

PATIENT PRESENTING CLINICAL SIGNS

Riley Clement decreased appetite 3 Kg weight loss since last visit July 8th 2022 Drooling Lethargic poor mobility. Has been started on Cefazolin. No heart murmur.
Abnormal PE/Chem/CBC/UA Results: Only very mild changes on bloodwork.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

BREED

Goldendoodle

SEX

Neutered male

AGE

12 Years

WEIGHT

29.5 kg

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	1.2	38	69	0.3
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	1.73	1.6		4.0	3.93	

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Westoak AH

REFERRING VET

Dr. Kohlmaier

INVOICE

39839

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Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. Mild centralized mitral insufficiency noted at 5.0 m/sec. 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. Trivial **tricuspid** insufficiency noted at 1.6 m/sec. 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

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.

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



PATIENT

and no evidence of pelvic dilation was present. The right kidney measured 7.0 cm. The left kidney measured 7.2 cm.

Riley Clement

Adrenal Glands

SPECIES

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 1.8 cm x 1.65 cm at the cranial pole and 0.76 cm at the caudal pole. The left adrenal gland measured 2.5 cm x 0.50 cm.

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Spleen

The **spleen** presented multifocal hyperechoic nodular changes, consistent with lipogranulomas. However, other heterogeneous parenchymal changes also noted.

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Neutered male

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.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

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ULTRASONOGRAPHIC FINDINGS

HOSPITAL NAME

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- Minor mitral insufficiency, early Stage B1 valvular disease (not a clinical issue)
- Nodular spleen – lipogranulomatous changes likely, mild potential for more significant disease
- Age related renal and hepatic changes

REFERRING VET

Dr. Kohlmaier

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening FNA of the spleen indicated to ensure more significant disease is not an issue, given the weight loss. Chest radiographs and full CNS examination also indicated.

