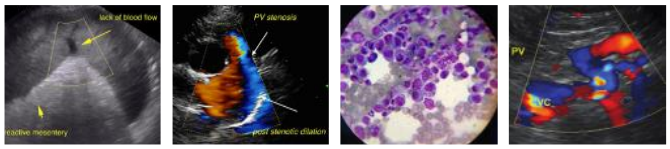
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Zoey Cascione

SPECIES

Canine

BREED

Bichon

SEX

Spayed Female

AGE

13 Years

WEIGHT

18 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

16974

DATE

8/22/22

PRESENTING CLINICAL SIGNS

History: Cushing dz cardiomegaly, pancreatitis suspect liver mass on xray

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

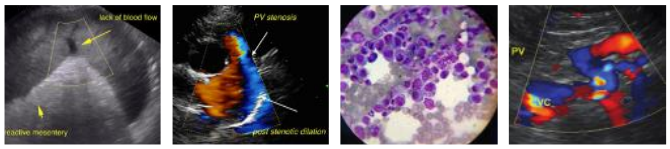
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
PATIENT	--	--	1.15	1.56	--	--	0.1
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT** (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	--	1.30	.70	--	2.6	--	--

Cardiac Presentation

The **echocardiogram** presented a prominent **right heart** with mild **right ventricular** hypertrophy, without significant **tricuspid** regurgitation, and normal **right atrial** size. No evidence of neoplasia was noted in the right auricle, or elsewhere in the heart. The **pulmonary artery** was uniformly prominent with mildly depressed pulmonic velocity measured on PW Doppler. No overt heartworms were noted in the main or visible deep pulmonary arteries. Yet, theoretically heartworms could be present in the deep pulmonary vasculature out of visible sonographic range. More likely, however, this prominent right heart is due to excessive intra-thoracic pressures caused by chronic respiratory disease or potentially excessive intra-thoracic fat (Pickiwickian syndrome). The **left heart** demonstrated a linear **ventricular septum**. Contractility was functionally adequate demonstrated by the FS% measurement. The **mitral valve** was not significantly insufficient and no significant **left atrial** dilation was noted. The **left ventricular outflow** demonstrated normal flow patterns and velocities through the aortic valve. No evidence of tumor, pericardial or pleural effusion was noted. The visible **extra-cardiac** tissues were uniformly linear without evidence of masses, infiltrative or inflammatory mediastinal tissue. No evident arrhythmic activity was noted during the exam.

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.



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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. Pyelectasia was noted in the right kidney. The right kidney measured 4.6 cm. The left kidney measured 5.02 cm. Occasional cortical cysts noted in the kidneys.

Adrenal Glands

The **left adrenal gland** was mildly enlarged, measuring 2.16 cm x 0.75 cm at the caudal pole and 0.84 cm at the cranial pole.

The **right adrenal gland** was mildly enlarged.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** was uniformly swollen. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is a moderate change, consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. The gallbladder was overdistended with striating bile, measuring 6.0 cm x 5.0 cm. Polypoid changes were noted in the gallbladder.

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. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram
- Moderate degenerative renal changes
- Age-related pancreatic changes
- Bilateral adrenal hypertrophy, consistent with PDH
- Vacuolar hepatopathy
- Emerging gallbladder mucocele

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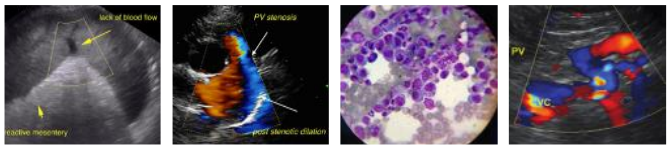

