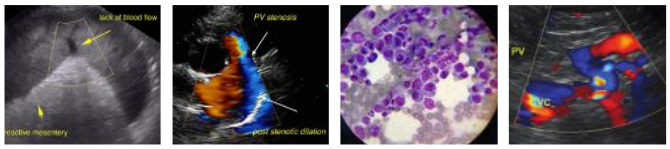
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Reis Brenner

SPECIES

Canine

BREED

Beagle Mix

SEX

Spayed Female

AGE

15

WEIGHT

26

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Torch River VMS

HOSPITAL NAME

Torch Lake VC

REFERRING VET

Dr. Adrianne Waffle

INVOICE

23659

DATE

7/28/23

PRESENTING CLINICAL SIGNS

History of pyrexia and inappetence Tuesday. has improved with enro and amoxicillin. started vomiting 36 hrs ago. previous bladder thickening/potential apical wall bladder tumor. also has history of b2 mitral valve disease meds - Pimobendan 10mg TID; DC enalapril when BUN significantly increased; aluminum hydroxide; furosemide40 mg BID; amlodipine - 2.5 mg SID; lomotil - 5 mg 2-3 X per day (hasn't been given in last 2 days) omeprazole - 20 mg BID

Abnormal PE/Chem/CBC/UA Results: wbc 20.7 neu - 18.2 sdma - 19 creatinine - 2.7 BUN - 88 BP - 150/102 Treated with SQ fluids and chicken/rice diet; also added cerenia Have not repeated bloods since initial presentation Wednesday ECG shows occasional APCs

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

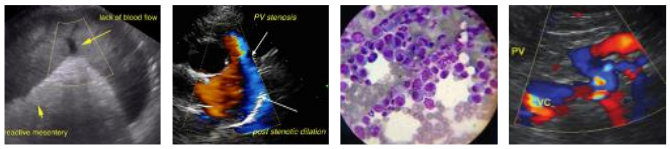
CANINE CARDIAC PARAMETERS	**MR VMAX** (m/s)	**TR VMAX** (m/s)	**LA/AO** (Boon method)	**LA/AO** (Heart Base; Swe)	**FS** (%)	**EF** (%)	**EPSS** (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT			1.2		53	85	0.1
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**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		1.60		--	5.1	2.84	

Cardiac Presentation

The cardiac presentation in this patient presented arrhythmogenic activity. EKG and blood pressures are indicated. Mitral and tricuspid insufficiency were noted with slight prolapse of the anterior mitral valve leaflet. Aortic insufficiency was noted. Left atrial size was largely normal in the LA/AO June Boone and heart base views, however, slightly enlarged in the LA Max view. Contractility of the left ventricle appeared adequate, however, was somewhat impaired by the arrhythmogenic activity. No pericardial or pleural effusion was noted. This is fairly stable valvular disease.

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. This is a mild change. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.



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The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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. Slight mineralization was noted in the kidneys. The right kidney measured 5.6 cm. The left kidney measured 4.93 cm. Slight pyelectasia was noted in the left kidney. An anechoic cyst was noted in the left kidney, measuring 5.0 mm. Microcystic cortical changes were noted in the right kidney.

Adrenal Glands

The **right adrenal gland** was slightly enlarged. The right adrenal gland measured 1.93 cm x 1.09 cm at the cranial pole and 0.8 cm at the caudal pole.

The **left adrenal gland** was slightly enlarged, measuring 0.78 cm at the caudal pole and 0.5 cm at the cranial pole x 2.12 cm in length.

Spleen

The **spleen** revealed a hyperechoic lipid nodule, measuring 1.6 cm, with acoustic shadowing.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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.

Gastrointestinal

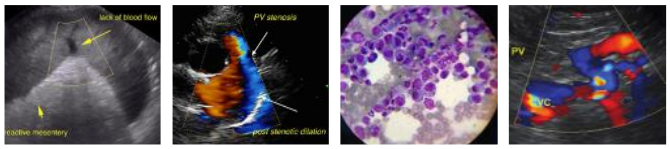
There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large 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.

