



PATIENT PRESENTING CLINICAL SIGNS

Donner Maurer

History: Poor abdominal detail on rads; elevated liver enzymes; presented 4/26 for suspected back pain. some vomiting. On gabapentin.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: glu 12, Alkp 229, GGT 35, HCT 63%

Radiographs: Cranial mediastinal density was noted, mild right sided cardiomegaly and bronchoalveolar pattern.

BREED

Greyhound

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered male

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. 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 was noted. Ureteral papillae were normal.

AGE

6 years

The residual prostate measured 1.0 cm.

WEIGHT

79 lbs

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. The left kidney measured 8.07 cm. A cortical cyst was noted in the right kidney.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 3.47 x 0.61 cm at the caudal pole and 0.58 cm at the cranial pole.

IMAGING PERFORMED BY

Diane McFadden, RVT

Spleen

HOSPITAL NAME

Marsh Hospital for
Animals

The **spleen** was enlarged with scalloping contour. This is consistent with an infiltrative pattern.

REFERRING VET

Dr. Milwicki

Liver

The **liver** was swollen with mildly increased portal markings. The gallbladder and common bile duct were unremarkable.

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Gastrointestinal

The stomach was empty and unremarkable, yet an undifferentiated and small intestinal mass was noted in the midabdomen. This is likely jejunum in origin. The mass measured 10.0 cm. Multi-focal, abdominal lymphadenopathy was noted with distorted architecture. Regional omental remodeling and adhesions were noted.



PATIENT

Pancreas

Donner Maurer

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.

SPECIES

Canine

Free Abdomen

BREED

Greyhound

Secondary effusion was noted in the abdomen.

SEX

Neutered male

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. **Mitral** valve insufficiency was noted at 5.0 m/sec and was compensated. The mitral insufficiency was centralized and mild. The **left ventricle** presented slight volume overload and minor hypocontractility. This may be owing to systemic disease. 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.

AGE

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WEIGHT

79 lbs

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CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC PARAMETERS	VMAX (m/s)	VMAX (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
PATIENT			1.27	1.25	25		0.48
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC PARAMETERS	(BPM)	VMAX (m/s)	MAX (m/s)		2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT		1.64	1.2	79 lbs	4.77 max	4.5	



PATIENT **ULTRASONOGRAPHIC FINDINGS**

Donner Maurer Minor stage B1 valvular disease with hypocontractile heart, likely owing to systemic disease and effector organ issues. No primary cardiac disease was noted.

SPECIES Extensive abdominal neoplasia involving the intestinal mass, lymph nodes, spleen and secondary paraneoplastic effusion.

Canine

BREED **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Greyhound Given the cranial mediastinal densities early spread to the chest is likely. FNA of the intestinal mass, lymph nodes and immediate chemotherapeutic intervention is recommended. However, the prognosis is guarded to poor long term given the extent of the patient.

