



PATIENT PRESENTING CLINICAL SIGNS

Opie Nolan History: HM 2-4/6 presented for sedated shave down coughing at home sometimes Current meds Gaba Rimadyl

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

Canine

BREED

Mix

SEX

Neutered Male

AGE

12 Years

WEIGHT

13.8 Pounds

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	1.04	25	--	NM
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	--	--	.31	--	2.46	2.0	--

INTERPRETED BY Cardiac Presentation

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Kahn

INVOICE

17366

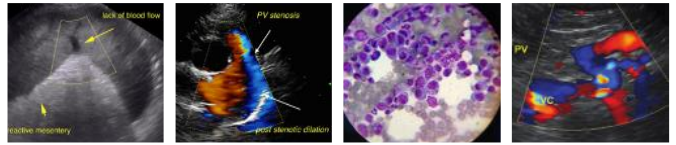
DATE

9/19/22

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. 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 or chamber overload. **Tricuspid** insufficiency noted, not clinically significant. 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.

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



PATIENT	was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.
Opie Nolan	
SPECIES	The kidneys revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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. The left kidney measured 4.29 cm. The right kidney measured 4.29 cm.
Canine	
BREED	Adrenal Glands
Mix	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 1.73 cm x 0.5 cm at the caudal pole and 0.51 cm at the cranial pole. The right adrenal gland measured 1.77 cm x 0.96 cm at the cranial pole and 0.46 cm at the caudal pole.
SEX	
Neutered Male	
AGE	Spleen
12 Years	A focal splenic nodule was noted at the cranial body, measuring 1.0 cm.
WEIGHT	Liver
13.8 Pounds	The liver was slightly subnormal in size with subjectively normal contour, and structure. Some minor 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.
INTERPRETED BY	Gastrointestinal
Eric Lindquist, DMV DABVP, Cert. IVUSS	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.
IMAGING PERFORMED BY	Pancreas
Jenn	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.
HOSPITAL NAME	
Rockaway AH	
REFERRING VET	
Dr. Kahn	
INVOICE	ULTRASONOGRAPHIC FINDINGS
17366	<ul style="list-style-type: none"> • Stage B-1 valvular disease • Age-related renal changes • Splenic nodule • Age-related hepatic changes with slightly subnormal liver size
DATE	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
9/19/22	



PATIENT

Opie Nolan

Ultrasound guided FNA of the splenic nodule indicated and/or monitoring. Regarding the splenic nodule, emerging hemangiosarcoma, round cell neoplasia, benign hyperplasia, and abscessation are all possible. The cough is noncardiogenic in this patient.

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INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

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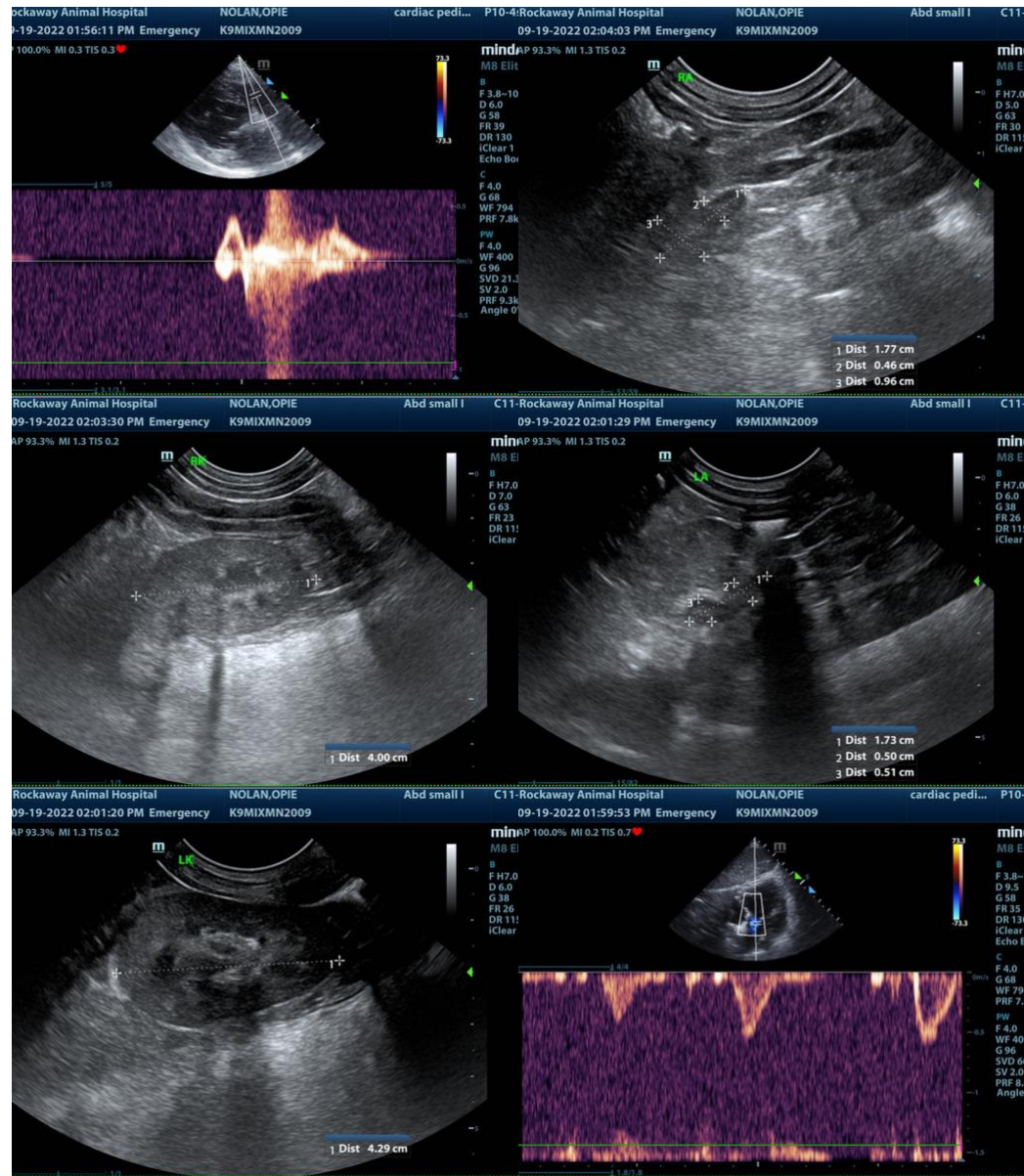
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PATIENT

