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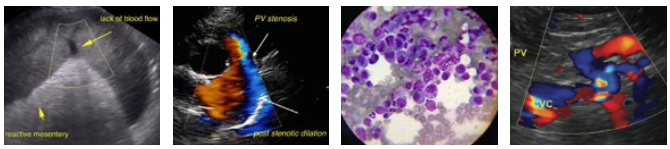


SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**
Rosie Masinda

**SPECIES**
Canine

**BREED**
Havanese

**SEX**
Spayed female

**AGE**
10 years

**WEIGHT**
16 lbs

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

**IMAGING PERFORMED BY**
Kelly Vazquez , CVT

**HOSPITAL NAME**
Ramapo Valley AH

**REFERRING VET**
Dr. Katara

**INVOICE**
42862

**DATE**
12/5/22

## PRESENTING CLINICAL SIGNS

History: Lethargy, decreased appetite/inappetence, mineralized opacity in liver on rads, hepatomegaly, history of Cushing's, new grade 3/6 systolic murmur, Left sided, cardiomegaly. Current meds: mirtazapine, cerenia, furosemide, Trilostane, and Denamarin.
Abnormal PE/Chem/CBC/UA Results: CBC/Chem taken today: Alk.Phos. 566, lipase 2658, MCV 74, retic 128.6, mono 2.72, MPV 16.1, PDW 20.

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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 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 or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology. 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.

| 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 | 6.0 | | NM | 1.6 | 34 | 65 | 0.1 |
| **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 | 102 | 1.46 | 1.24 | 16 lbs | 3.2 | 3.26 | |

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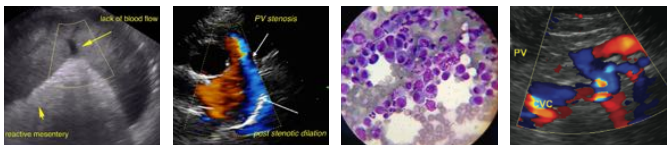


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# ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

## *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 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 5.21 cm. The left kidney measured 4.65 cm.

## *Adrenal Glands*

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The right adrenal gland measured 2.25 x 0.7 cm at the caudal pole and 0.75 cm at the cranial pole. The left adrenal gland measured 2.38 x 1.01 cm at the caudal pole and 0.55 cm at the cranial pole.

## *Spleen*

Slight, micronodular change was noted in the **spleen** and measured 1.5 cm at the mid body.

## *Liver*

The **liver** was enlarged and uniform with minor, heterogenous parenchymal changes. The hepatic veins were mildly dilated. The primary hepatic vein measured 0.78 cm. The portal vein to vena cava ratio was 1:1. The gallbladder has subjectively progressed from the prior sonogram with more striation and over distension. The gallbladder measured 6.1 x 3.6 cm. Gallbladder sand was present.

## *Gastrointestinal*

The **gastroesophageal** inlet revealed a thickened, distal esophagus and gastroesophageal junction that measured approximately 1.7 cm in thickness with some loss of mural detail.

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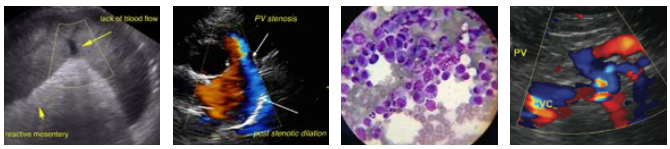


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## *Pancreas*

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 FINDINGS

Stage B1 valvular disease.

Persistent immature gallbladder mucocele.

Bilateral adrenal hypertrophy. Consistent with PDH.

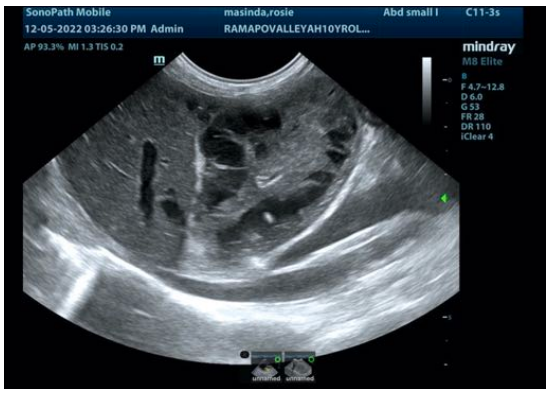
Progressed gallbladder with more striations and over distended.