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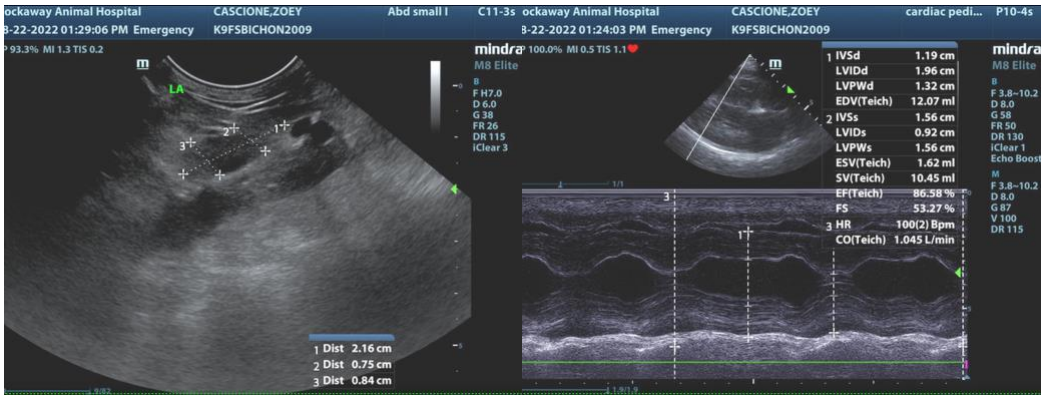
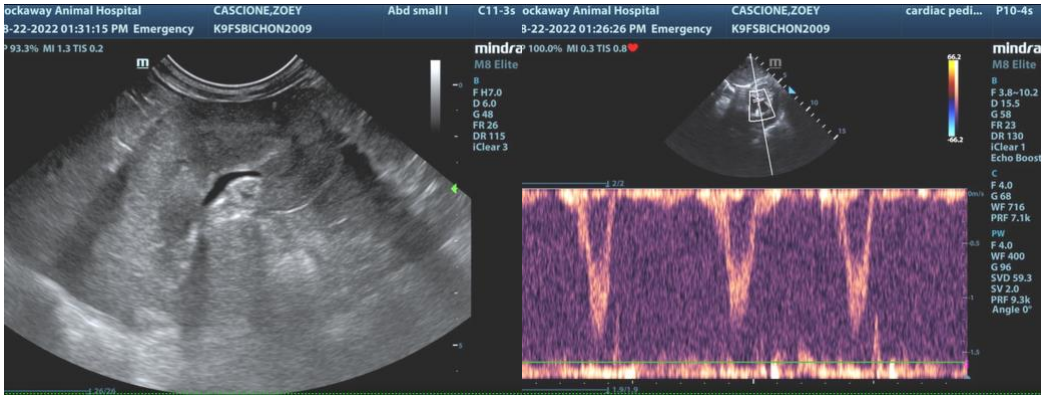
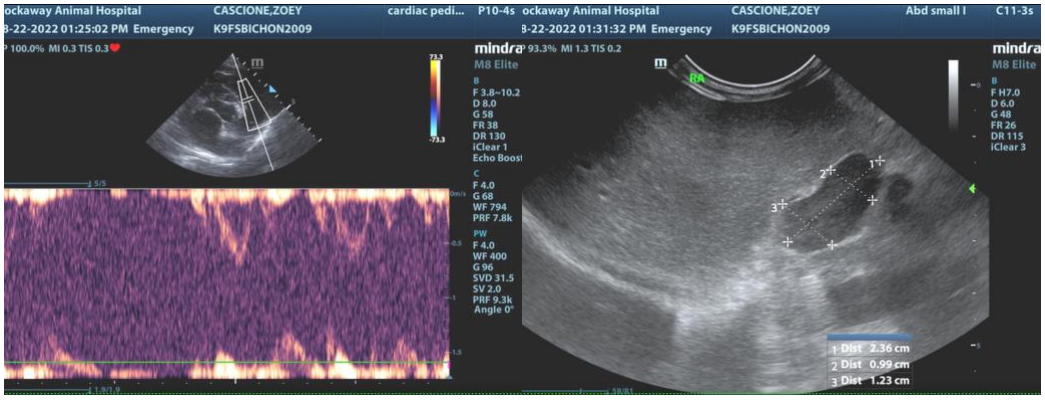
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of pathology. No evidence of hepatic neoplasia. Full urinary work up is warranted Ursodiol is warranted over the next 6 weeks and recheck of the gallbladder at that time.







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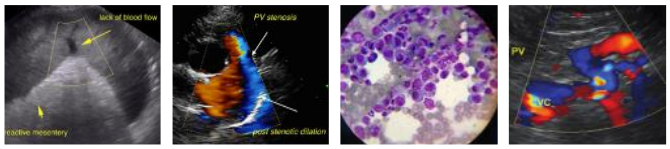

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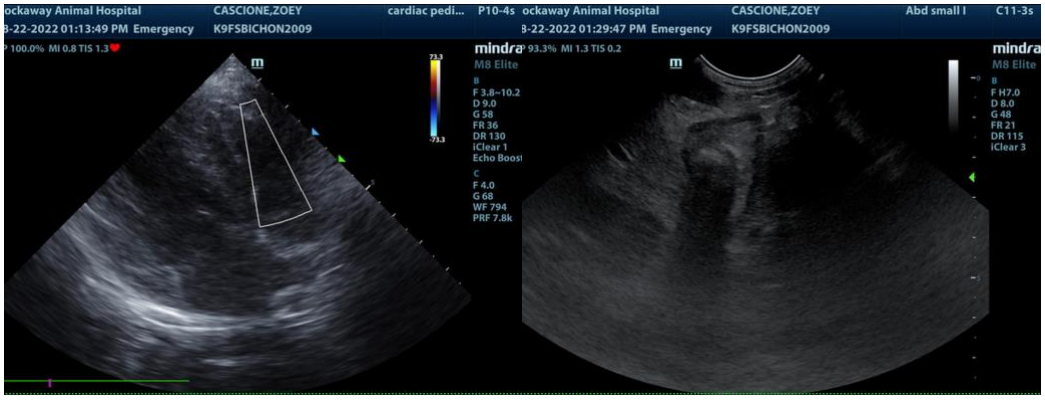

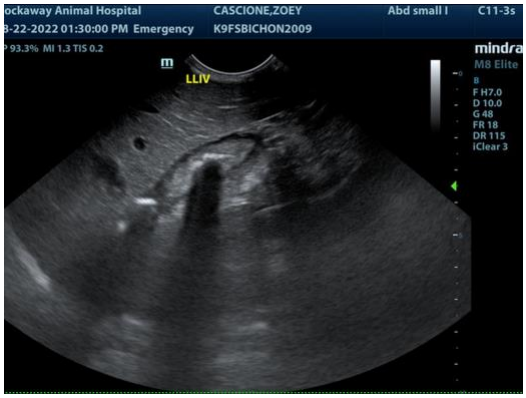

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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