



PATIENT

Wing Reilly

PRESENTING CLINICAL SIGNS

Recheck cor pulmonale, right-sided cardiomegaly. GI disease.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Mix

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 was noted. Ureteral papillae were normal.

SEX

Spayed Female

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.28 cm. The right kidney measured 3.36 cm.

AGE

8 ½ years

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

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 0.4 cm and the right adrenal gland measured 0.6 cm.

IMAGING PERFORMED BY

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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 was noted.

HOSPITAL NAME

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Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. The hepatic veins were borderline normal to slightly prominent. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

DATE

9/27/21


PATIENT *Gastrointestinal*

Wing Reilly 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.

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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 EXAMINATION OF THE HEART

Tricuspid insufficiency was difficult to ascertain, yet was present. Vegetative changes were noted both on the pulmonic and tricuspid valve with volume overload of the pulmonary artery, right ventricle and right atrium. This is typical of cor pulmonale presentation. The aorta to pulmonic ratio was 1.3. Trivial mitral insufficiency was noted. The left atrium and left ventricle had normal volumes and contractility. No pericardial or pleural effusion was noted.

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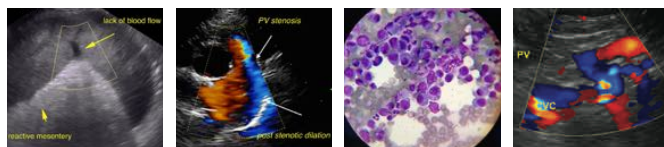
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CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT			NM	1.0	55	89	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (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	90	1.4	0.7		2.0 max	1.39	

ULTRASONOGRAPHIC FINDINGS

Progressive cor pulmonale and pulmonary hypertension.

Age related renal changes. Otherwise, normal abdomen.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of right-sided heart failure at this time. However, given the severe pulmonic insufficiency velocity I recommend assessment for systemic hypertension. If systolic pressure is > 160 then ace inhibitor therapy is recommended to reach a systolic pressure less than 160. In addition Sildenafil would be recommended at 1 mg/kg b.i.d. Recheck BUN, creatinine, blood pressure measurements and chest radiographs in 2 weeks. I recommend assessment for any progressive exercise intolerance or coughing in this patient. A recheck echocardiogram is recommended in 1-3 months.

