



PATIENT

Winston Buchanan

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

4.5 Years

WEIGHT

73 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Marsh AH

REFERRING VET

Dr. Milwicki

INVOICE

22938

DATE

6/16/23

PRESENTING CLINICAL SIGNS

History: Past 2 months intermittent enteritis. Blood work showed high lymphocytes (pending flow cytometry). Radiology findings: "There is no evidence of gastric outflow or small intestinal mechanical obstruction. Primary consideration is given to hemorrhagic gastroenteritis/acute hemorrhagic diarrhea syndrome vs. ulcerative colitis vs. inflammatory bowel disease vs. pancreatitis vs. underlying systemic disease vs. toxin exposure."

Abnormal PE/Chem/CBC/UA Results: MCH 26.5, WBC 26., lymphocytes 13520, monocytes 1560.

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	--	--	NM	1.3	21	43	0.35
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	125	1.50	1.15	--	3.15	3.47	--

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.

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.
Winston Buchanan	
SPECIES	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 6.33 cm. The left kidney measured 6.76 cm.
Canine	
BREED	
Golden Retriever	Adrenal Glands
SEX	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 2.41 cm x 0.55 cm at the caudal pole and 0.79 cm at the cranial pole. The left adrenal gland measured 2.45 cm x 0.38 cm at the caudal pole and 0.46 cm at the cranial pole.
Neutered Male	
AGE	Spleen
4.5 Years	The spleen was slightly enlarged with minor scalloping contour and minor granular appearance. This may be involved in the lymphoproliferative process.
WEIGHT	Liver
73 Pounds	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	Gastrointestinal
Eric Lindquist, DMV DABVP, Cert. IVUSS	The upper gastrointestinal tract was unremarkable. Soft stool was noted in the colon. The colonic wall was thickened, measuring up to 5.0 mm.
IMAGING PERFORMED BY	Pancreas
Kelly Vazquez	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.
HOSPITAL NAME	Free Abdomen
Marsh AH	The mesenteric lymph nodes were rounded and hypoechoic, measuring 3.04 cm x 1.7 cm. Other lymph nodes were enlarged, irregular and hypoechoic, measuring up to 3.0 cm in the iliac/colic region.
REFERRING VET	
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DATE	ULTRASONOGRAPHIC FINDINGS
6/16/23	<ul style="list-style-type: none"> • Normal echocardiogram- no evidence of pathology. • Multifocal lymphadenopathy



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- Soft stool in the colon with thickened colonic wall-
- Mild splenic enlargement

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

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Ultrasound guided FNA of the iliac lymph nodes, performed without complication is recommended. Treatment would be based in FNA results. Prognosis is guarded, depending upon cytology results. There is strong concern for lymphoma vs colitis/lymphadenitis possible.

