



PATIENT

Grace English

SPECIES

Canine

BREED

Irish Wolfhound

SEX

Female

AGE

6 Years

WEIGHT

103 Pounds

PRESENTING CLINICAL SIGNS

Diarrhea, decreased appetite, weight loss. Current meds: Cerenia, Metronidazole, Ampicillin
Abnormal PE/Chem/CBC/UA Results: HCT 52.3, PHOS 5.2, CA 8.4, TP 3.5, ALB 1.8, GLOB 1.7, CHOL 66, CPL Normal

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			NM	1.43	28	54	0.6
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	110	0.90	0.65		4.27	4.94	

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet Hospital

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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. Trivial **pulmonic** insufficiency noted, not clinically significant. Trace pleural effusion noted, which would suggest metastatic disease.

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.

Reactive iliac lymph nodes noted, example measured 4.3 cm x 1.26 cm.

The **kidneys** revealed normal size and structure, corticomodullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen.



PATIENT	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 7.1 cm. The right kidney measured 8.34 cm.
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SPECIES	Adrenal Glands
Canine	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 2.15 cm x 0.40 cm at the cranial pole and 0.35 cm at the caudal pole. The right adrenal gland measured 2.03 cm x 1.1 cm at the cranial pole and 0.51 cm at the caudal pole.
BREED	Spleen
Irish Wolfhound	The spleen was folded upon itself caudally with fairly uniform parenchyma.
SEX	Liver
Female	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.
AGE	Gastrointestinal
6 Years	The stomach was filled with ingesta. Areas of spastic small intestine present with enhanced surrounding mesentery. Hyperperistalsis noted throughout the small intestine. The colon was fluid filled. Variable mesenteric lymph nodes were enlarged and irregular. A lymph node mass measuring 12 cm x 8 cm noted appeared to be mesenteric root.
WEIGHT	Pancreas
103 Pounds	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.
INTERPRETED BY	Free Abdomen
Eric Lindquist, DMV	The uterus was uniform at 5.0 mm.
DABVP, Cert. IVUSS	Free fluid noted in the abdomen with enhanced mesentery.
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Shari Reffi, CVT	<ul style="list-style-type: none"> • Normal echocardiogram • Non-cardiogenic pleural effusion – thoracic spread likely. • Mesenteric lymphadenopathy/lymph node mass with multifocal lymph node involvement • Gastroenteritis presentation • Folded spleen
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Newton Vet Hospital	No evidence of cardiac disease. Intestinal/lymph node based lymphoma suspected with potential splenic involvement with reactive mesentery and secondary paraneoplastic effusion. FNA of the lymph node with cytology and culture indicated. FNA of the spleen also indicated. Likely immediate
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chemotherapeutic intervention necessary. Prognosis is extremely guarded to poor depending upon responsiveness to chemotherapy.

