



PATIENT

Ryder Wingle

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

7 Years

WEIGHT

93 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Animal General
(Augusta)

REFERRING VET

Dr. Castimore

INVOICE

14574

DATE

4/4/22

PRESENTING CLINICAL SIGNS

History: Extreme neck pain x 6 days with enlarged LN. Elevated liver enzymes, mild-mod fever 102.8. ANA +, Lepto -. Prev. ALT was 761 (now 360), Bili was 4.1 (good response) now 1.0. hx 6mos ago, MCT, sx w/ Palladia x 60 days. Current meds: Penicillin, Buprenex, Famotidine, Doxycycline, Reglan, Carprofen.

Abnormal PE/Chem/CBC/UA Results: ANA +, WBC 25k, ALT 360, ALKP >2K, TBil 1.0, Glob 5.3, Neu 11.96, Lym 0.51, Mono 2.48, PLT 137, MPV 17.7, PDW 19.6. Chest rads pending

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	<1.6	28-40	40-100	<0.6
PATIENT	--	--	1.0	1.17	42	74	NM
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	BELOW	BELOW	BELOW	BELOW
PATIENT	93	1.01	1.12	--	4.25	3.9	--

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. 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. Occasional arrhythmia noted in this patient.

Urinary System



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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 residual prostate measured 1.0 cm.

SPECIES

Canine

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 right kidney measured 7.2 cm. The left kidney measured 7.25 cm.

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Adrenal Glands

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The **right adrenal gland** was flattened and isoechoic, measuring 2.31 cm x 0.65 cm at the cranial pole and 0.35 cm at the caudal pole.

The **left adrenal gland** was flattened, measuring 2.55 cm x 0.47 cm at the cranial pole and 0.44 cm at the caudal pole.

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Spleen

The **spleen** revealed a cavitated nodule, measuring 3.05 cm with capsular expansion and disruption of architecture. Subtle heterogeneous splenic changes noted elsewhere.

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Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING

PERFORMED BY

Shari Reffi, CVT

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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ULTRASONOGRAPHIC FINDINGS

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- Normal echocardiogram
- Occasional arrhythmia noted- EKG indicated.
- Cystic splenic nodule/mass. Abscessation versus hemangiosarcoma or complicated cyst. Subtle heterogeneous changes noted elsewhere in the spleen.
- Flattened adrenal glands