SEX

Neutered male

AGE

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WEIGHT

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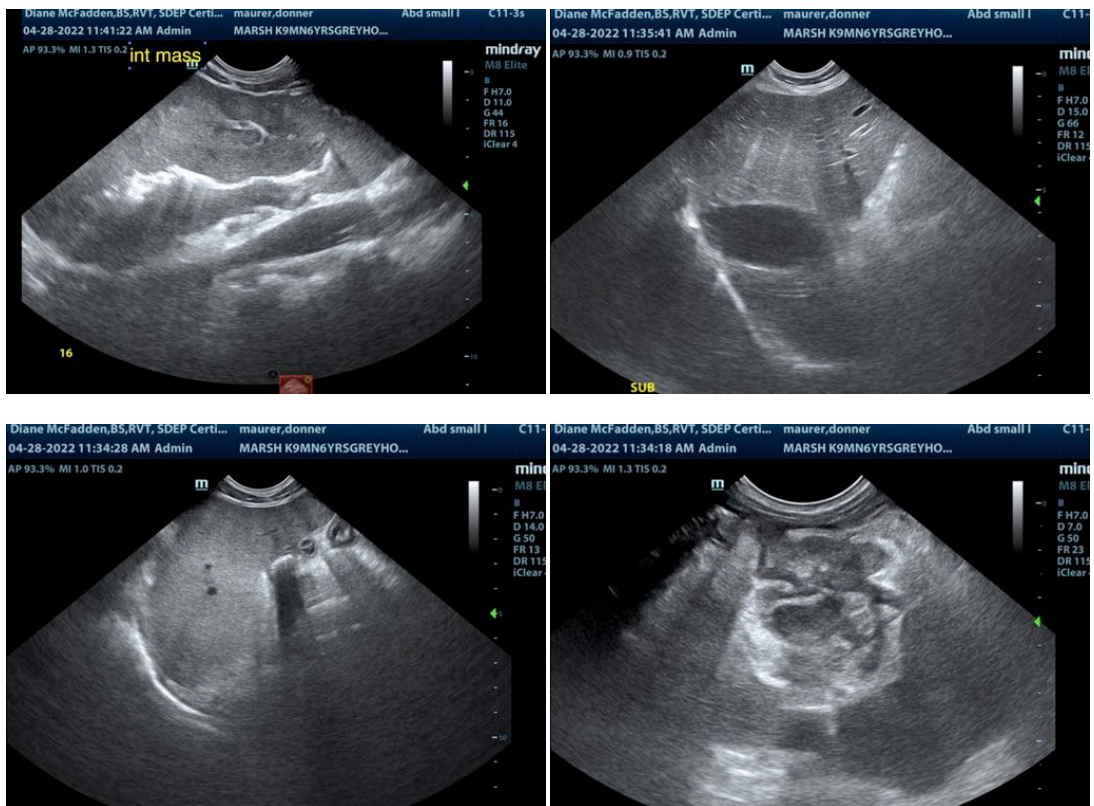
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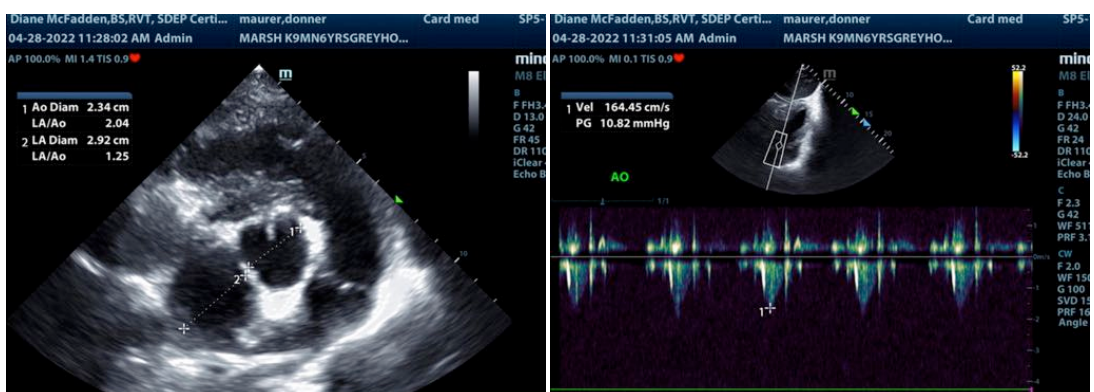
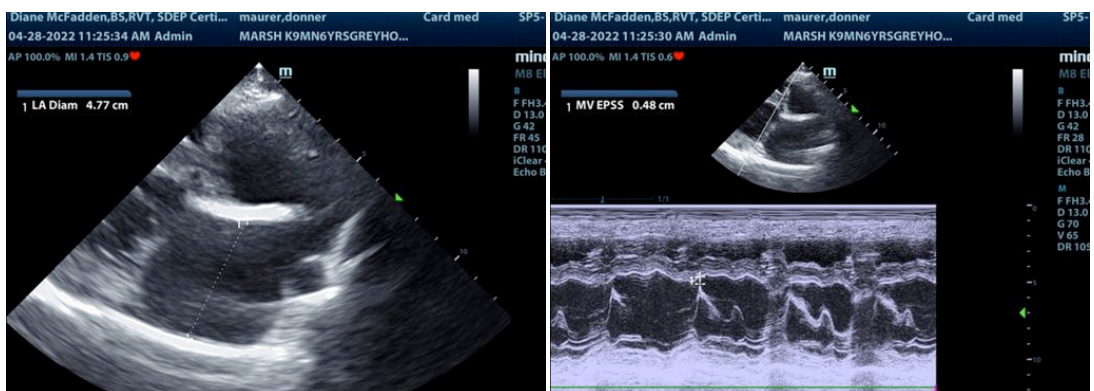
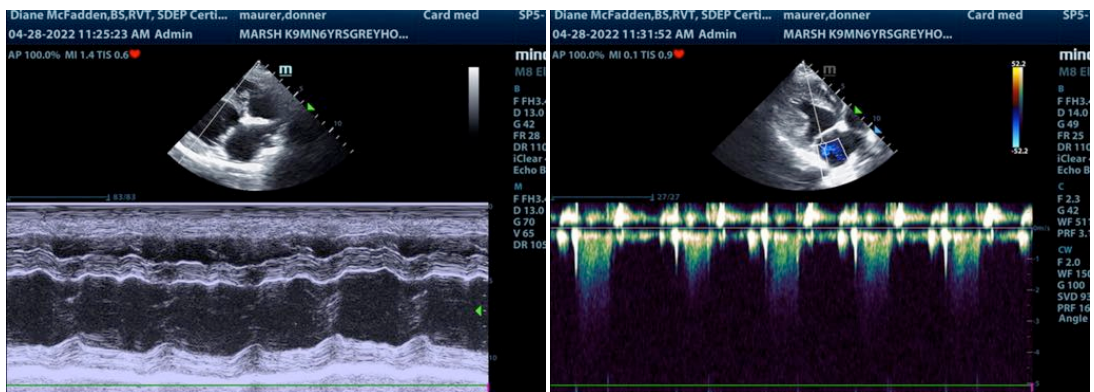