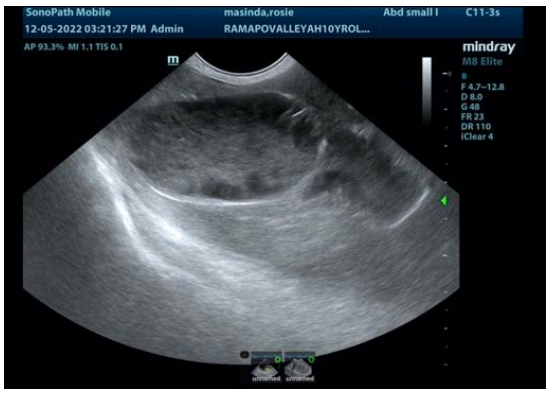
Splenic nodules.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend continuation of Ursodiol therapy. Cholecystectomy is likely in this patient's best interest. The mineralized opacity in the liver is likely related to the gallbladder. The poor appetite is likely related to the gallbladder in this patient. However, the gastroesophageal inlet is also thickened. Assessment for any regurgitation would be warranted. An endoscopy may be appropriate. Gallbladder motility study would also be appropriate. Blood pressure measurements are indicated. NO cardiac therapy is recommended at this time. Ultrasound-guided FNA of the splenic nodule can also be considered, this may be benign, but is a new development from the prior sonogram.

The tricuspid insufficiency velocity may be underestimated owing to interfering artifact. The tricuspid velocity measured 2.5 m/sec. However, the hepatic vines were mildly dilated. There is a potential for underlying portal hypertension, yet not in a treatable phase at this point and not clinically significant.



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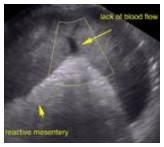
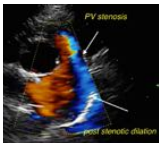
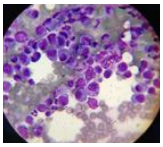
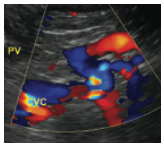

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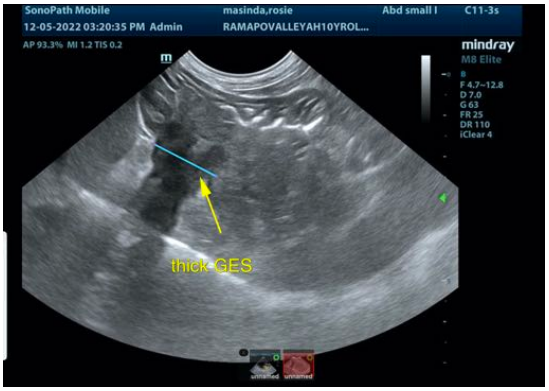


