

PATIENT PRESENTING CLINICAL SIGNS

Tango McClusky

mild dehydration - grade 5/6 systolic murmur, L PMI - abdominal discomfort, possible hepatomegaly/splenomegaly - Hx 3 days vomiting and diarrhea - Hx seizures, hypothyroid, anxiety, arthritis, urinary incontinence (on keppra, gabapentin, thyroxine) cerenia, methadone, trazodone - rDVM noted cranial abdominal mass on abdominal rads
Abnormal PE/Chem/CBC/UA Results: - mild to moderate elevation ALT and ALP Rads at regular DVM show suspicious mass in cranial abdomen.

SPECIES

Canine

BREED

JRT

SEX

Neutered Male

AGE

9 Years

WEIGHT

8.4 kg

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	5.0		1.15	1.17	29	58	0.2
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	1.53			3.05	2.35	

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hamilton Region
Emergency Clinic

REFERRING VET

Dr. Vercaigne

INVOICE

39518

DATE

7/14/22

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable insufficiency. 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. **Aortic** valve presented moderate insufficiency at 5.0 m/sec. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** insufficiency noted at 2.81 m/sec. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** 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. No echographically detectable evidence of infiltrative disease was visible. The cranial **mediastinum** and **pericardial** regions were free of masses in the visible window. Occasional arrhythmia noted in this patient.



PATIENT *Urinary System*

Tango McClusky

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 2.0 cm beyond the cystourethral junction.

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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.

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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 4.51 cm. The right kidney measured 5.06 cm.

Adrenal Glands

SEX

Neutered Male

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 2.09 cm x 0.38 cm at the caudal pole and 0.48 cm at the cranial pole. The right adrenal gland measured 1.88 cm x 1.39 cm at the cranial pole and 0.89 cm at the caudal pole.

AGE

9 Years

Spleen

The **spleen** revealed a mildly complex mixed echogenic parenchymal mass measuring 4.6 cm. No evidence of rupture. The mass was deriving from the cranial pole.

WEIGHT

8.4 kg

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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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.

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.

INVOICE

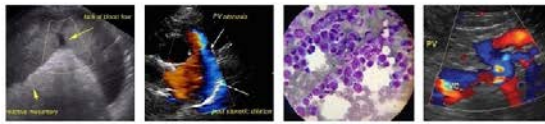
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- Stage B1 valvular disease, compensated
- Mitral, tricuspid and aortic insufficiency
- Splenic mass, appears isolated

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PRIMARY FINDINGS



PATIENT

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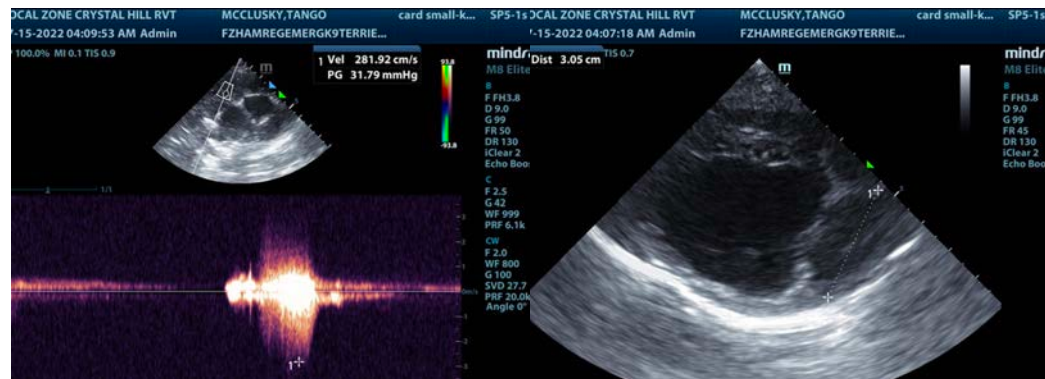
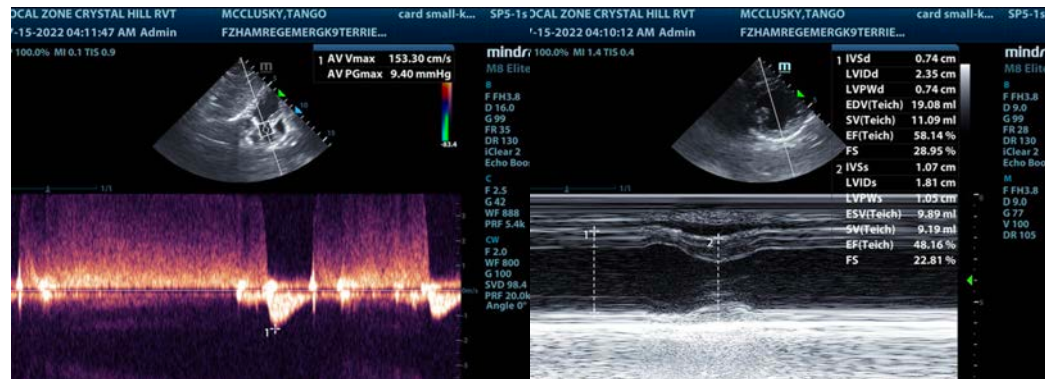
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt contraindication to anesthetic procedure. EKG indicated. No evidence of volume overload. 3-view chest radiographs recommended followed by splenectomy, liver inspection and biopsy to rule out micrometastasis. The splenic mass may be benign. Stromal tumor, hemangiosarcoma, benign lesion possible, yet it is precarious and at risk for torsion or potentially rupture. There is a microcystic portion to the mass. Histopathology and culture indicated.

