



**PATIENT**

Alibi Reabe

**SPECIES**

Canine

**BREED**

Doberman Pinscher

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

87 Pounds

**PRESENTING CLINICAL SIGNS**

weight loss; on proin 50MG X 1/2 BID, pimobendan x 1 bid, gabapentin bid, carprofen bid, cosequin and omegas daily.

Abnormal PE/Chem/CBC/UA Results: ALKP 136, PSL 223

**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                   | 5.0           |               | 1.1                 |                         | 20                              | 40                                       | 0.2                                      |
| 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                   | 1.17          | 1.0           | 0.6                 |                         | 1.48                            | 3.73                                     |  |

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

AH of Roxbury

**REFERRING VET**

Dr. Elia

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9/9/21

**Cardiac Presentation**

The cardiac presentation revealed mitral insufficiency at 5.0 m/sec. The left ventricle was hypocontractile, however all four chambers presentation normal volumes. EPSS was normal.

**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 kidneys revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 8.06 cm. The right kidney measured 7.04 cm.

**Adrenal Glands**

The region of the right adrenal fossa was unremarkable. The left adrenal gland presented normal size and contour, measuring 3.03 cm x 0.87 cm at the caudal pole and 0.9 cm at the cranial pole.

**Spleen**

The spleen revealed a hypoechoic, expansive, 2.7 cm mass. Minor early honeycomb pattern noted.



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**Liver**

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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**

The **gastric wall** was hypoechoic and irregular with loss of detail and 1.0 cm wall thickness. Regional inflammation noted. Variable intestinal thickening noted elsewhere with increased submucosal layering and enhanced surrounding mesentery.

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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.

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**Free Abdomen**

Multiple lymph nodes were noted in the mid left abdomen. The lymph nodes were undifferentiated, hypoechoic and irregular, a grouping of which measured 3.0 cm x 2.0 cm.

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**ULTRASONOGRAPHIC FINDINGS**

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- Compensated mitral insufficiency with subnormal contractility – may be owing to systemic disease or occult DCM.
- Round cell neoplastic pattern involving spleen, lymph nodes, stomach and intestine

**IMAGING PERFORMED BY**

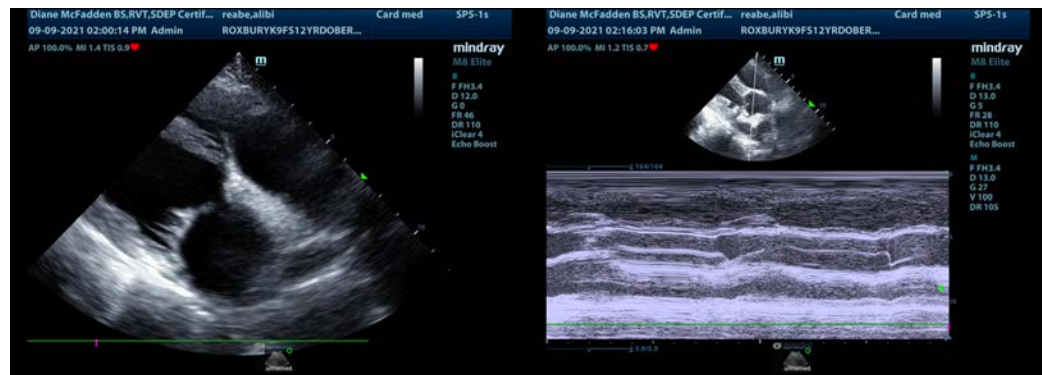
Diane McFadden

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Cardiac presentation appears stable at this time. There is more significant pathology in the abdomen to be addressed, likely round cell neoplasia of the spleen, lymph nodes and stomach.

