



## PATIENT

Duke Scott

## SPECIES

Canine

## BREED

Beagle

## SEX

Neutered Male

## AGE

5 Years

## WEIGHT

18.6 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Celine Ward

## HOSPITAL NAME

Kenora Veterinary  
Clinic

## REFERRING VET

Dr. Celine Ward

## INVOICE

74819

## DATE

4/29/26

## PRESENTING CLINICAL SIGNS

Presented early Apr for limping LFL, responded somewhat to Rheumocam/Gabapentin but limping not resolved. Presented again Apr 27 for ongoing limping and hematochezia, hematemesis, severe lethargy. Temp 40.2C. Heart murmur noted on physical exam. (see below dx's) - started on empirical therapy for suspected pancreatitis: metronidazole, cerenia, zentoniil, gabapentin. Presented again Apr 28, worsening. Fever no longer present. Heart murmur grade 5/6. Limp no longer present but severe lethargy and abdominal pain. Hospitalized on IVF (high rate, 3x maint), IV metro, IV metoclopramide, IV cefazolin. Today, improved. Heart murmur grade 3/6. Abdomen more comfortable and no further v/d. Inappetence remains. Lethargy improved. temp normal.

Abnormal PE/Chem/CBC/UA Results: Apr 27: - Mild neutropenia - Mod elevation ALT, Alkp (ALT 700) - cPL >200 - LFL rads NSF Apr 28: - Mild thrombocytopenia - ALT, Alkp no change - Mod azotemia - Rest cort normal - PT/PTT mildly prolonged - Lepto MAT panel pending

## 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	--	--	1.3	1.3	45	80	0.1
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	60	--	--	18.6	--	2.5	--

## Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. An apical view revealed minor **mitral** insufficiency. However, doppler signal was weak and the level of insufficiency cannot be evaluated. 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. **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



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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.

### **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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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. Slight pinpoint mineralizations noted. Calculus noted in the pelvis of the left kidney measured 0.55 cm. The left kidney measured 6.0 cm with slight pyelectasia also noted. The right kidney measured 7.9 cm. Blood flow to the kidneys appeared adequate.

### **Adrenal Glands**

The **right adrenal gland** was 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. Right measured 0.77 cm at the caudal pole and 0.90 cm at the cranial pole.

The **left adrenal gland** was not visualized.

### **Spleen**

The **spleen** presented minor heterogeneous micronodular changes and was folded upon itself. Minor uniform enlargement.

### **Liver**

The **liver** was uniformly swollen and presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. The **gallbladder** was mildly over distended and edematous, with excessive debris/coalesced bile, yet not to the level of emerging mucocele. No adjunctive inflammation was noted.

### **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.



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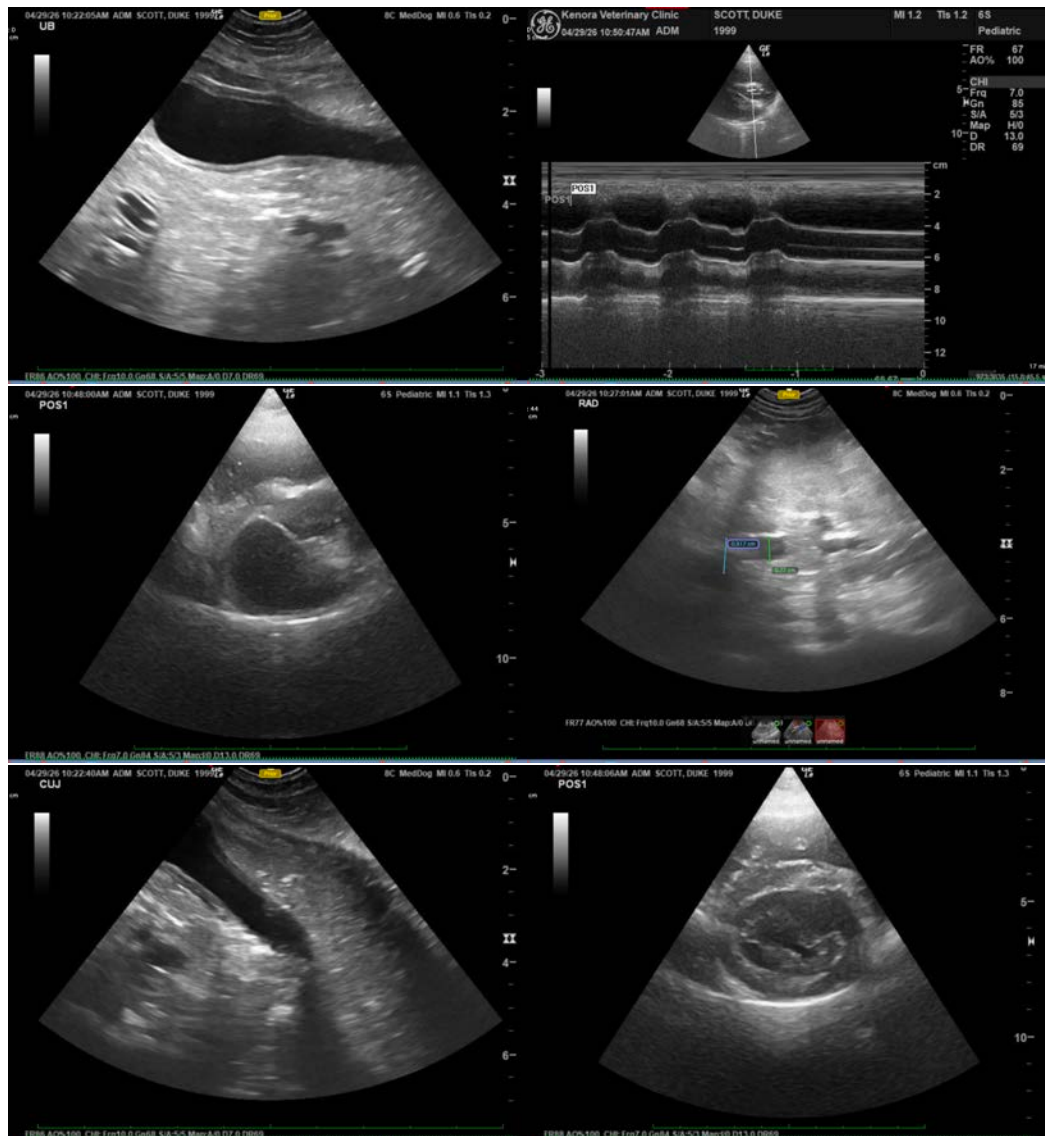
4/29/26

