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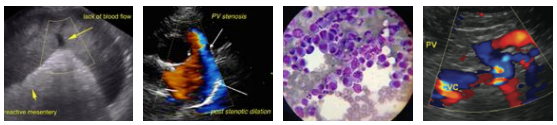


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Roxey Ogren

SPECIES
Canine

BREED
Basset Hound

SEX
Spayed female

AGE
13 years

WEIGHT
51.3 lbs

INTERPRETED BY
Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
Santa Clara AH

REFERRING VET
Dr. Giddens

DATE
11/29/22

Invoice
42789

PRESENTING CLINICAL SIGNS

History: Patient has severe periodontal disease and facial swelling from bad teeth. Pet is overweight And enlarged and firm cranial abdomen (suspect hepatomegaly). Pet has soft dangling mass from dorsum of rectum. 2/6 heart murmur auscultated on the left side. Pet is shaking and has lipoma on right side of thoracic cavity so difficult to auscultate heart on right side. Increased BCS.
Abnormal PE/Chem/CBC/UA Results: Elevated BUN at 49. Elevated ALT at once 71. Elevated alk phosphate at 992. Hematocrit low at 37.1 white blood cells elevated at 18.75. Will send BW Heart Rate and Respiratory Rates HR: 174/ RR: pant Blood Pressure Measurments Average of 5: 181/144 (156) Radiographic Findings N/A. Pet Previously went to emergency veterinary clinic and a flash ultrasound showed the mass affect and mass near kidney.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 was 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. The capsules were acceptably uniform without significant irregularities. The left kidney measured 5.6 cm. The right kidney measured 6.6 cm with slight pyelectasia.

Adrenal Glands

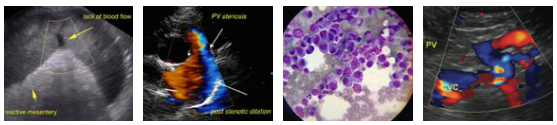
The left **adrenal gland** was enlarged, hypoechoic and swollen measuring 3.2 x 0.97 cm at the caudal pole and 1.45 cm at the cranial pole.

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.

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



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sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

Gastrointestinal

The **gastric** wall was mildly thickened with hypertrophied mucosa. There were no foreign bodies or neoplastic criteria present. The small intestine and colon were unremarkable.

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

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. 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 at 3 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). No visible **pericardial** or free pleura fluid was noted. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window.

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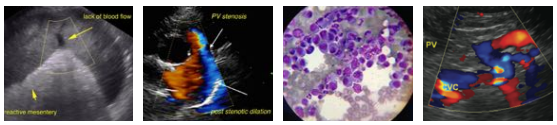

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CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT			1.0	1.3	58	89	0.22
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV 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			0.6	51.3 lbs	4.2 max	3.87	

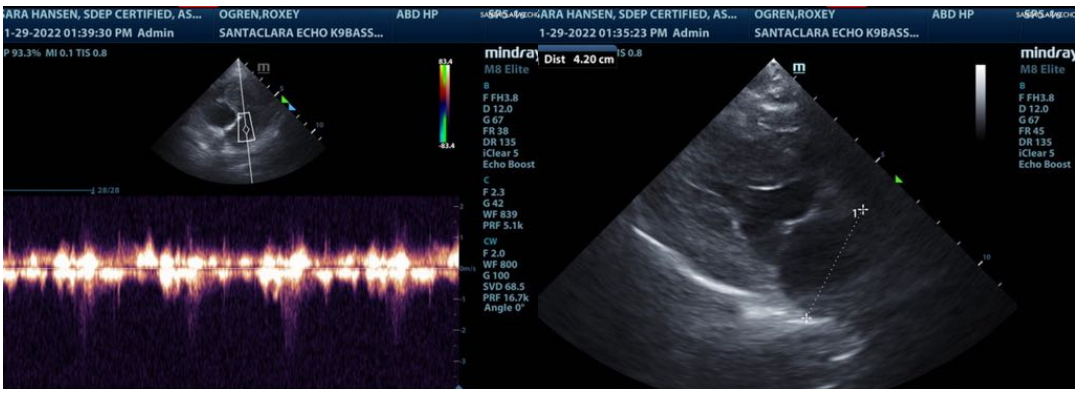
ULTRASONOGRAPHIC FINDINGS

Mild tricuspid insufficiency, not clinically significant.

