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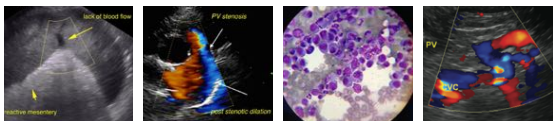

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Sophie Ogawa

SPECIES

Canine

BREED

English Bulldog/Border Collie

SEX

Spayed female

AGE

13 years

WEIGHT

50 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Salem AH

REFERRING VET

Dr. Hallden

DATE

10/26/22

Invoice

42155

PRESENTING CLINICAL SIGNS

History: Geriatric Bulldog cross with bilateral hip OA. Stable body condition. Lacking any respiratory signs. Normal auscultation historically. Annual senior diagnostics performed, including radiographs and AUS (via Animal Sounds, most recently 7/22/2022). Serial radiographs (3 separate dates) since 2/2021 has identified a widening of her mediastinum, with potential mass effect. Patient also has numerous subcutaneous lipoma masses (supported by cytology). A ventral sternum lipoma in particular may contribute to VD imaging position mediastinal density. 7/22/2022 CBC-Chem-T4-UA largely unremarkable except for: Marginal ALP elevation of 153 IU/L. tT4 elevation 4.3 ug/dL without clinical correlation or neck mass. Value was 3.0 on 12/24/2020 USG 1.033 with 2+ proteinuria while receiving chronic carprofen. Normotensive on blood pressure series (same date).
Abnormal PE/Chem/CBC/UA Results: 7/22/2022 CBC-Chem-T4-UA largely unremarkable except for: Marginal ALP elevation of 153 IU/L. tT4 elevation 4.3 ug/dL without clinical correlation or neck mass. Value was 3.0 on 12/24/2020 USG 1.033 with 2+ proteinuria while receiving chronic carprofen. Normotensive on blood pressure series (same date).

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The **mitral** valve revealed insufficiency. The **left ventricle** presented normal 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. **Tricuspid** insufficiency was noted and measured 2.76 m/sec. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). There is a cranial mediastinal density that measured approximately 5.0 x 3.0 cm. This occupied the left and right cranial thorax. Subjectively this is benign and low grade. However, given the abdominal pathology CT evaluation is indicated. There is no peripheral air around the lesion. Therefore, this is suggestive of lymph node origin. It is not very vascular.

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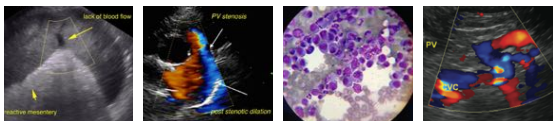

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CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	2.76	2.76	NM	1.1	30	59	NM
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT**	**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	BELOW	BELOW	BELOW	BELOW
PATIENT	120	1.5	0.94	50 lbs	4.1	2.95	

ULTRASONOGRAPHIC FINDINGS

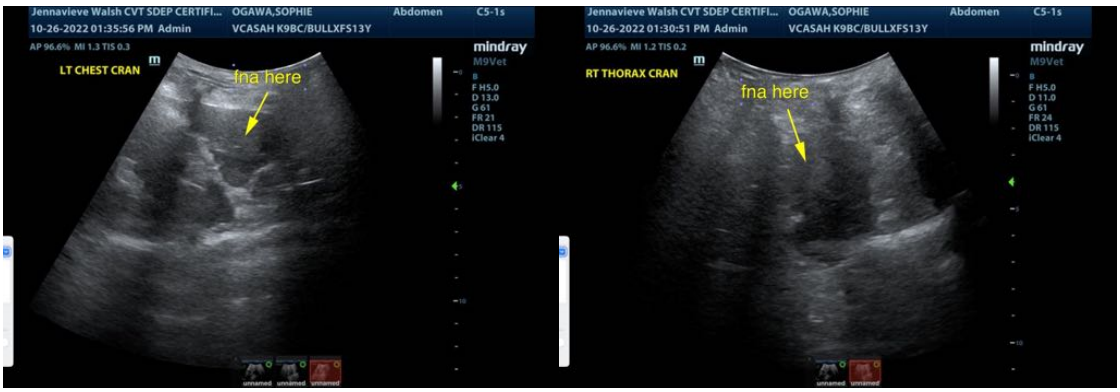
Mitral and tricuspid insufficiency, compensated.

Stage B1 valvular disease.

Cranial left and right tissue consolidation, suspect lymph node origin.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of clinically significant structural or functional cardiac disease in this patient. The hepatic veins were not dilated. CT evaluation of the abdomen and chest is warranted for potential surgical planning and/or FNA of the hepatic and thoracic lesions for further definition. There is a minor potential for thoracic thymoma.