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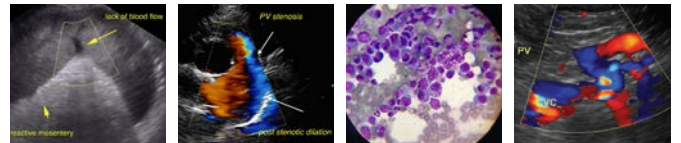
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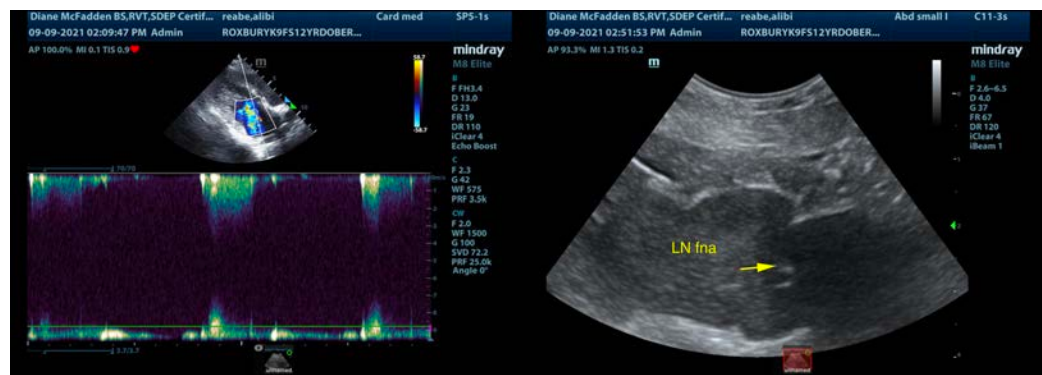
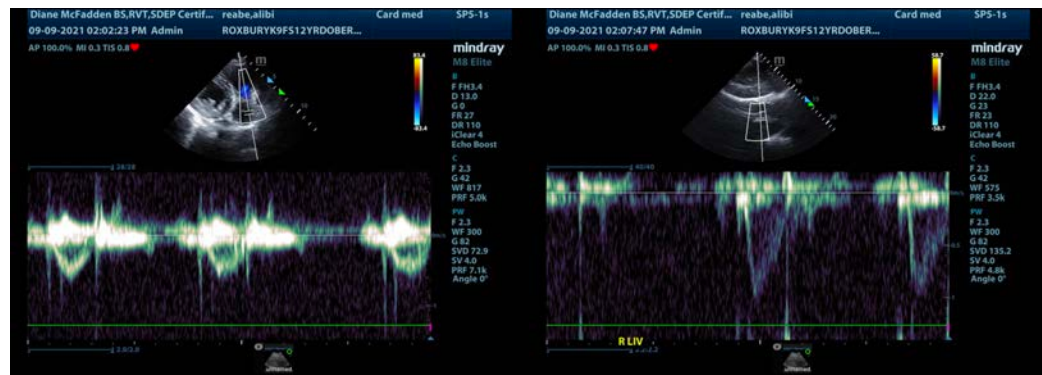
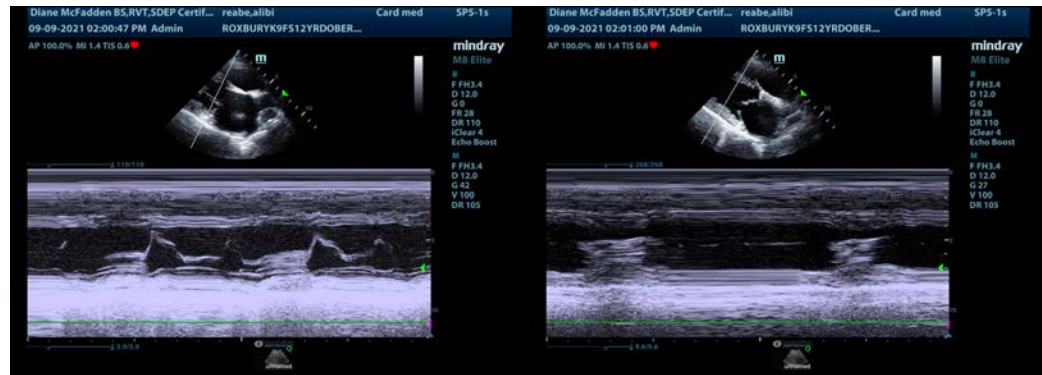
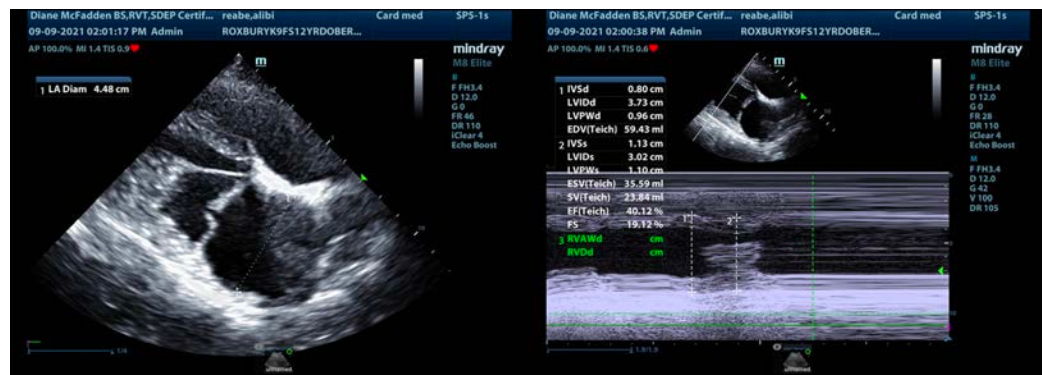
