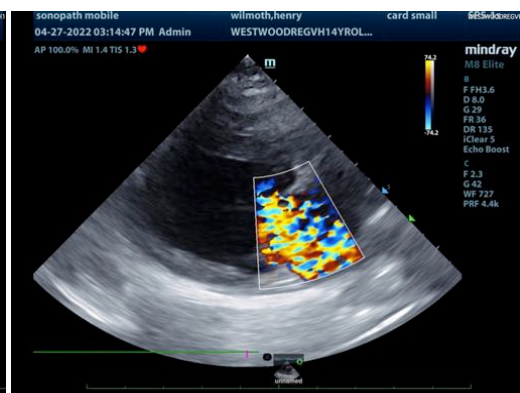


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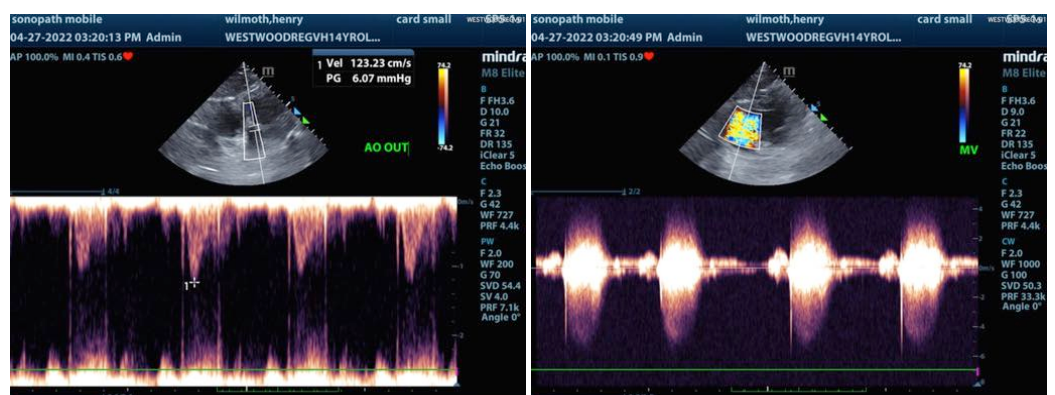
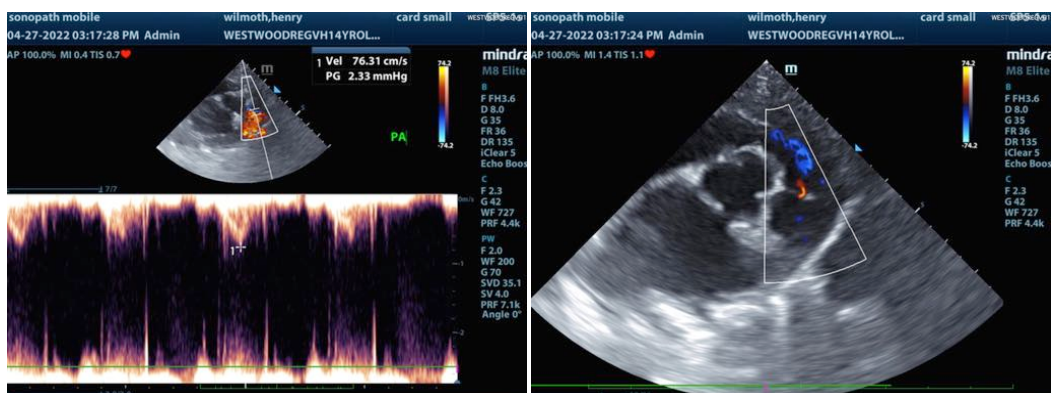
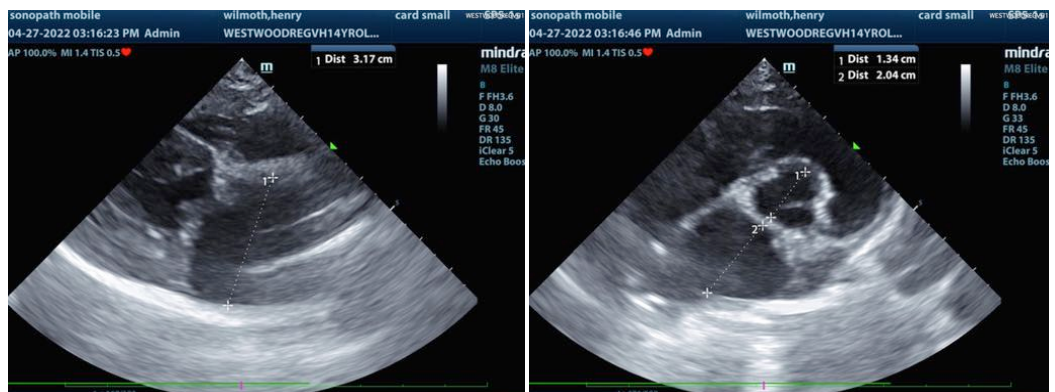
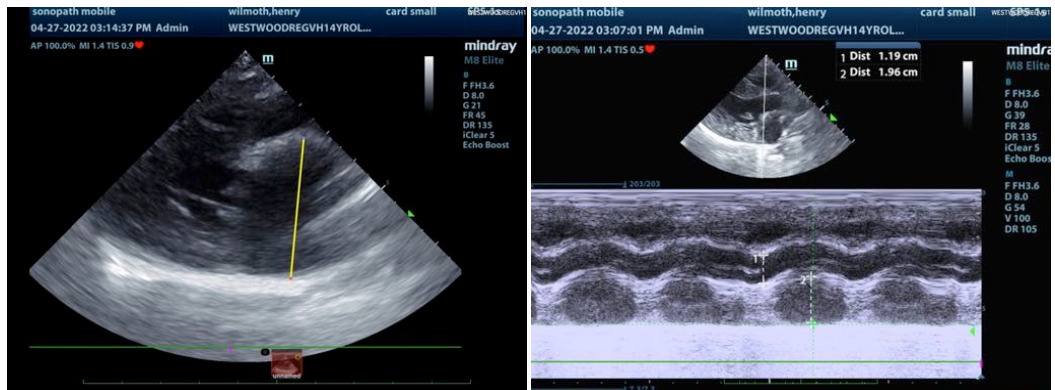