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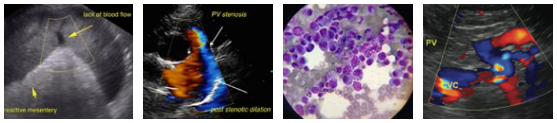

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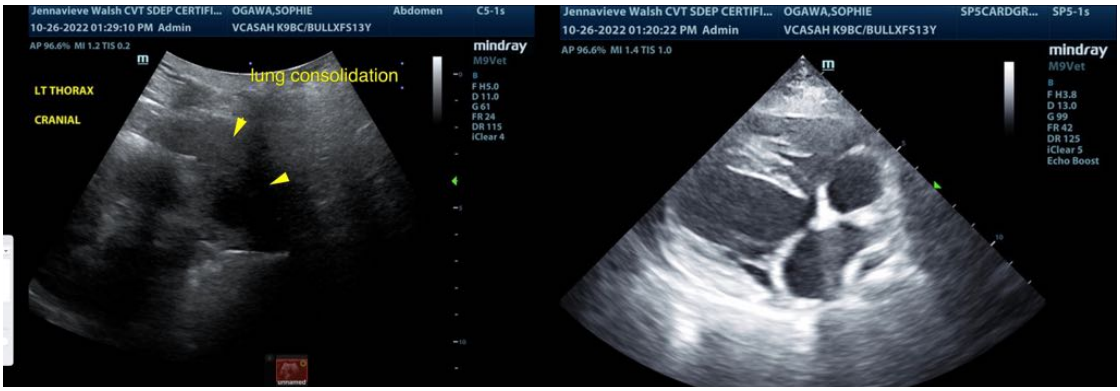

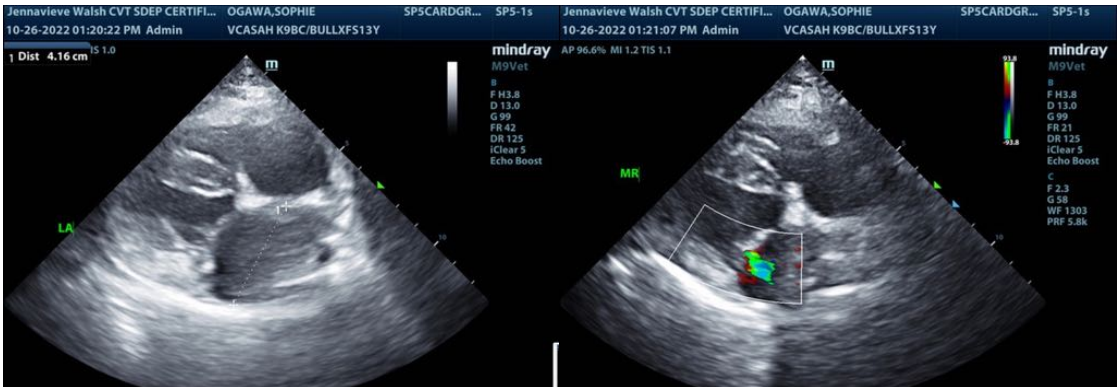

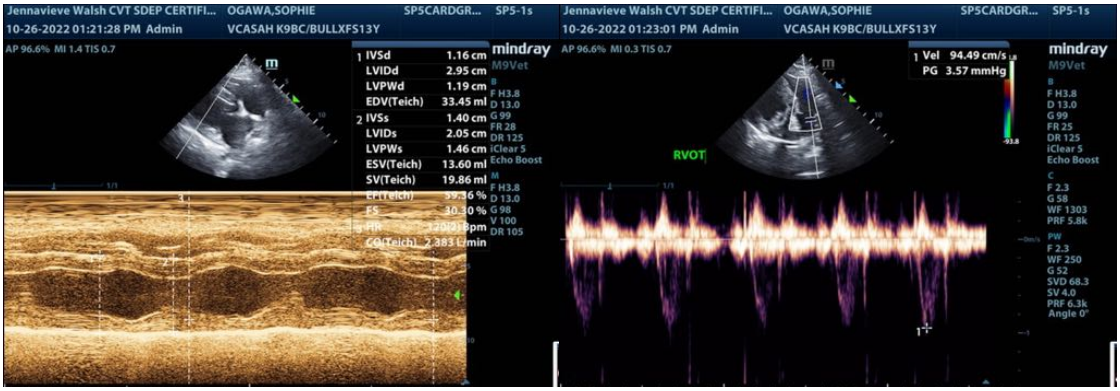

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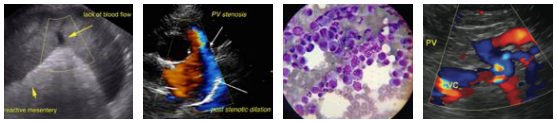