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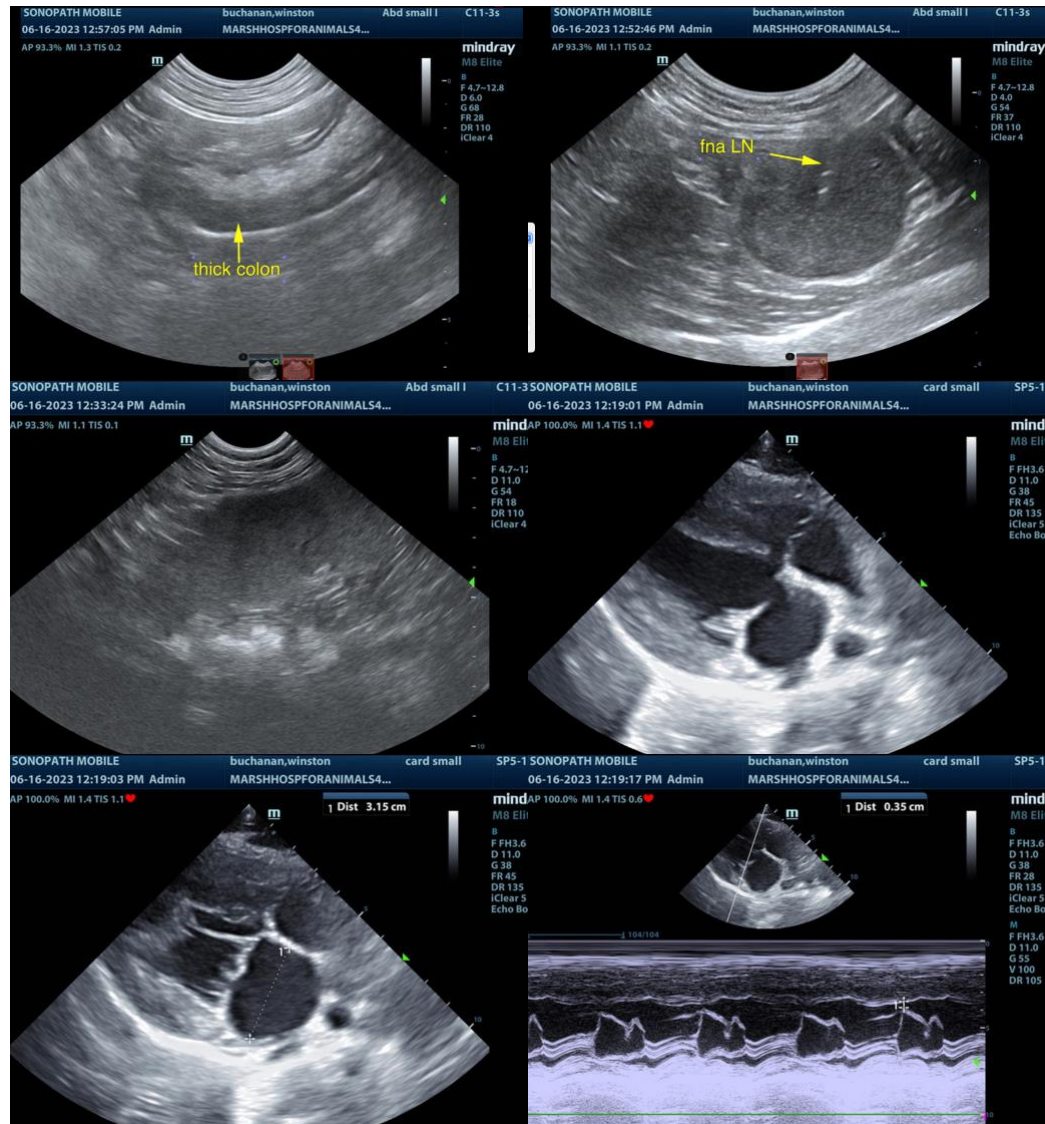
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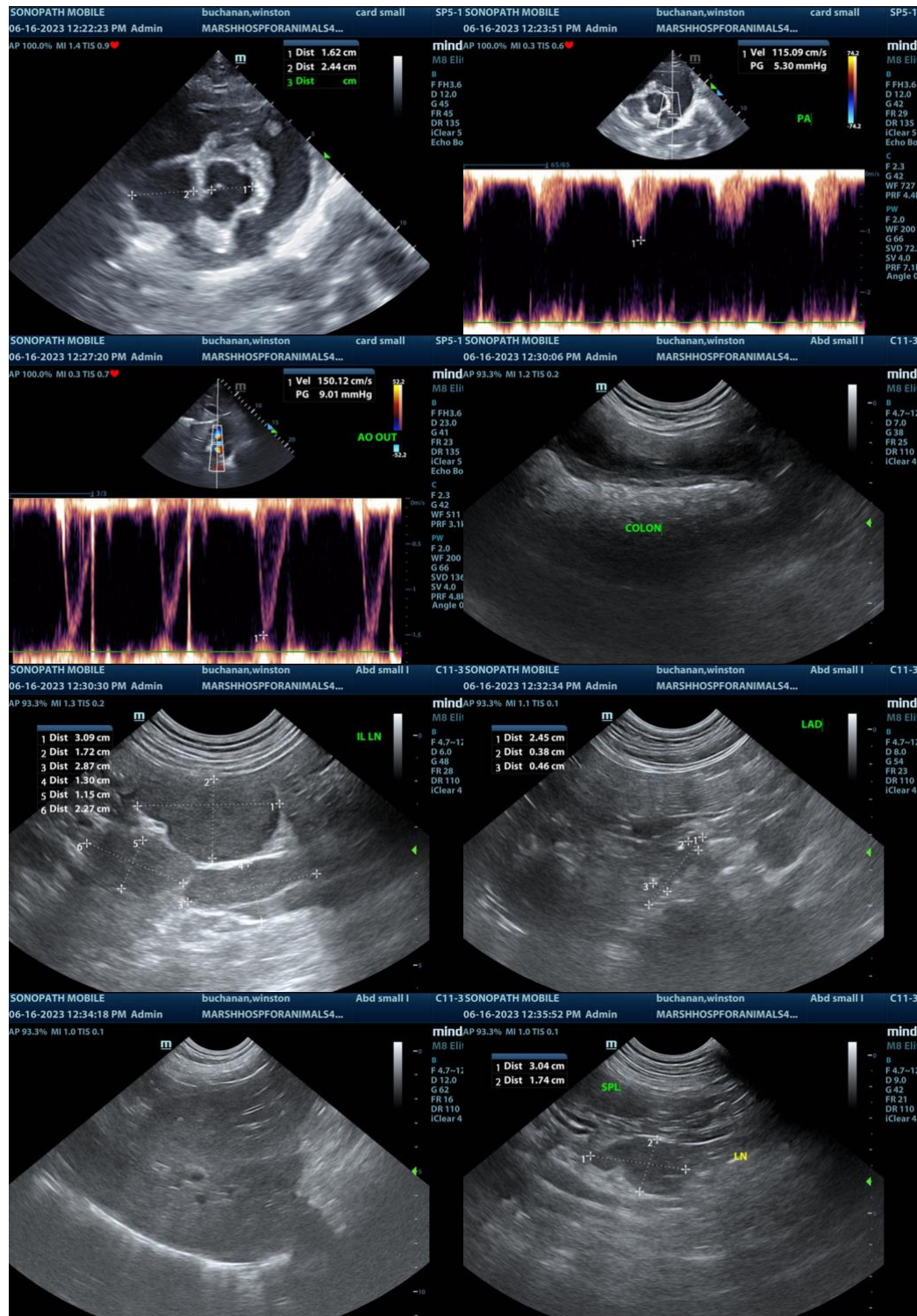