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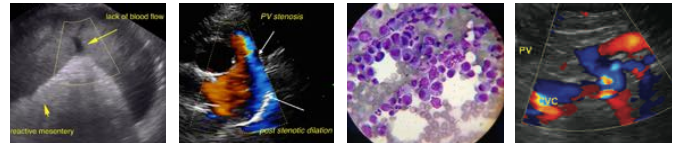
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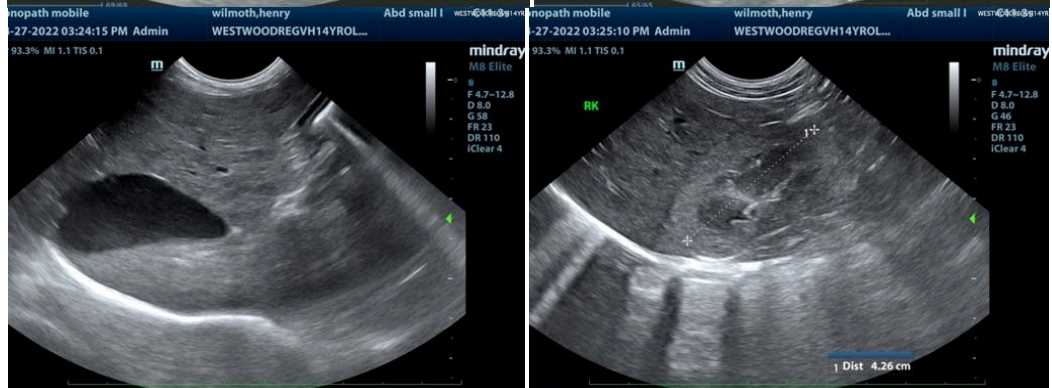
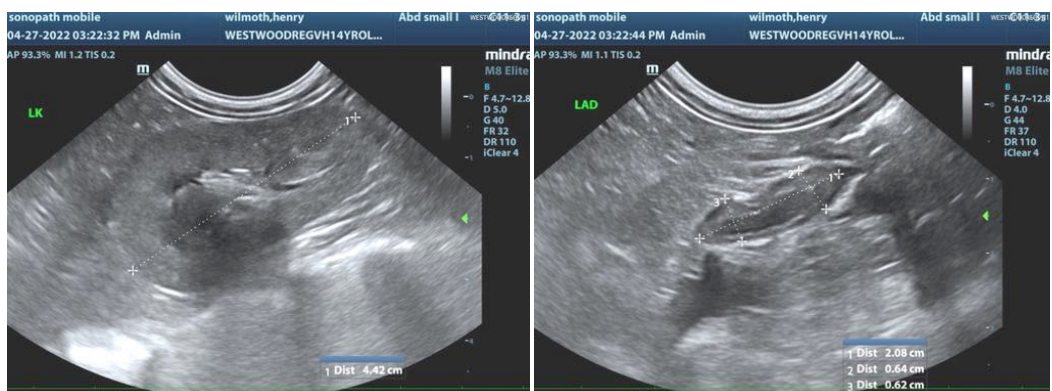
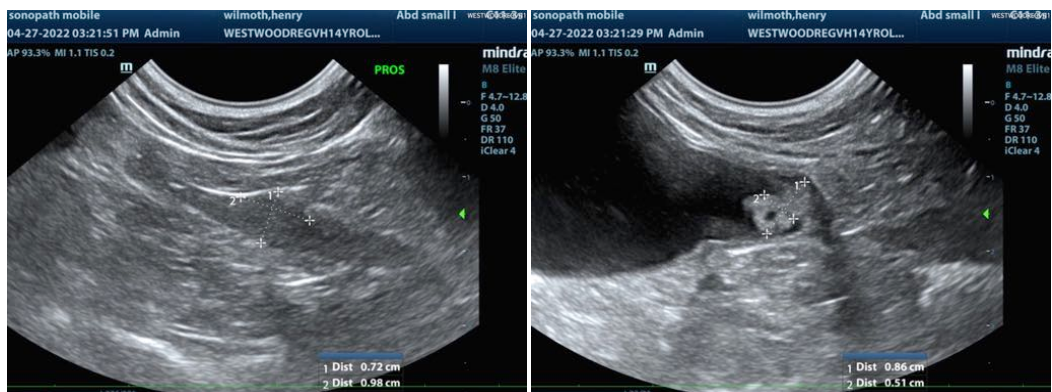
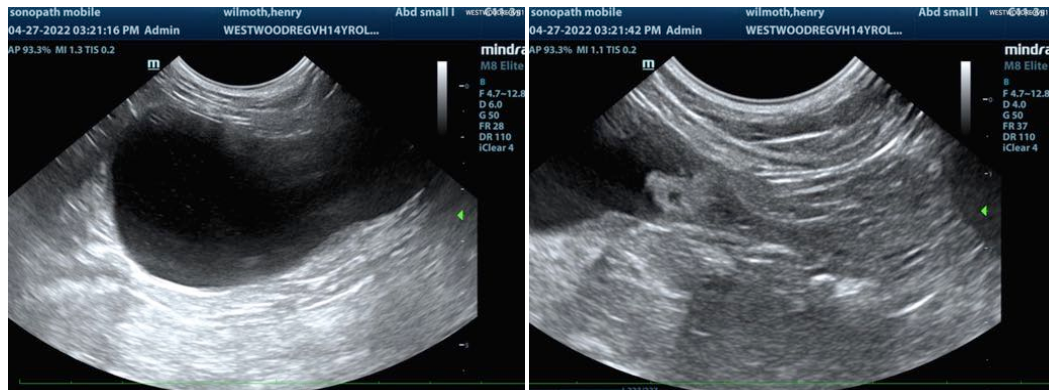