ULTRASONOGRAPHIC FINDINGS

- Slightly enlarged adrenal glands
- Lipid nodule in the spleen, subjectively benign
- Left kidney pyelectasia and microcystic cortical changes in the right kidney.
- Partially full stomach



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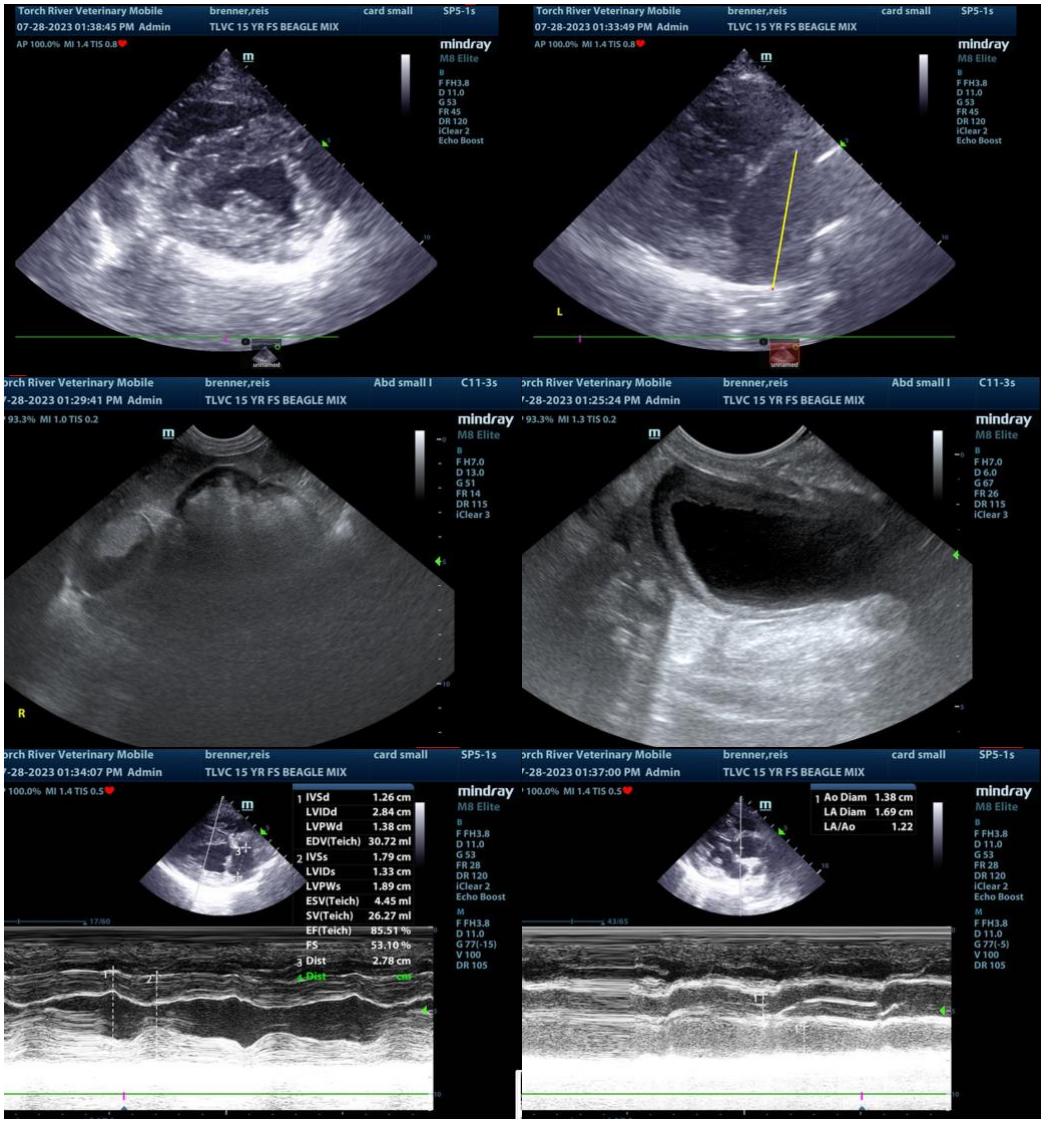
- Age-related abdominal changes otherwise
- Stable stage B-2 valvular disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the lipid nodule could be considered for further definition. I recommend diminishing Lasix and possibly moving to Benazepril as an ace inhibitor in this patient, maintaining Pimobendan and reassessment of the clinical signs and azotemia.