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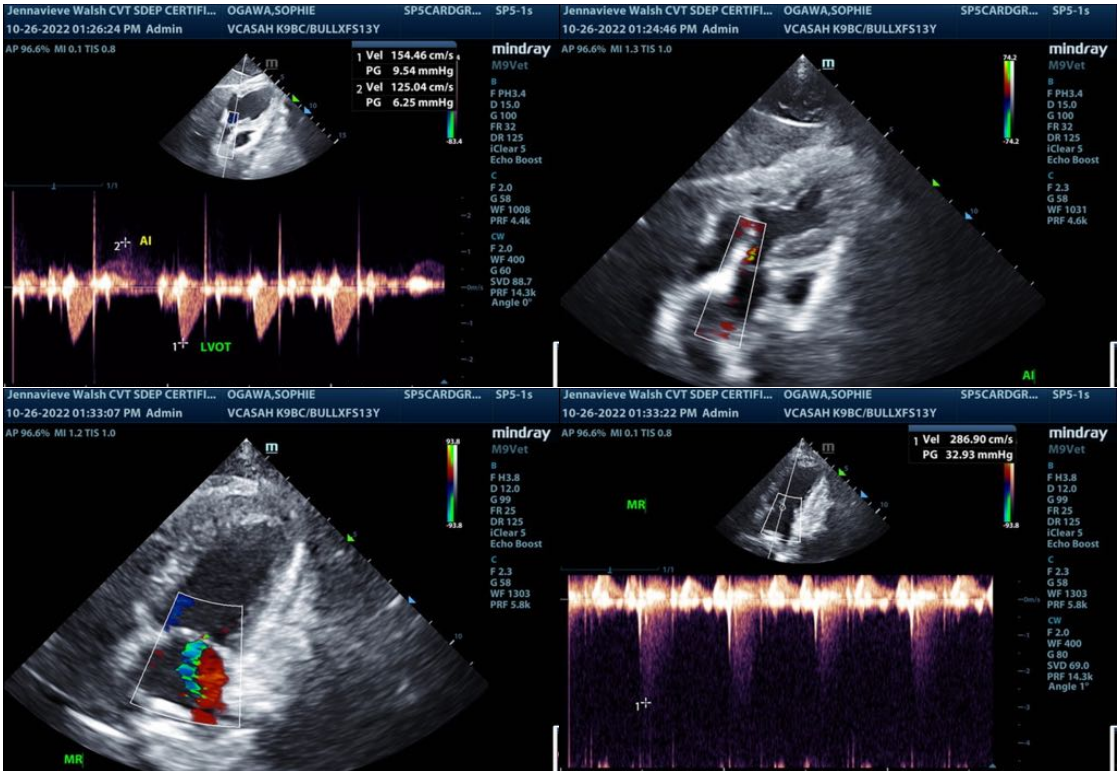

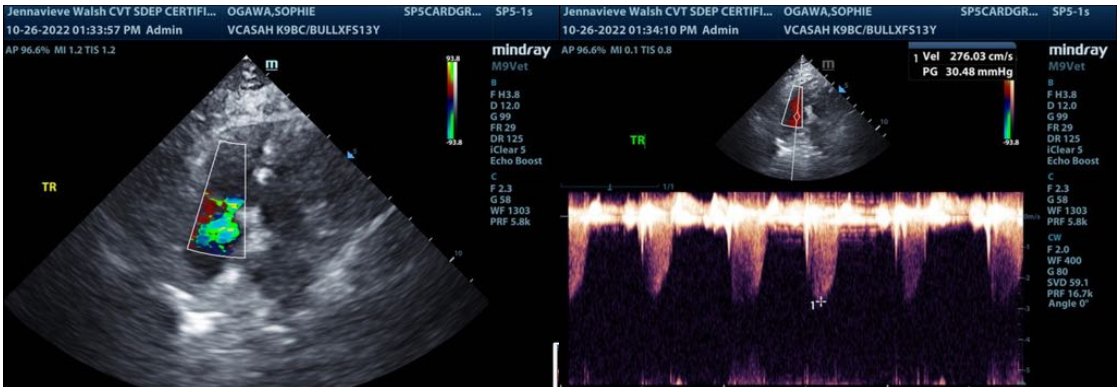

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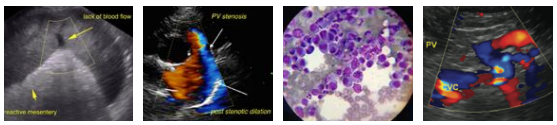

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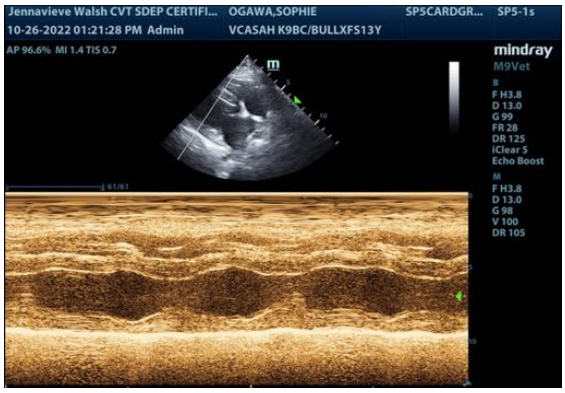

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Eric.Lindquist@SonoPath.com