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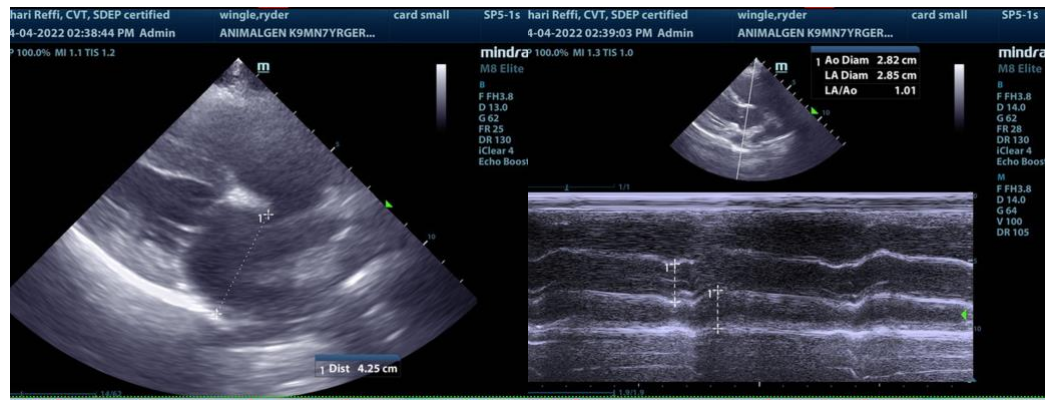
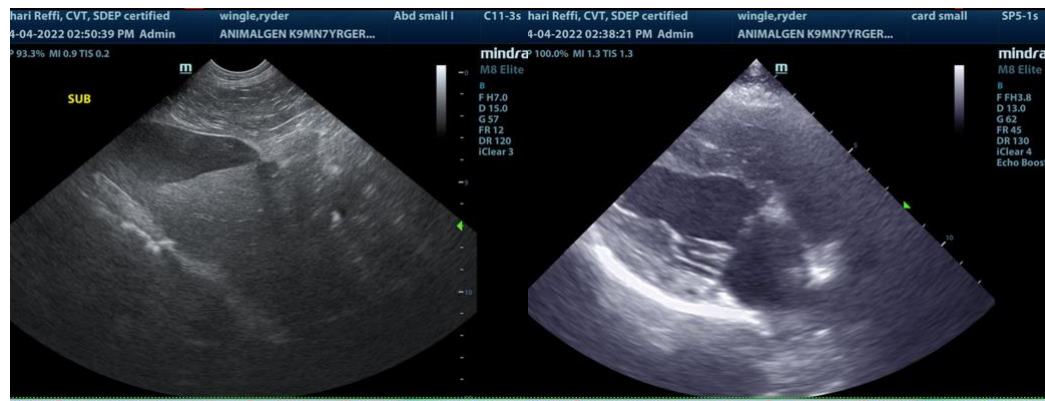
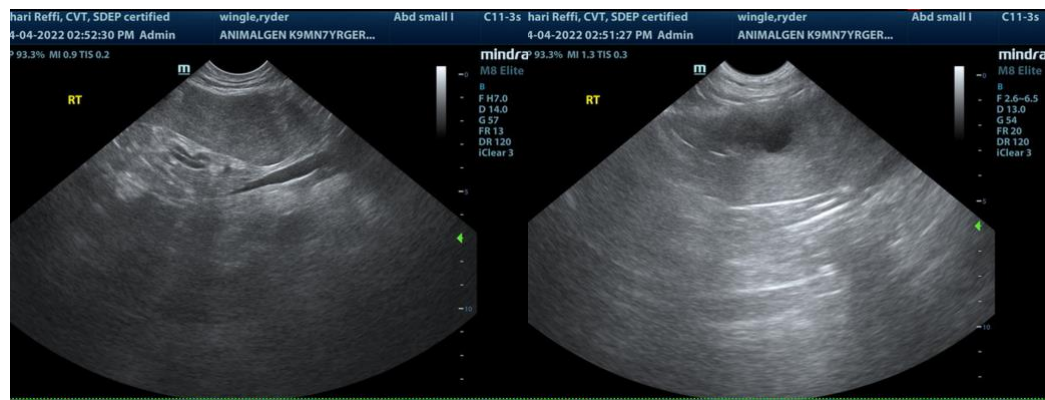
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Splenectomy warranted after three-view chest radiographs. No evidence of metastatic disease noted. The cystic splenic lesion appears to be precarious as it is expanding upon the capsule. Screening for Addison's warranted prior to anesthesia recommended. Baseline cortisol +/- ACTH stimulation recommended.