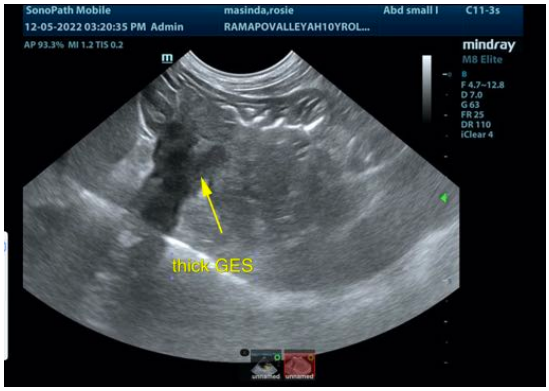


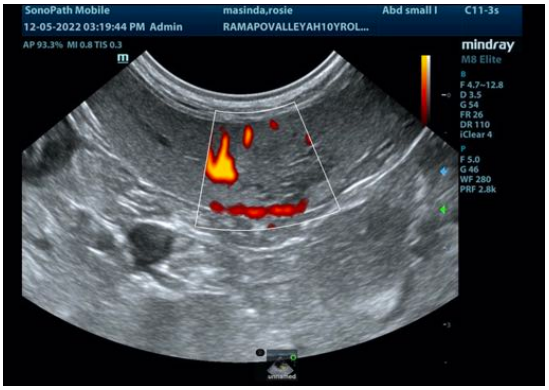

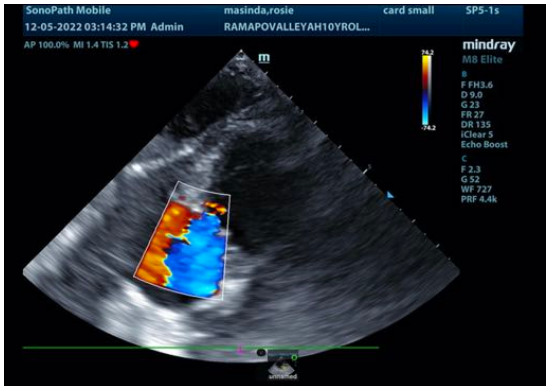

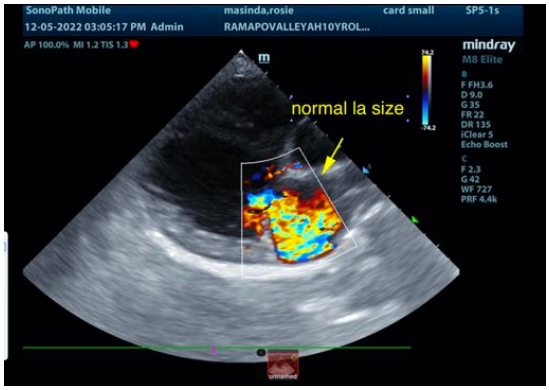


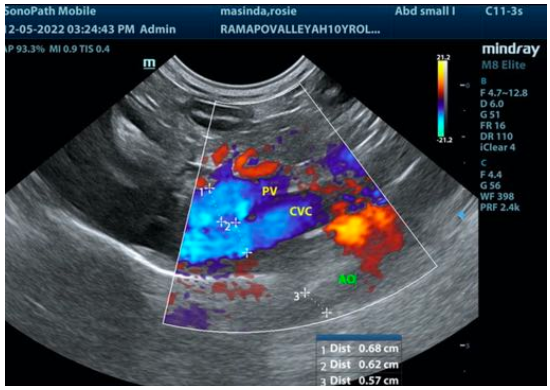


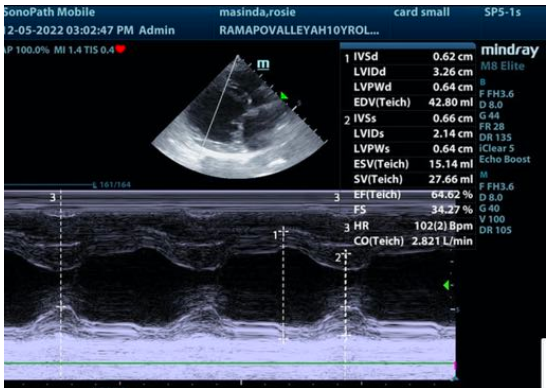


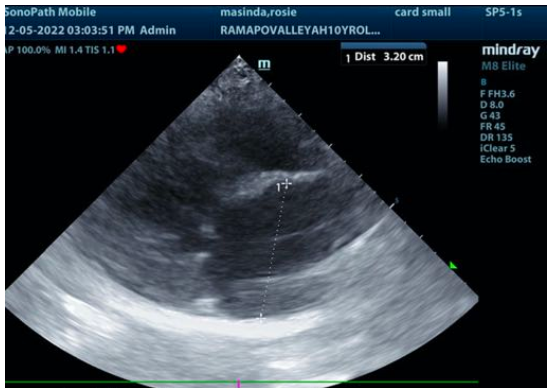

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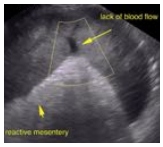
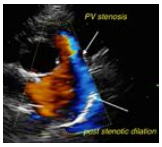
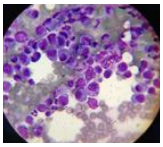
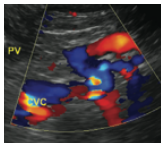

