



**PATIENT**

Flecha Rodriguez

**SPECIES**

Canine

**BREED**

Mixed Medium Breed

**SEX**

Neutered Male

**AGE**

14 Years

**WEIGHT**

52 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. G. Ferrer, DVM

**HOSPITAL NAME**

Paseos VC

**REFERRING VET**

Dra. Gaspar Davila

**INVOICE**

16593

**DATE**

7/11/22

**PRESENTING CLINICAL SIGNS**

History: Presented as a referral for an echocardiogram and abdominal ultrasound. Patient presented to rDVM on 7-1-2022 with a history of a persistent cough. Also, decrease appetite. Thoracic radiographs and EKG were done and sent for evaluation. Reports are below.

Abnormal PE/Chem/CBC/UA Results: PE: P was having difficulty breathing but mostly when exhaling. Abdominal breathing. MM are light pink. Mild dental calculus. BW: CBC: RBC 5.34 M/L , HCT 33.3% , HGB 11.7 g/dL and RET-HE 19.7 CHEM: SDMA 17, ALT 142 U/L, Creatinine (0.9) 4Dx: negative) ECG FINDINGS AND ASSESSMENT: There is an irregular rhythm present with no visible p waves, consistent with atrial fibrillation. Atrial fibrillation is typically due to severe atrial dilation although in giant breed dogs the atrial fibrillation can occur independent of underlying structural cardiac disease (i.e. lone atrial fibrillation) There is no evidence of ventricular ectopy on this trace. All other ECG parameters are within normal limits. THORACIC RADIOGRAPHIC FINDINGS: There is severe generalized cardiomegaly, characterized by moderate to severe left atrial enlargement and moderate left ventricular enlargement (VHS = 14v, reference range 8.6-10.7v). The pulmonary veins are dilated and normal in course. There is a perihilar infiltrate suggestive of pulmonary edema. The trachea displays dorsal deviation. There is no evidence of pleural effusion noted. The mediastinum is normal. Abdominal detail is normal. THORACIC RADIOGRAPHIC CONCLUSIONS: Severe left atrial and ventricular enlargement, consistent with left-sided congestive heart failure as the most likely cause for the clinical signs and radiographic findings. DIAGNOSTIC RECOMMENDATIONS: An echocardiogram is recommended when stable to identify the underlying heart disease.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. A cortical infarct was noted at the caudal pole of the right kidney, stable. The left kidney measured 6.78 cm.

**Adrenal Glands**

The **left 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. The left adrenal gland measured 0.74 cm.

The region of the **right adrenal gland** revealed no evident pathology.

**Spleen**



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The **spleen** revealed diffuse micronodular changes with a hypoechoic expansive target type nodule, measuring 1.37 cm. Echogenic content was noted in the splenic vessel, potential thrombosis.

**Liver**

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The **liver** revealed generalized enlargement. The liver was swollen, irregular and micronodular, consistent with infiltrative disease. The hepatic lymph nodes were enlarged. Isoechoic macronodular changes were noted in the liver. The gallbladder was deviated.

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**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.

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**Pancreas**

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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.

**Free Abdomen**

**WEIGHT**

52 Pounds

The iliac **lymph nodes** (up to 1.26 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

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Free fluid was noted throughout the abdomen.

**ULTRASONOGRAPHIC FINDINGS**

- Splenohepatic infiltrative pattern, strongly suggestive for round cell neoplasia
- Reactive lymph nodes
- Free fluid
- Age-related renal changes with cortical infarct at the caudal pole of the right kidney (stable)

**IMAGING PERFORMED BY**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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FNA of the spleen and liver is warranted. Splenic thrombosis is possible.