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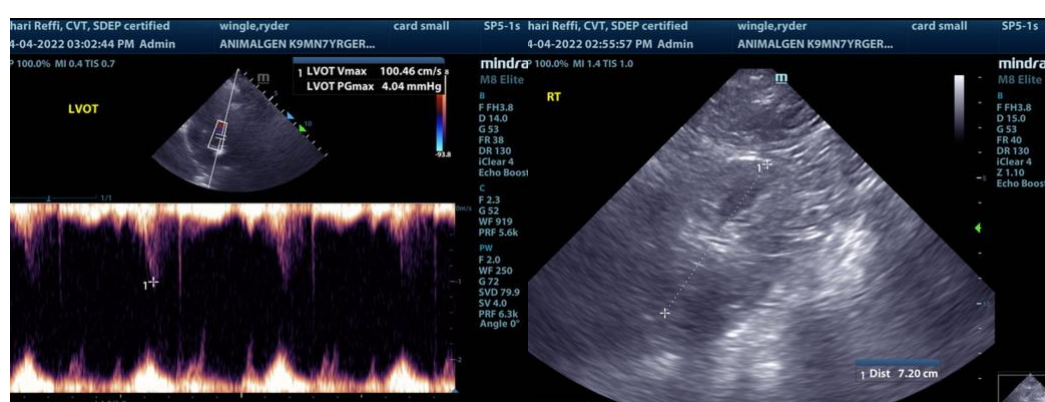
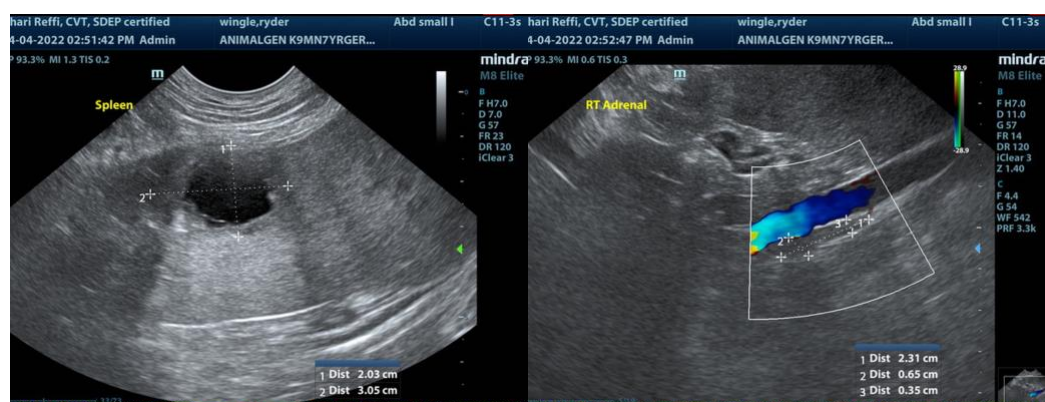
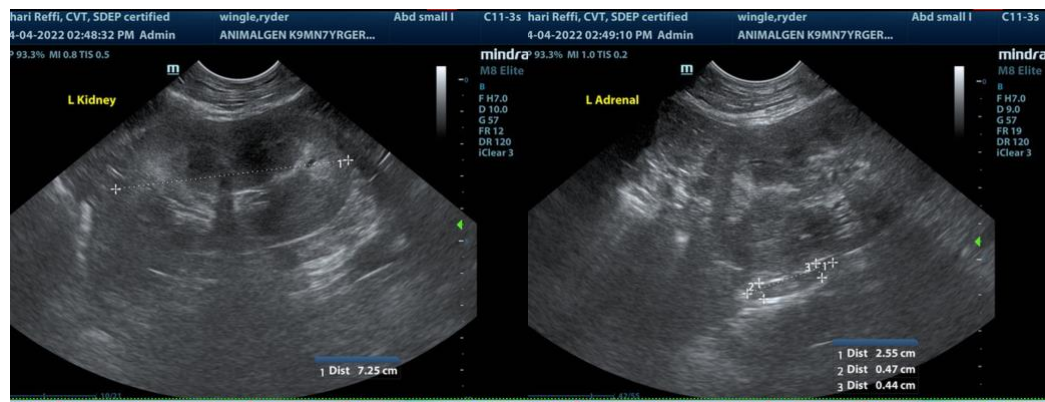
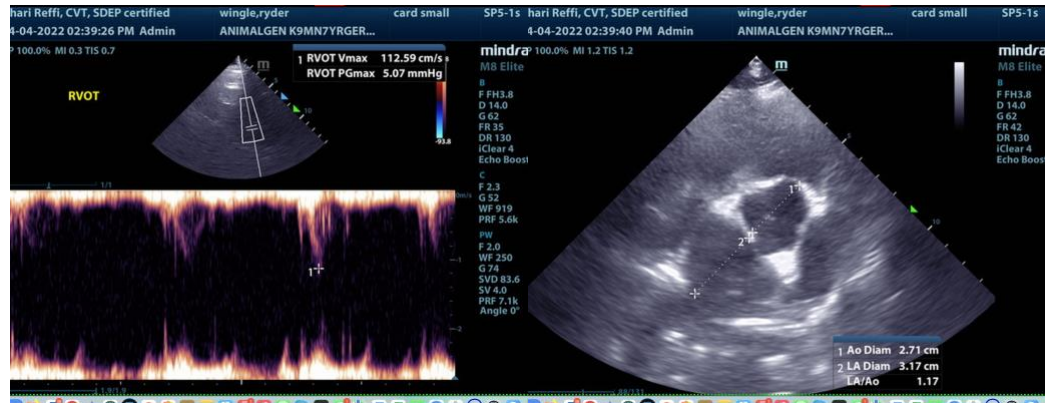
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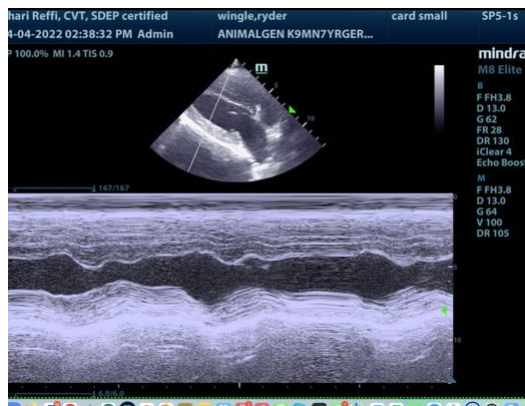
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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