Subjectively benign abdomen with left adrenal enlargement. Differentials include adenoma, adenocarcinoma, pheochromocytoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ursodiol therapy is recommended over the next 6-8 weeks with a recheck of the bladder. If the urine specific gravity is less than 1.020 and the patient appears Cushingoid then work up for adrenal dependent Cushing's is indicated. Given the hypertension present urine catecholamine is warranted to assess for pheochromocytoma. Anti-hypertensives are warranted to reach a target blood pressure less than 160 systolic.



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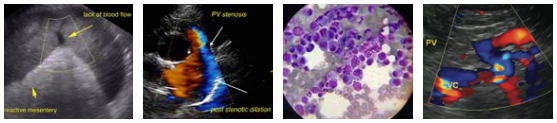

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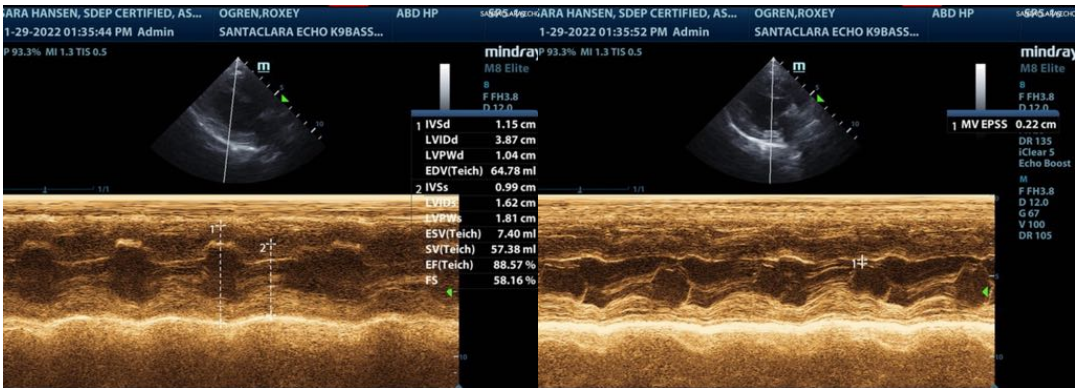