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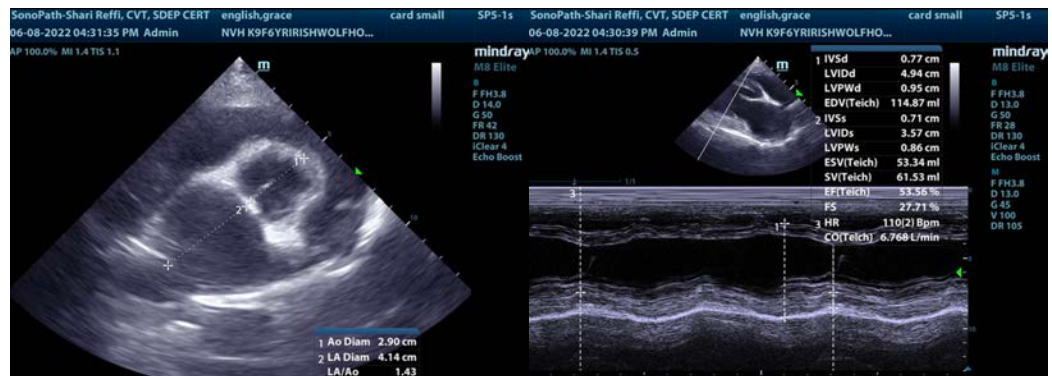
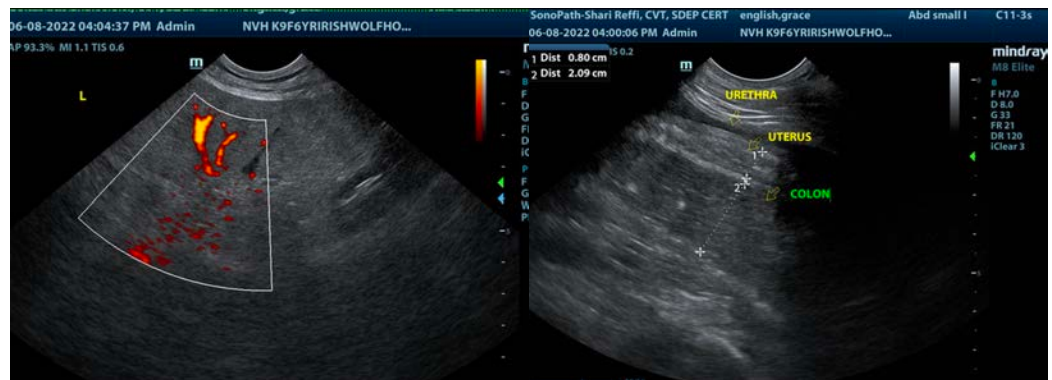
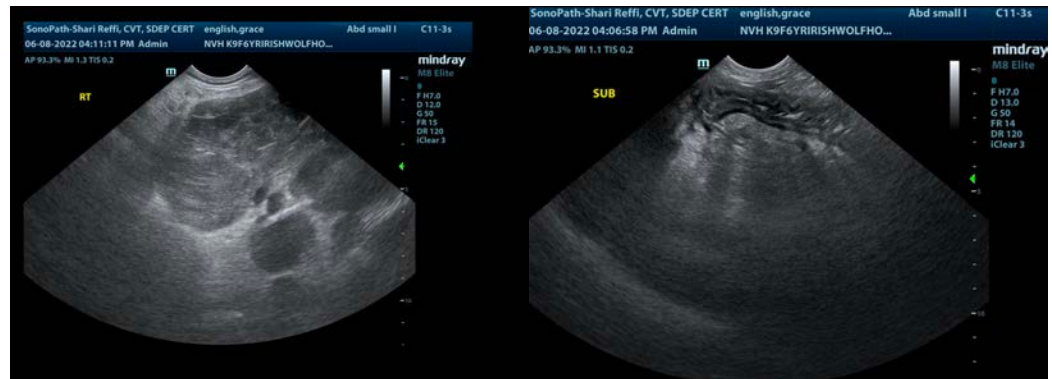
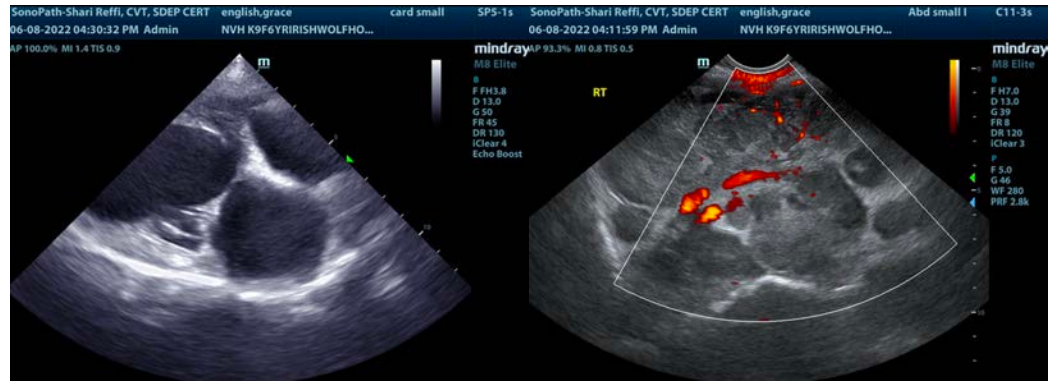
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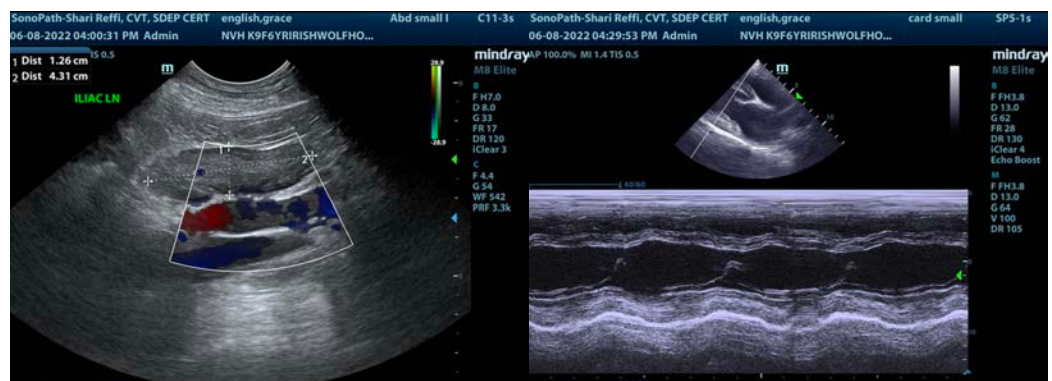