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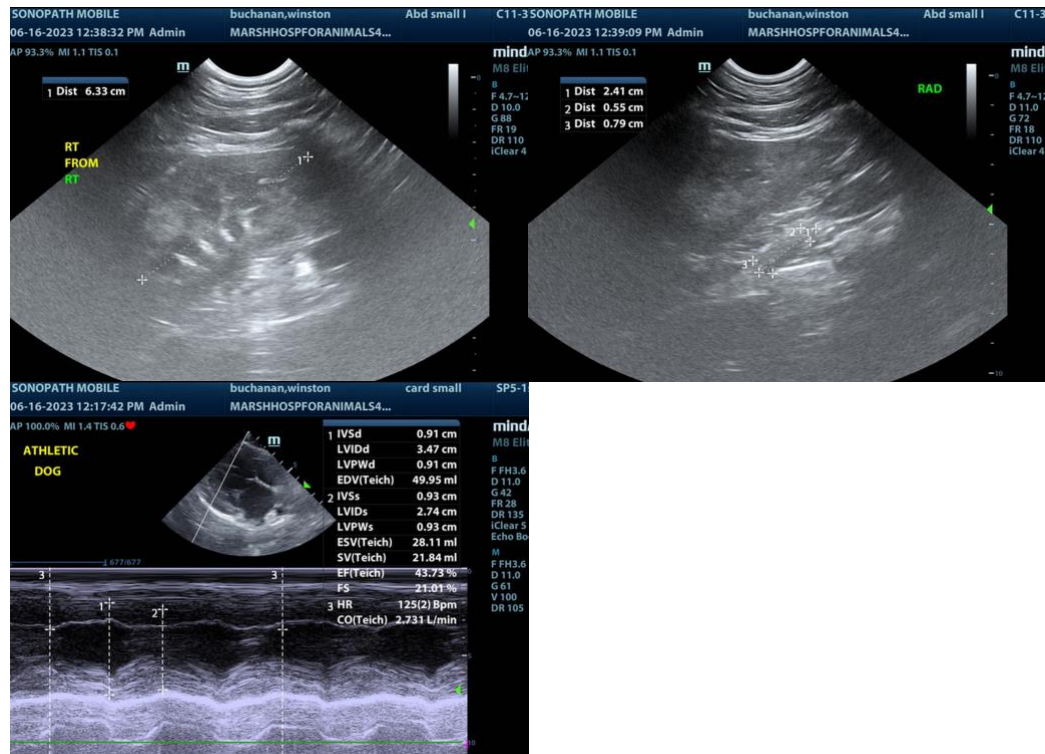
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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