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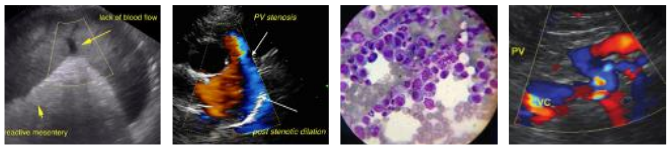

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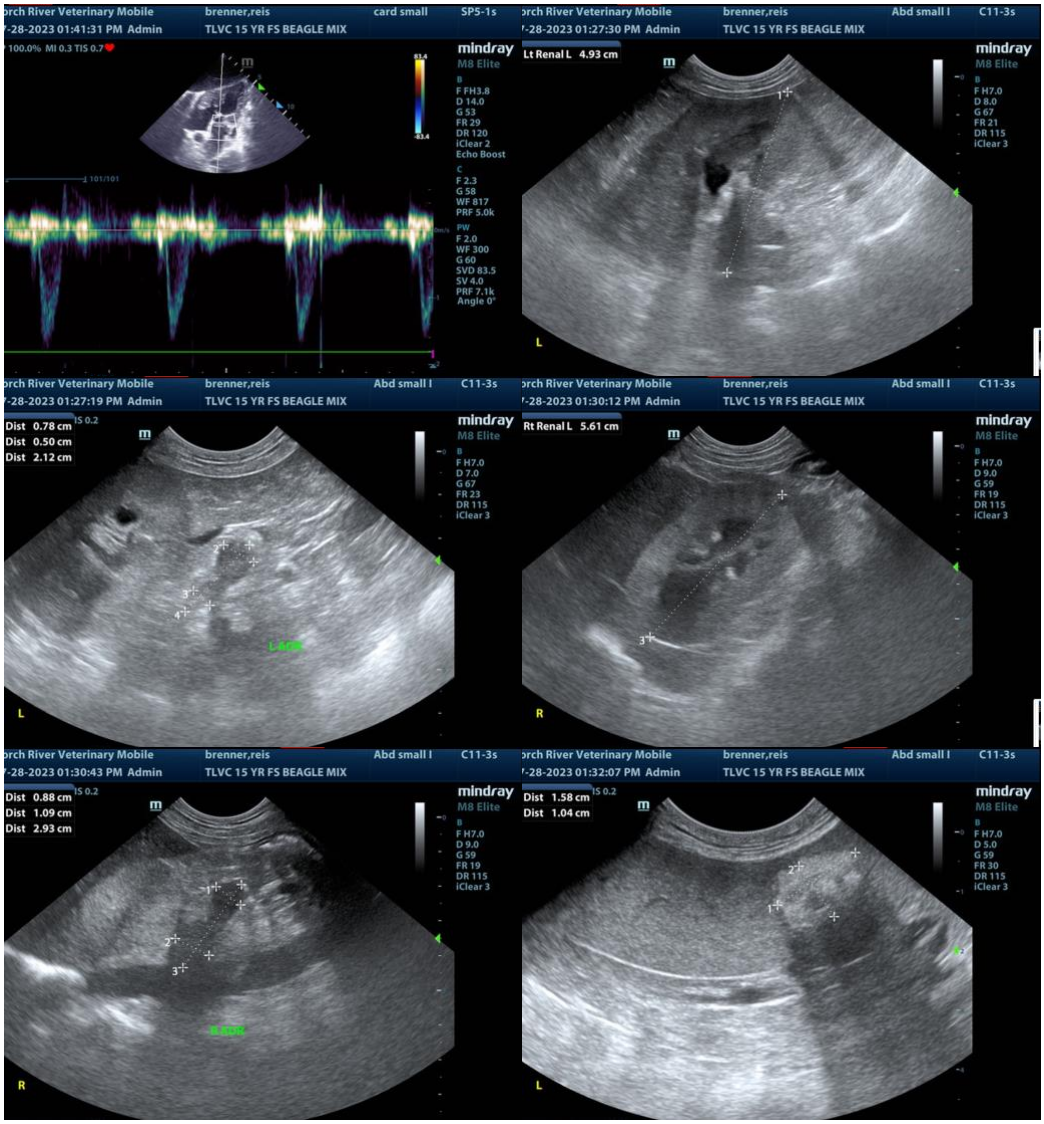

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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