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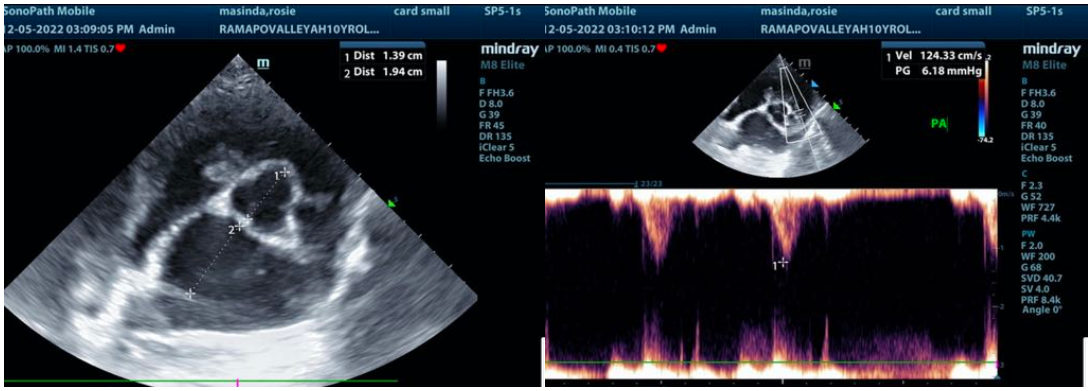