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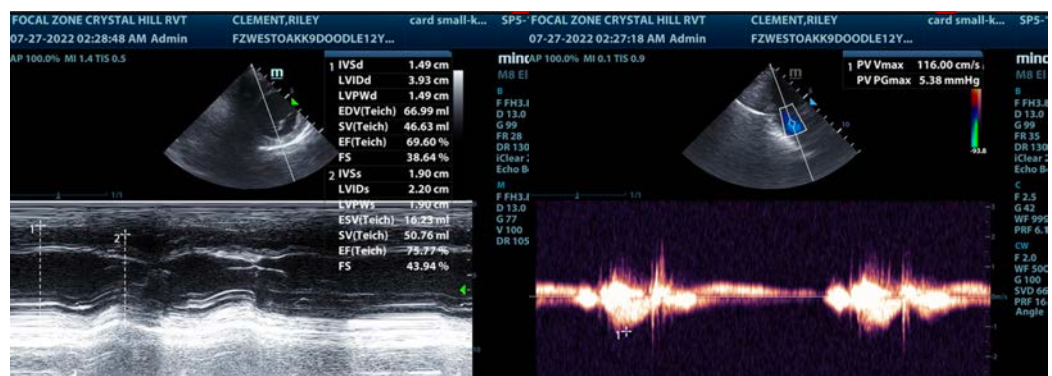
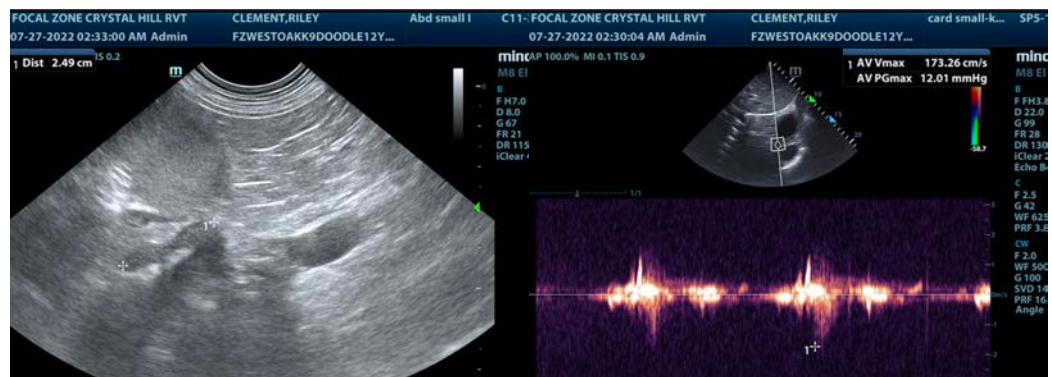
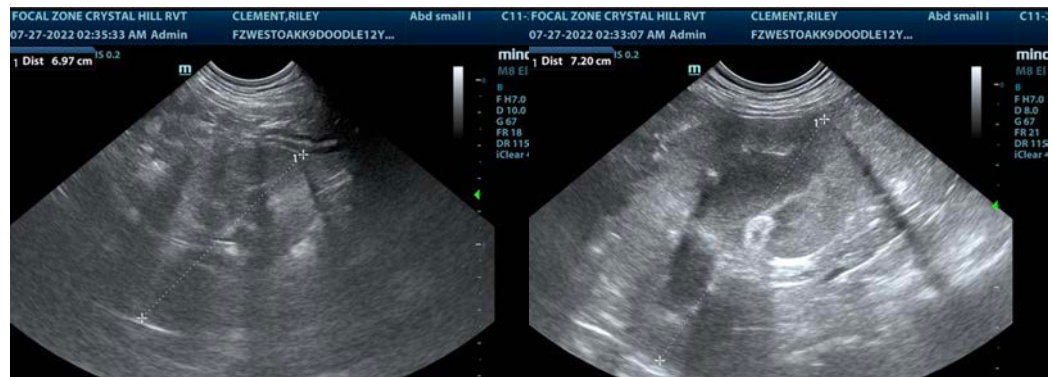
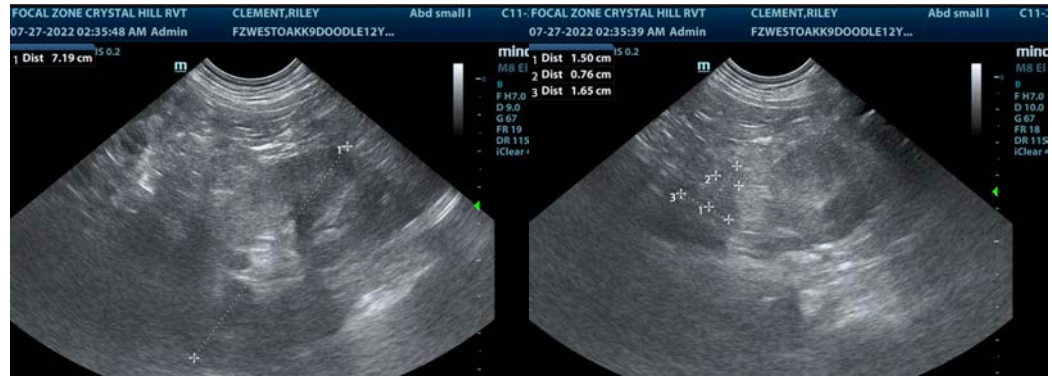
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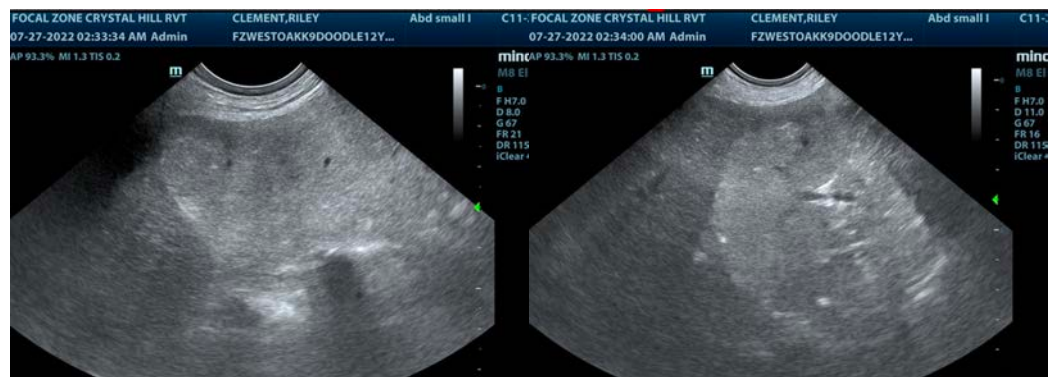
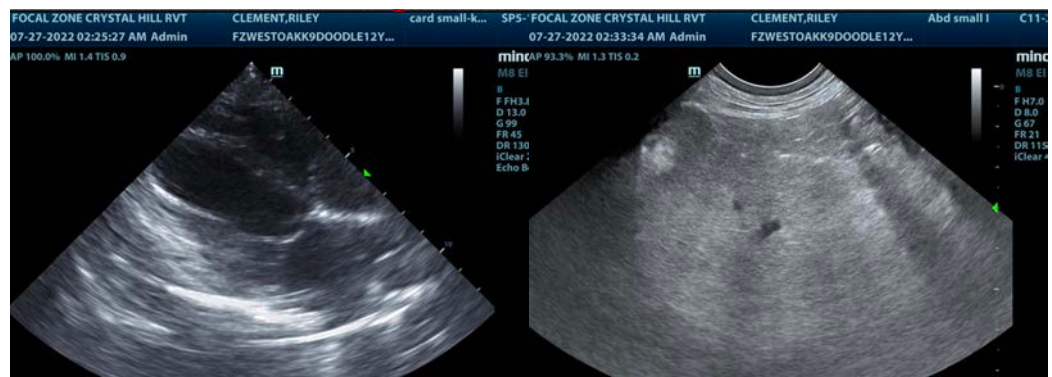
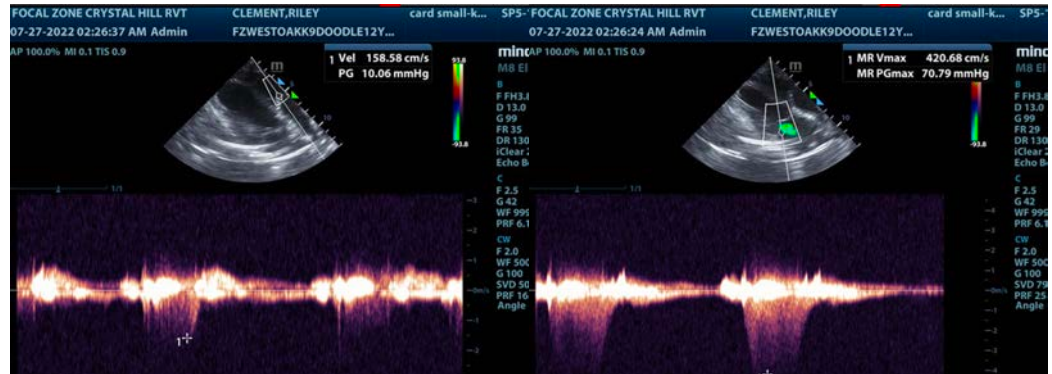
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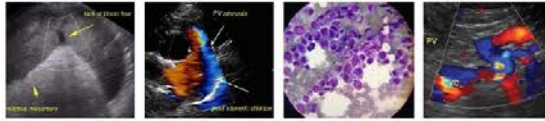
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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