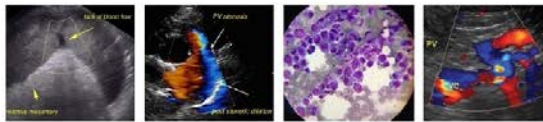


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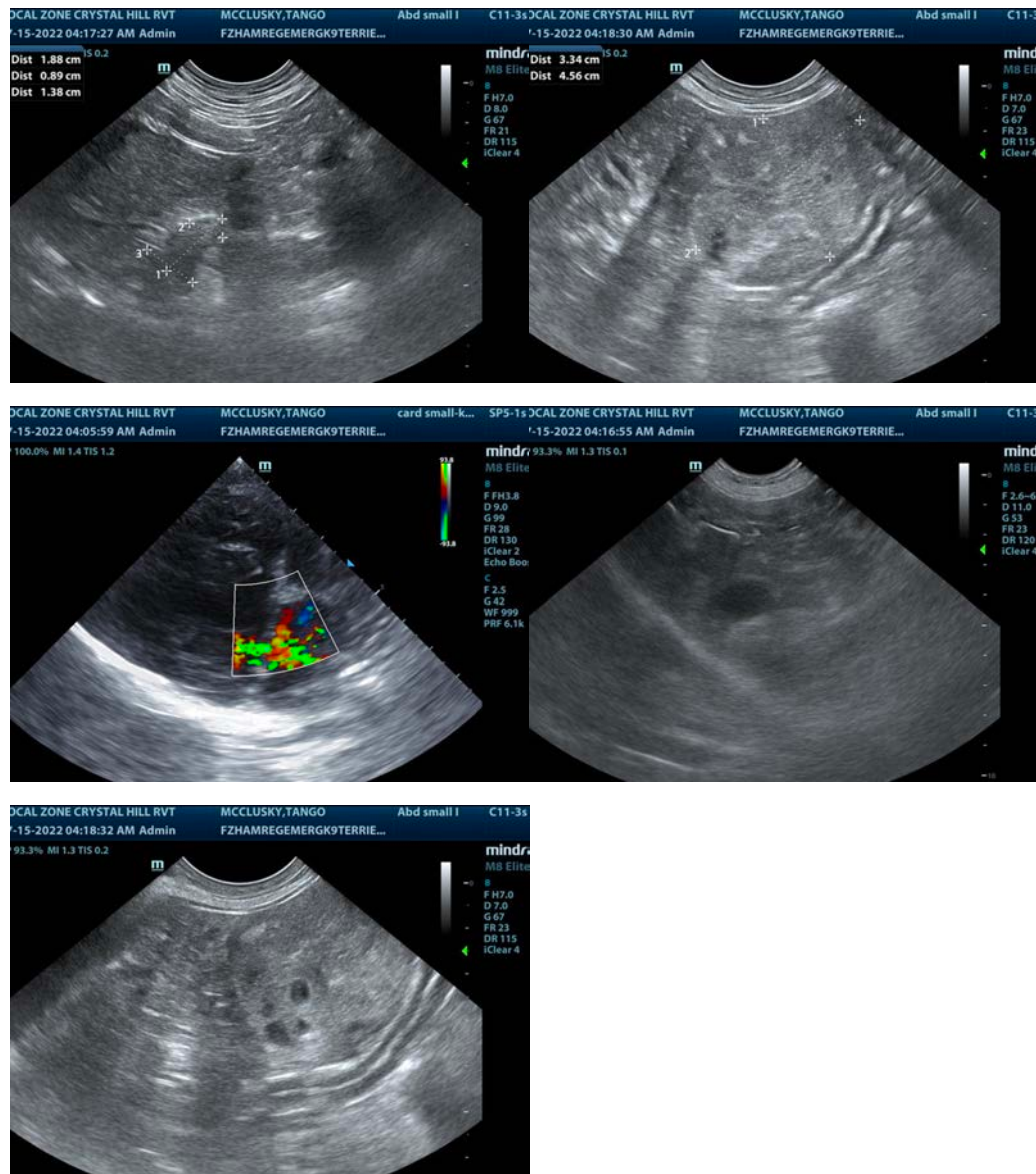
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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