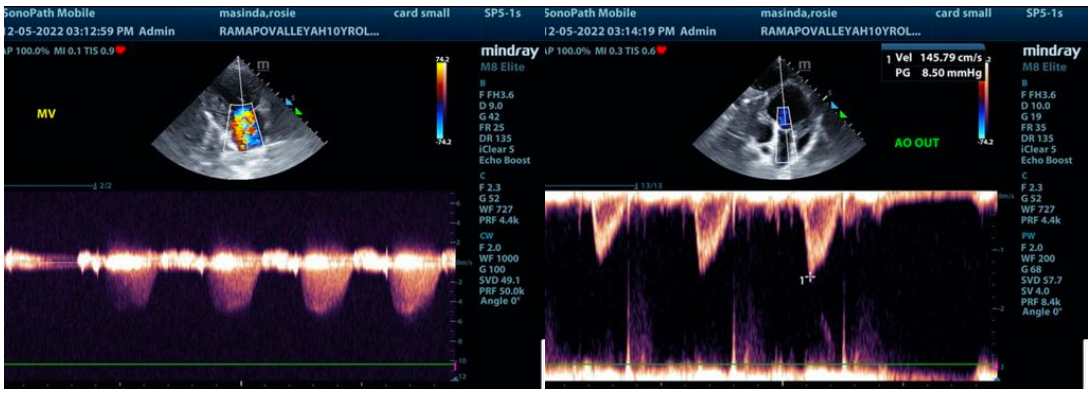


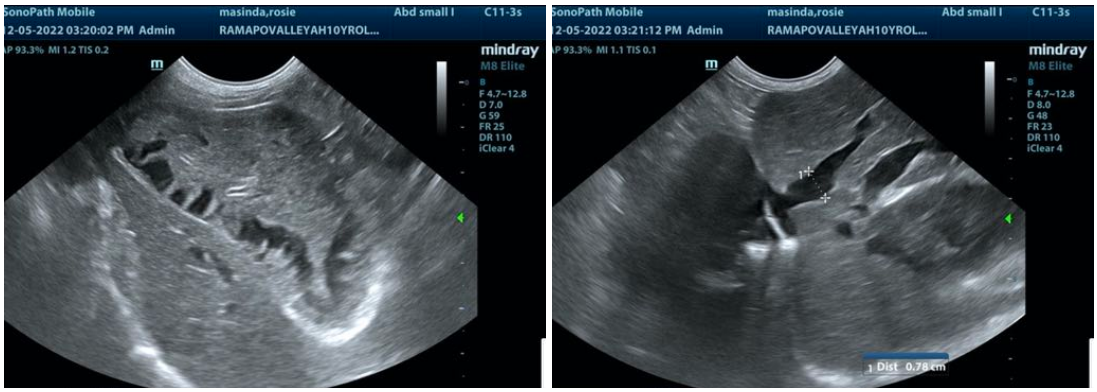


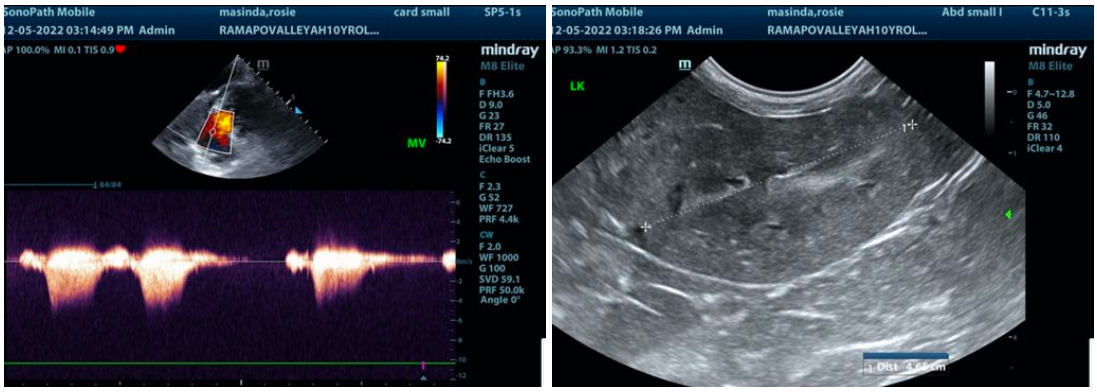

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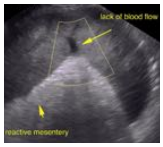
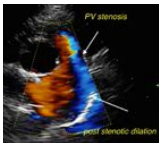
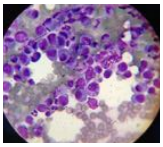
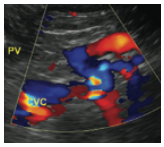

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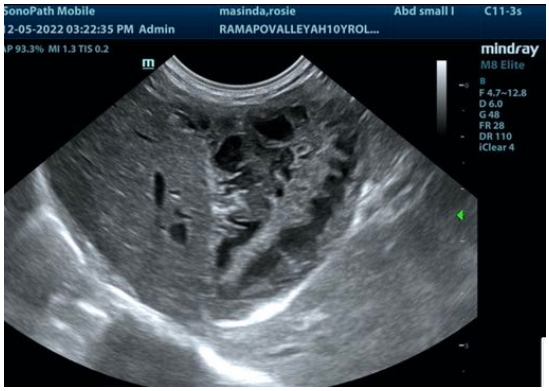

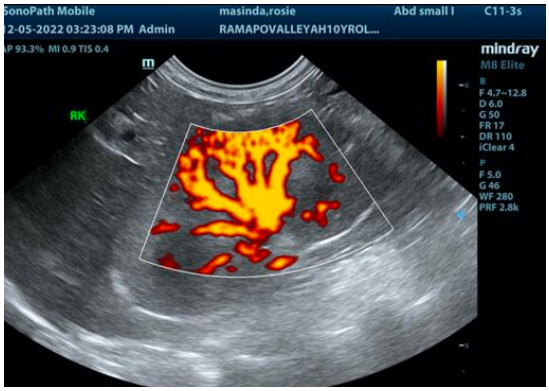

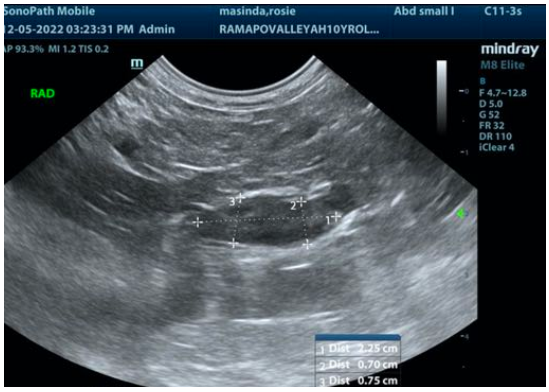

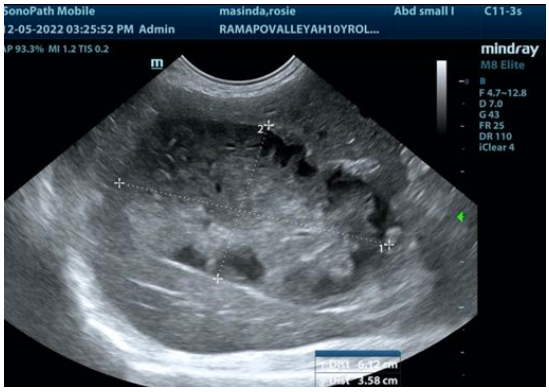


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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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