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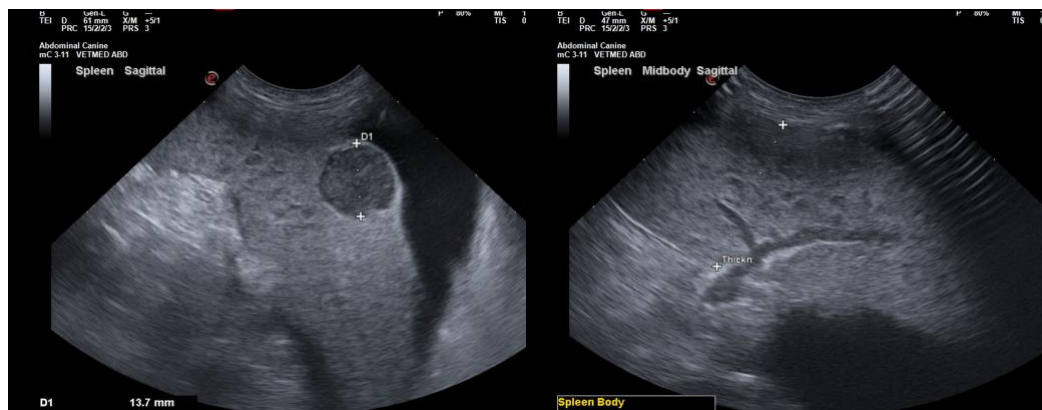
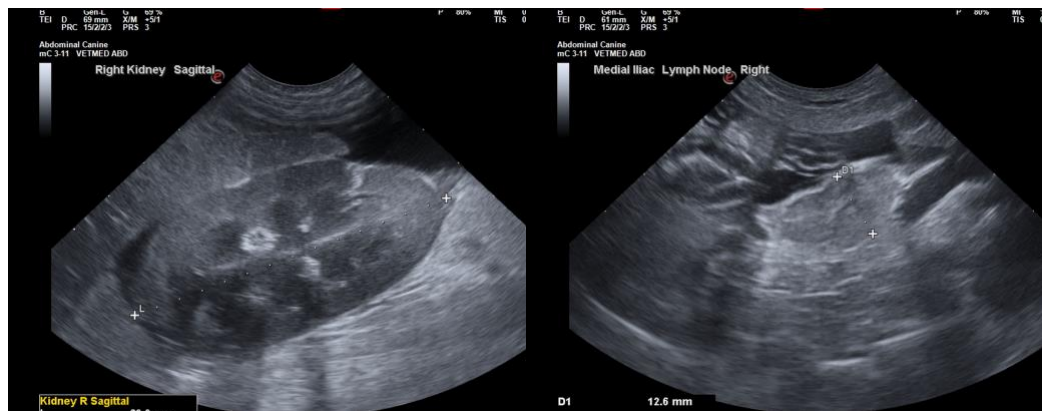
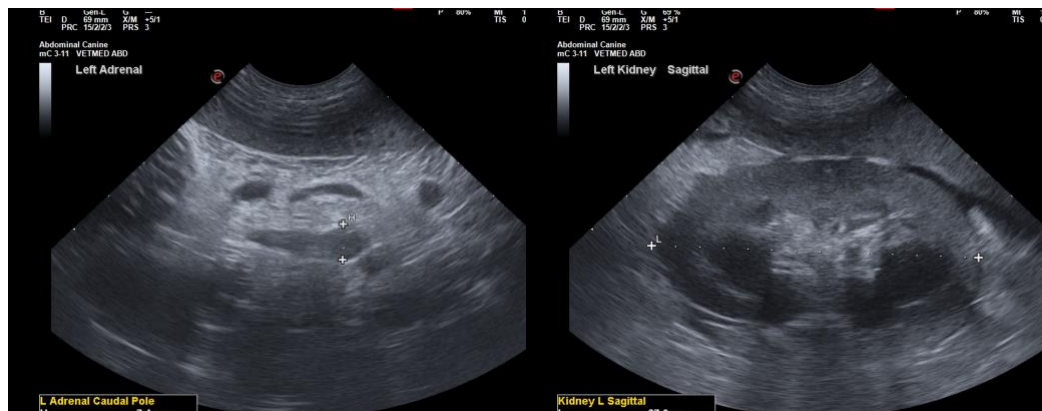
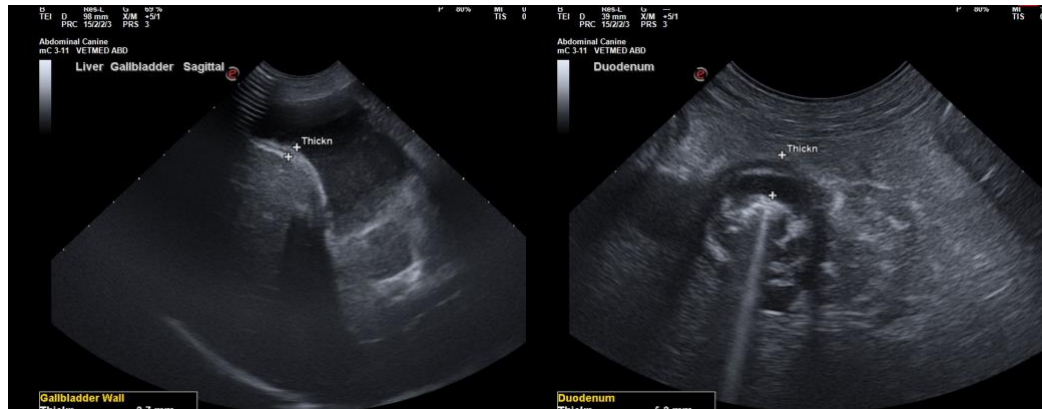
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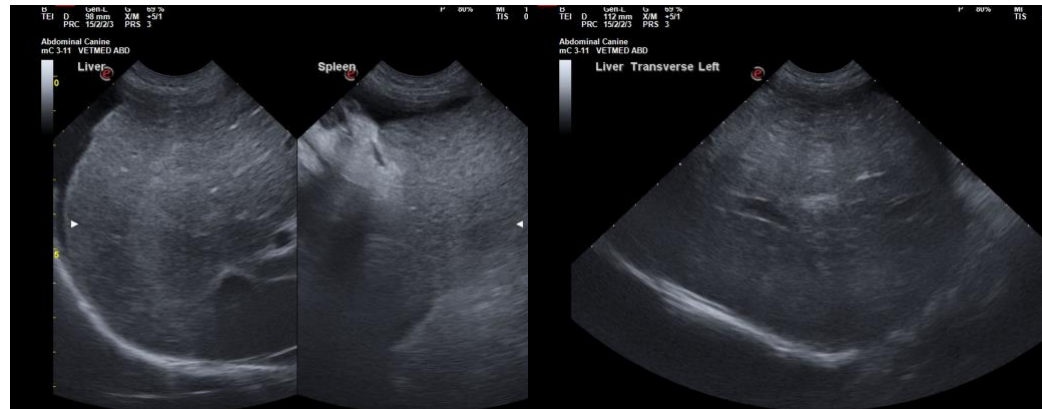
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**IMAGING PERFORMED BY**

Dr. G. Ferrer, DVM

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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