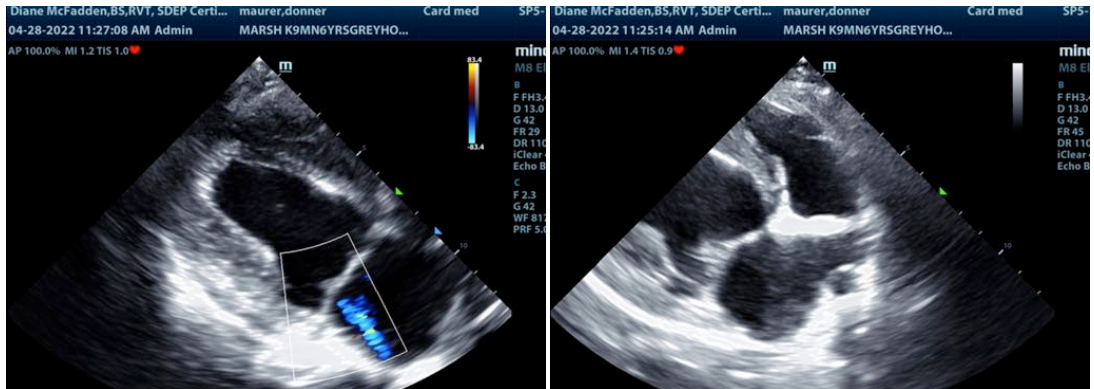
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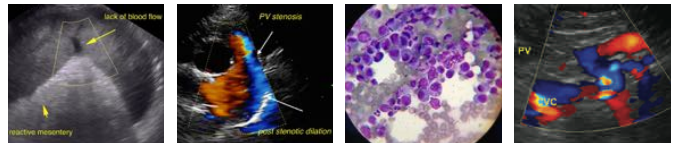
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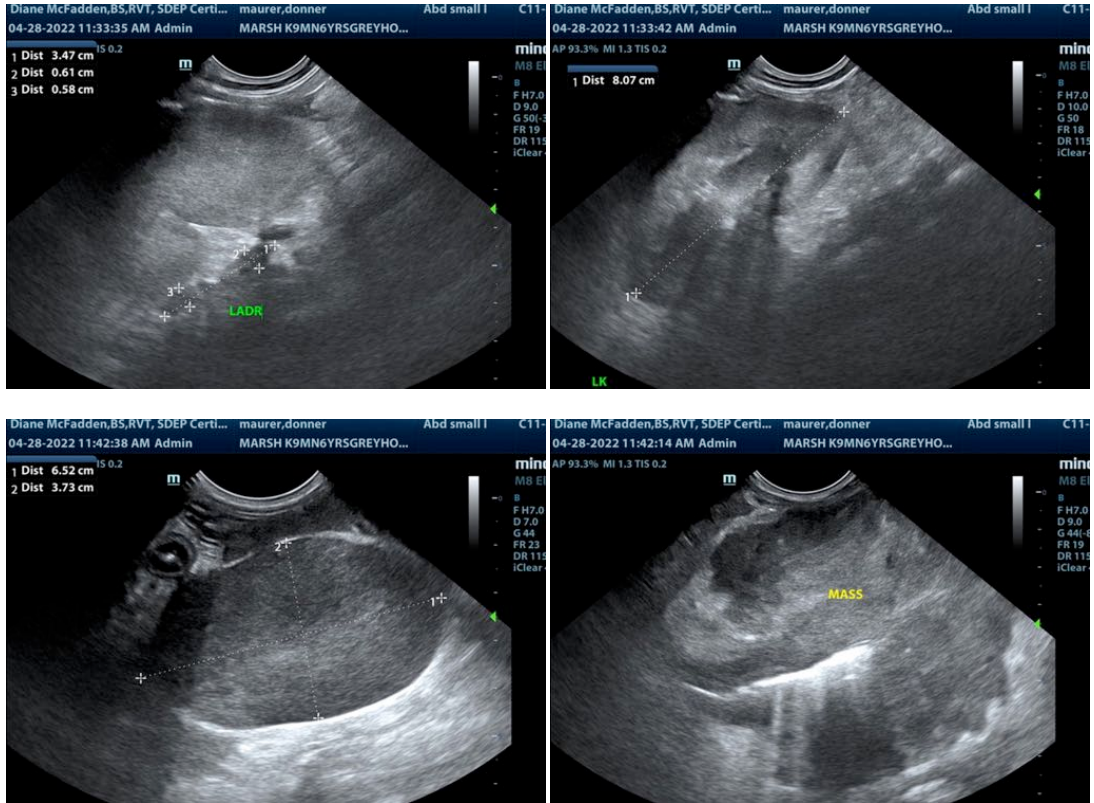
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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