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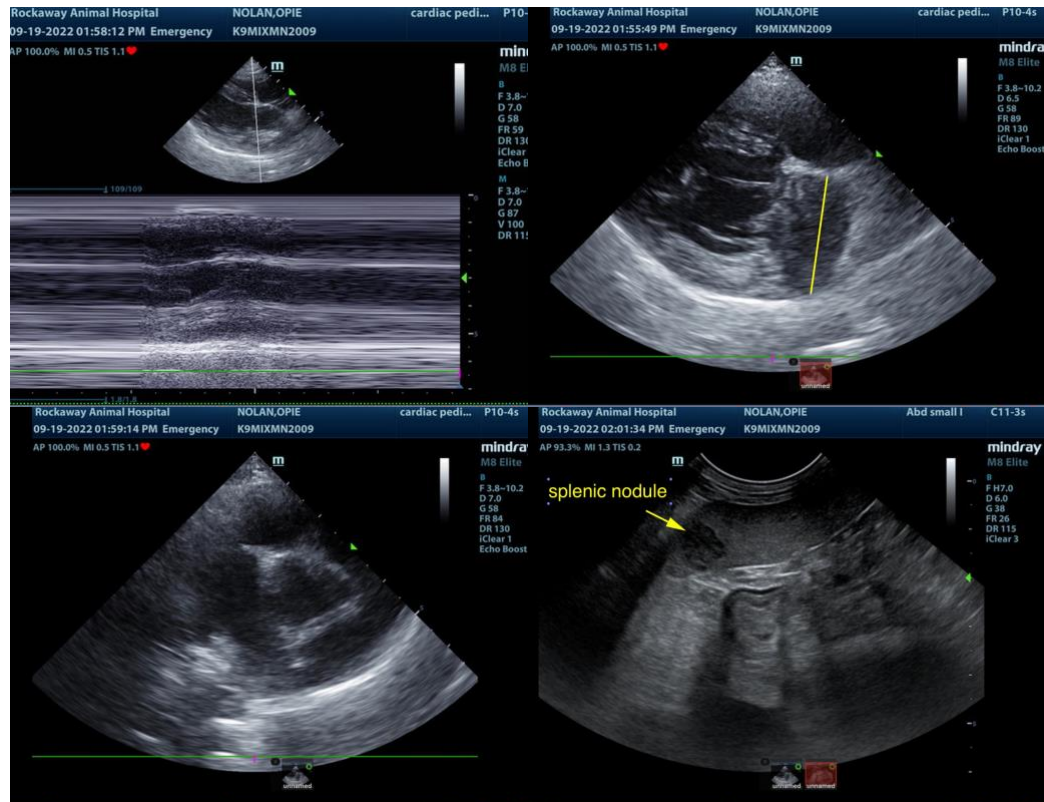
Neutered Male

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WEIGHT

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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
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