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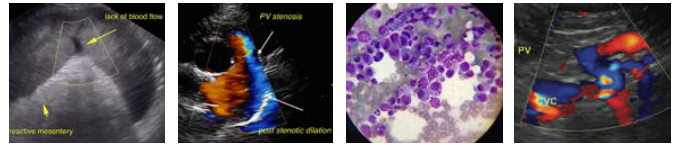
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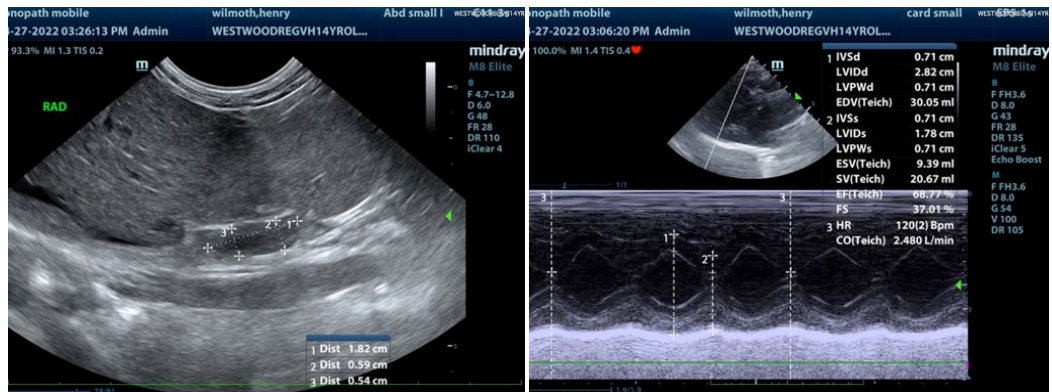
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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