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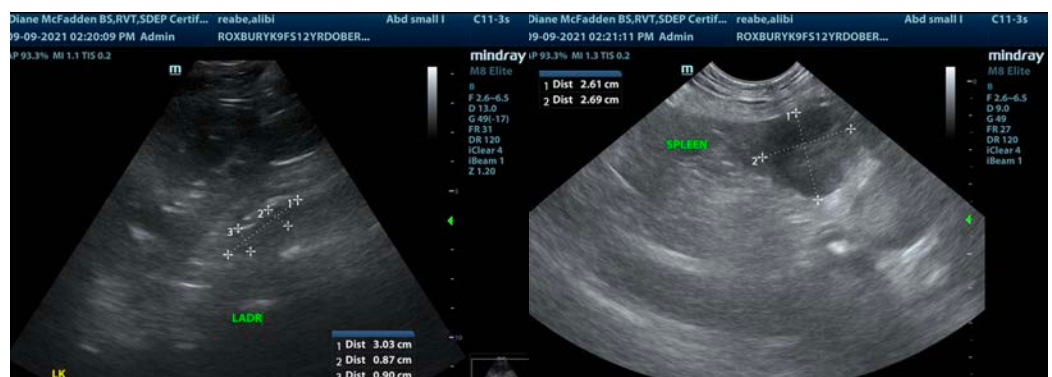
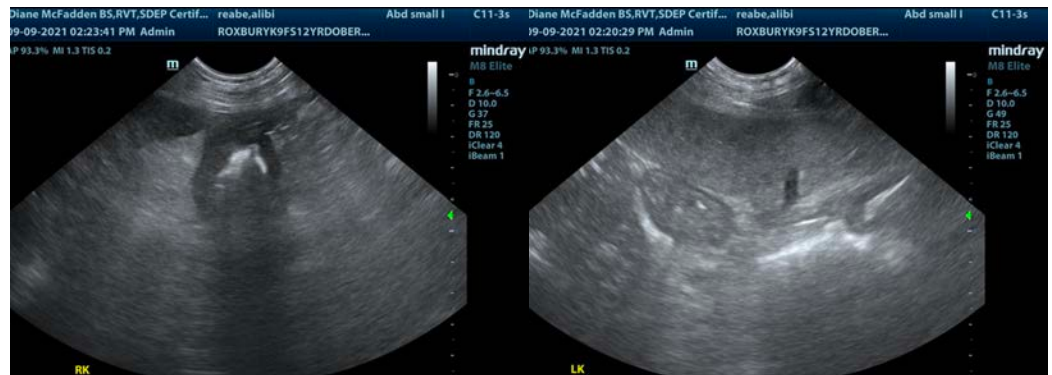
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Canine

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.

**BREED**

Doberman Pinscher

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)

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