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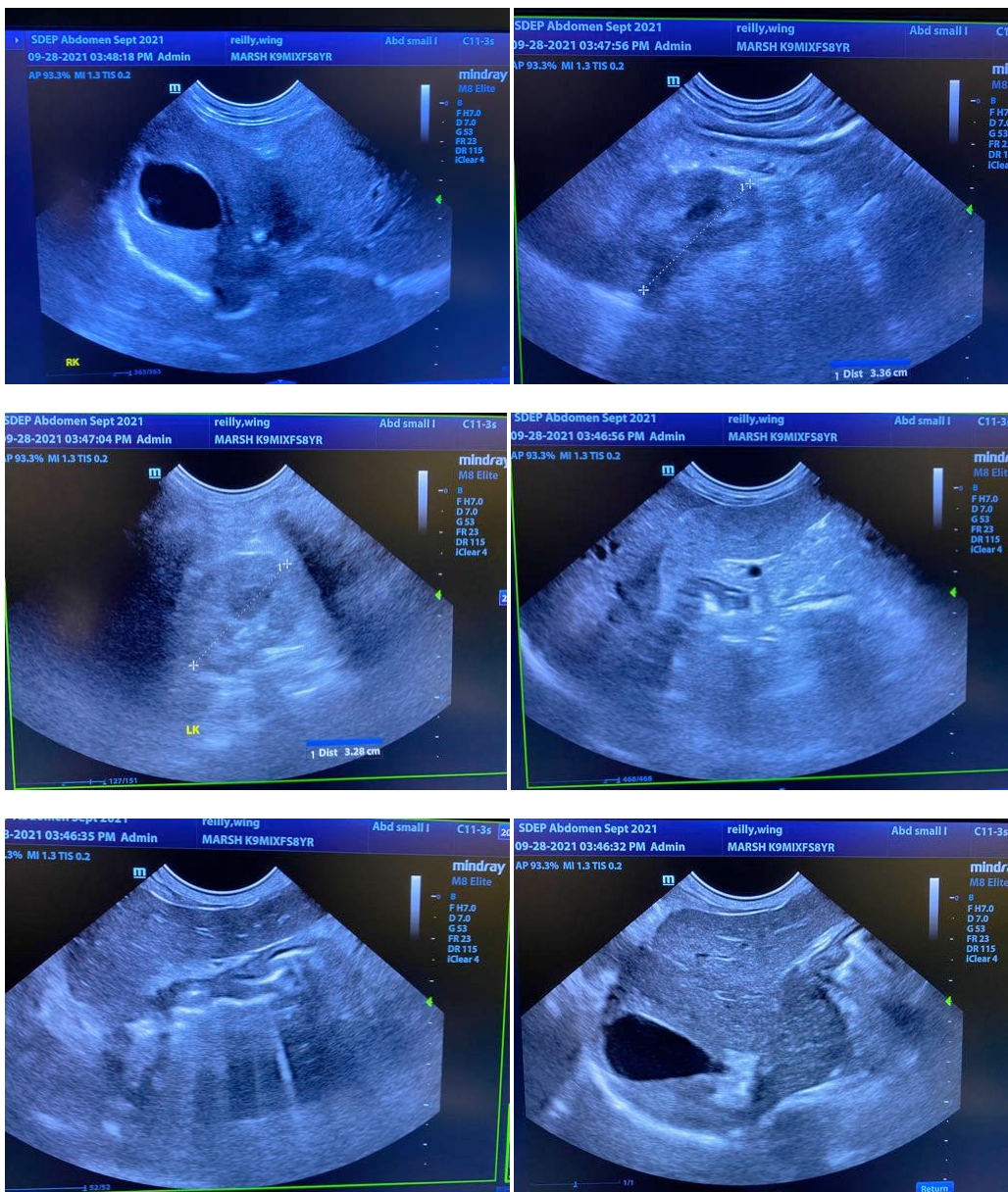
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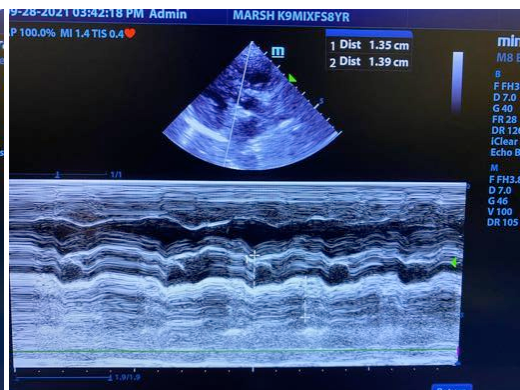
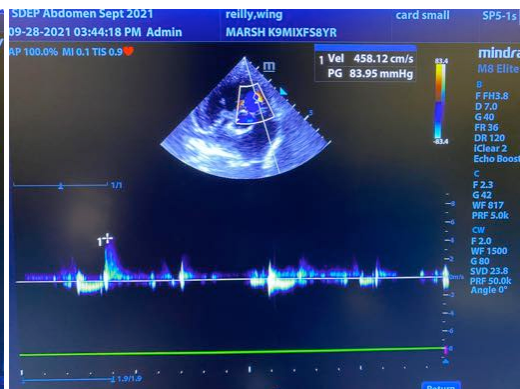
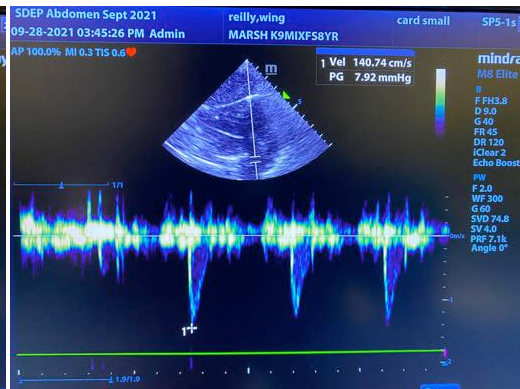
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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