## ULTRASONOGRAPHIC FINDINGS

- Minor mitral insufficiency, Stage B1 valvular disease.
- Nephrolithiasis, minor, non-obstructive.
- Mild subjectively benign splenohepatomegaly.
- Minor excessive gallbladder debris.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant disease. Screening FNA of the spleen and liver would be ideal in this patient to ensure underlying emerging disease is not an issue, and given liver enzyme elevations. If adrenal disease is suspected, then further imaging of the left adrenal gland would be indicated, as contrast resolution was marginal and could not be differentiated from surrounding fat.





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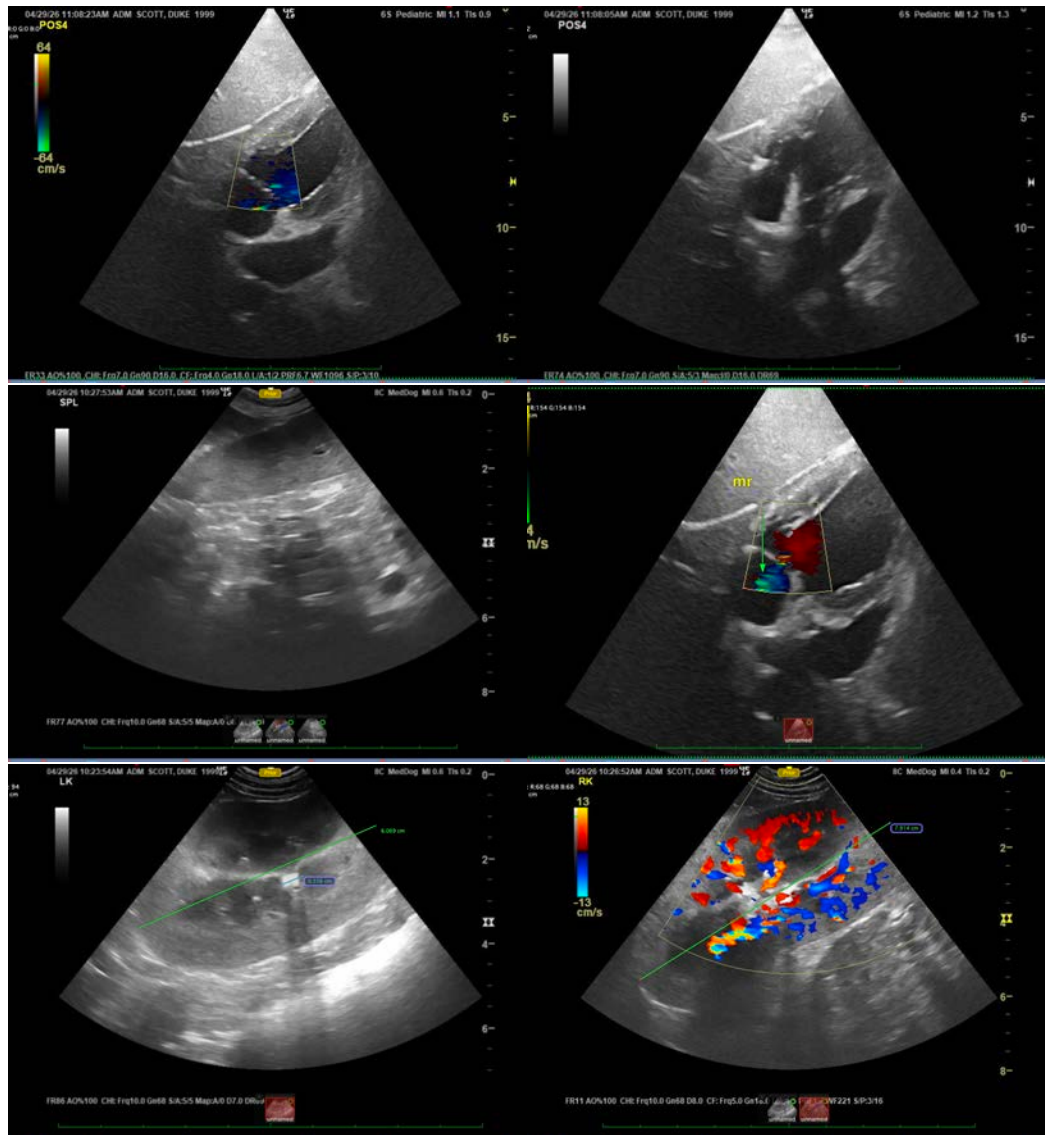
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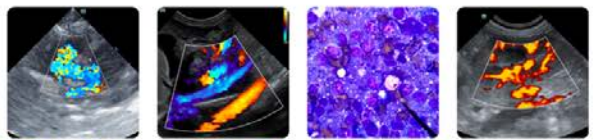
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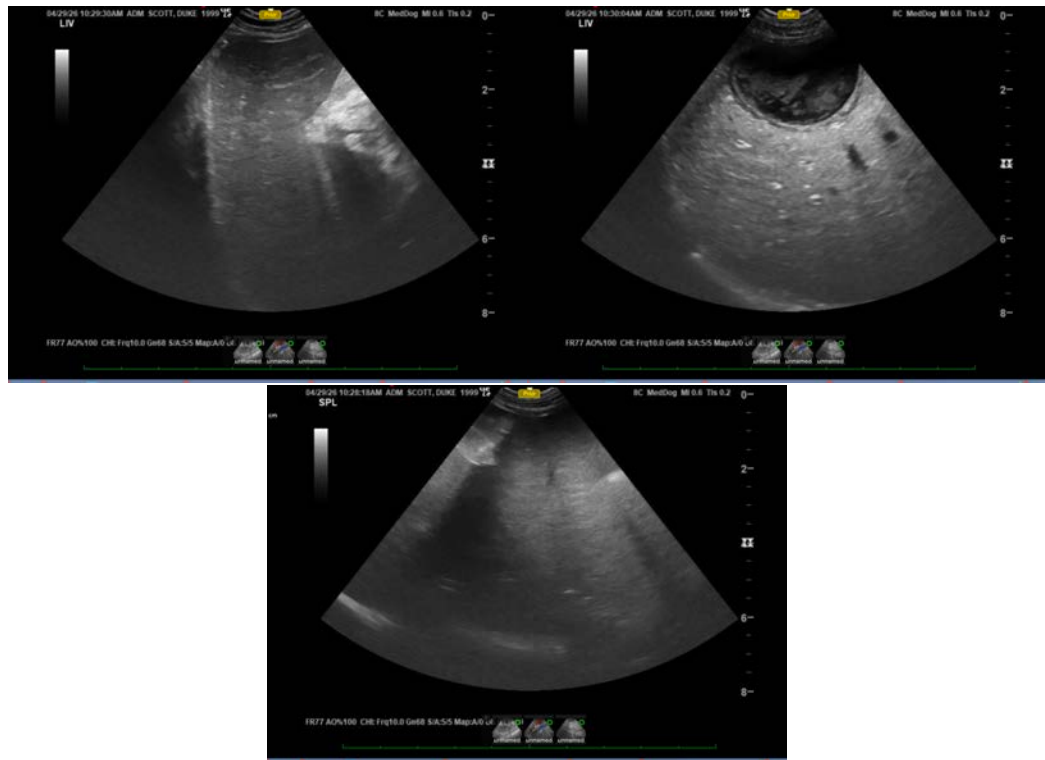
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)