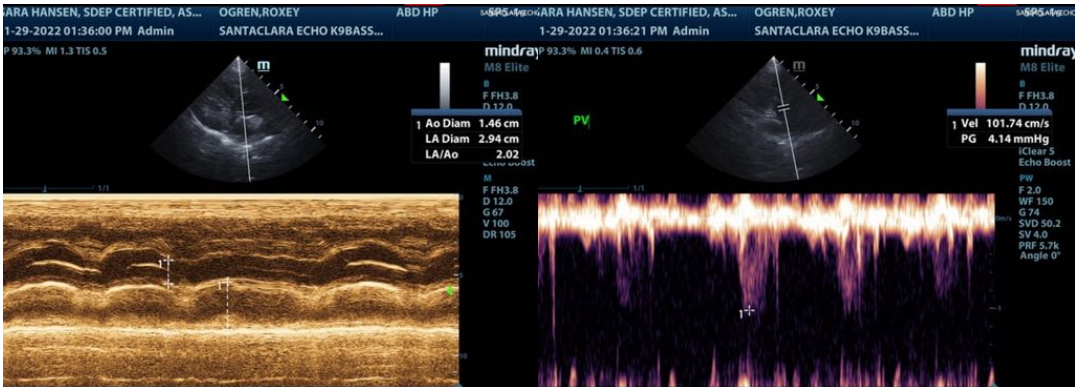

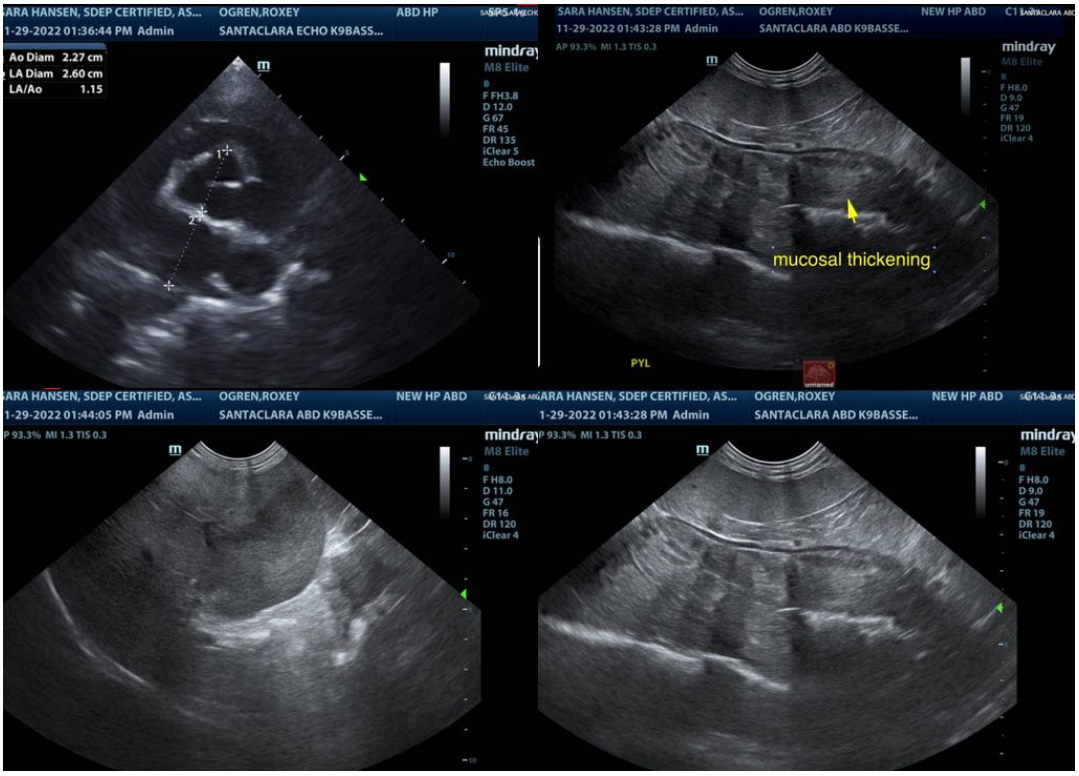

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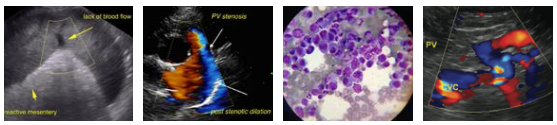

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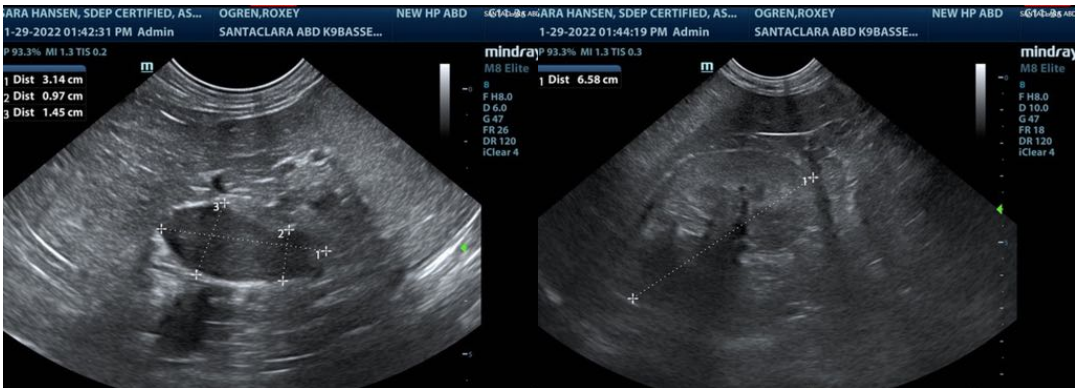

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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