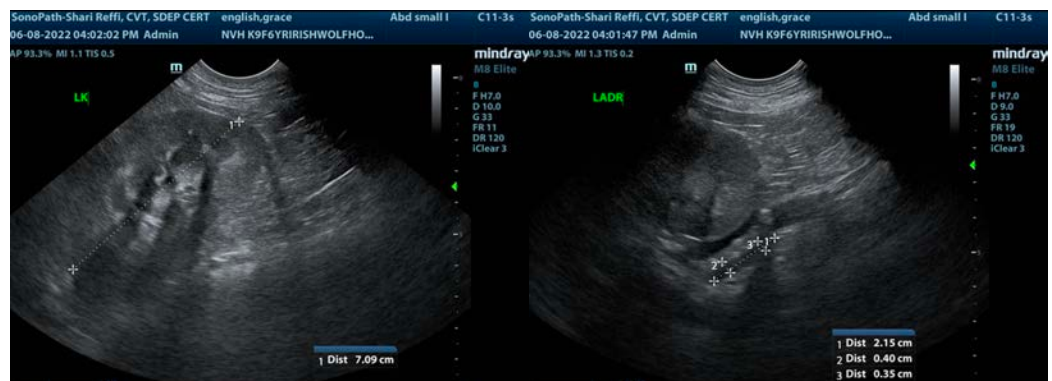
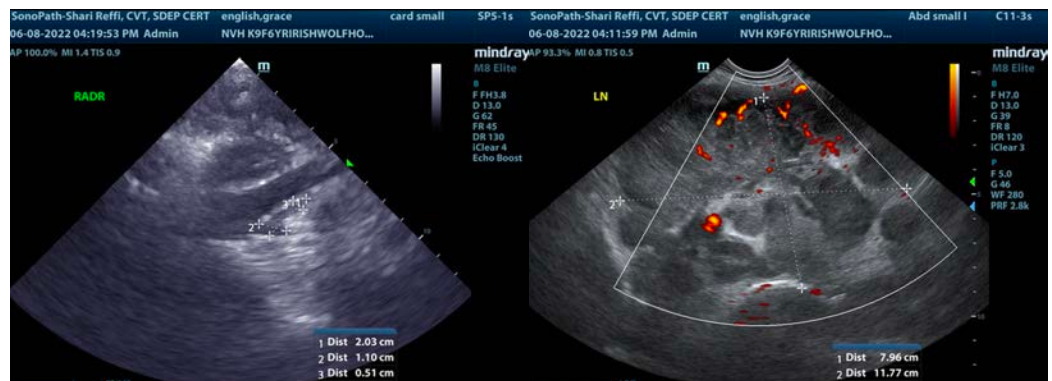
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

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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

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