



**PATIENT**

Beckett McCracken

**PRESENTING CLINICAL SIGNS**

History: Hx MCT. Pre-sx met check. Current meds: Dogsterone, Gabapentin, Galliprant

**SPECIES**

Canine

**BREED**

Pitbull Mix

**SEX**

Neutered male

**AGE**

10 years

**WEIGHT**

73.5 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Legacy AH

**REFERRING VET**

Dr. Potenzone

**INVOICE**

42991

**DATE**

2/27/23

**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 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** was slightly enlarged in this patient with a 1:1 ratio with the left atrium in four chamber long axis. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. 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.

| CANINE CARDIAC PARAMETERS | MR VMAX (m/s) | TR VMAX (m/s) | LA/AO (Boon method) | LA/AO (Heart Base;) | FS (%)                            | EF (%)                                     | EPSS (cm)                                  |
|---------------------------|---------------|---------------|---------------------|---------------------|-----------------------------------|--|--|
| NORMAL PARAMETER          | 4.5-5.5       | <2.7          | 1.3                 | <1.6                | 28-40                             | 40-100                                     | <0.6                                       |
| PATIENT                   |               | 2.8           | 1.01                | 1.02                | 28                                | 55   | 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                   | 127           | 1.13          | 0.7                 | 73.5 lbs            | 4.13                              | 3.71                                       |  |



|   |   |
|---|---|
| <b>PATIENT</b>                            | <b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>  |
| Beckett McCracken                         | <b><i>Urinary System</i></b>  |
| <b>SPECIES</b>                            | The <b>urinary bladder</b> , 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.  |
| Canine                                    |   |
| <b>BREED</b>                              | The prostate is slightly enlarged for a neutered male and measured 1.9 cm.  |
| Pitbull Mix                               | The <b>kidneys</b> 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.  |
| <b>SEX</b>                                |   |
| Neutered male                             | <b><i>Adrenal Glands</i></b>  |
| <b>AGE</b>                                | Both <b>adrenal glands</b> 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 right adrenal gland measured 2.59 x 0.71 cm at the cranial pole and 0.82 cm at the caudal pole. The left adrenal gland measured 1.67 x 0.48 cm at the cranial pole and 0.53 cm at the caudal pole.  |
| 10 years                                  |   |
| <b>WEIGHT</b>                             |   |
| 73.5 lbs                                  | <b><i>Spleen</i></b>  |
| <b>INTERPRETED BY</b>                     | The <b>spleen</b> was mildly enlarged with subtle, heterogenous parenchymal changes.  |
| Eric Lindquist, DMV<br>DABVP, Cert. IVUSS | <b><i>Liver</i></b>   |
| <b>IMAGING PERFORMED BY</b>               | The <b>liver</b> 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. |
| Shari Reffi, CVT                          |   |
| <b>HOSPITAL NAME</b>                      |   |
| Legacy AH                                 | <b><i>Gastrointestinal</i></b>  |
| <b>REFERRING VET</b>                      | Examination of the <b>gastrointestinal tract</b> 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.  |
| Dr. Potenzzone                            |   |
| <b>INVOICE</b>                            |   |
| 42991                                     |   |
| <b>DATE</b>                               |   |
| 2/27/23                                   |   |



**PATIENT**

**Pancreas**

Beckett McCracken

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.

**SPECIES**

Canine

**Free Abdomen**

**BREED**

Pitbull Mix

The left medial iliac lymph node was mildly enlarged and measured 2.71 x 0.73 cm. The length to width ratio was maintained.

**SEX**

Neutered male

The left body wall revealed a hypoechoic structure measuring 1.5 x 1.0 cm.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

10 years

Tricuspid insufficiency with mild right atrial enlargement, not clinically significant.

Heterogenous prostate.

Medial iliac lymph node enlargement.

**WEIGHT**

73.5 lbs

Splenomegaly with granular appearance, potential underlying mast cell disease versus reactive spleen or hyperplasia.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

If the patient was neutered later in life this would be a normal variant. Given the patient's history 25-gauge FNA of the spleen is indicated to ensure that mast cell disease is not playing a role in this presentation. Ultrasound-guided FNA of the body wall structure is also indicated.

**IMAGING PERFORMED BY**

Shari Reffi, CVT

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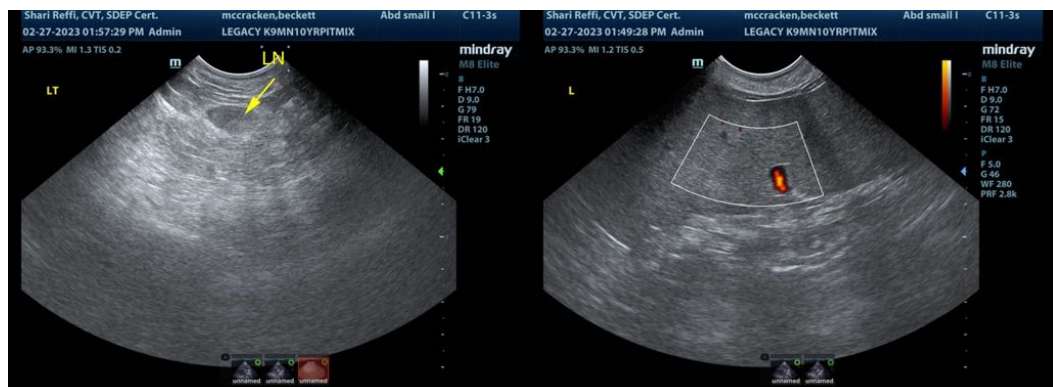
Dr. Potenzzone

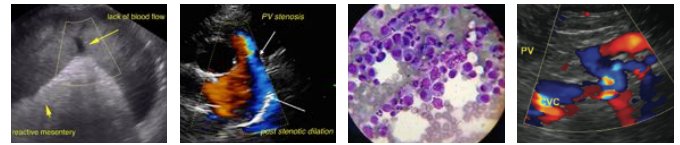
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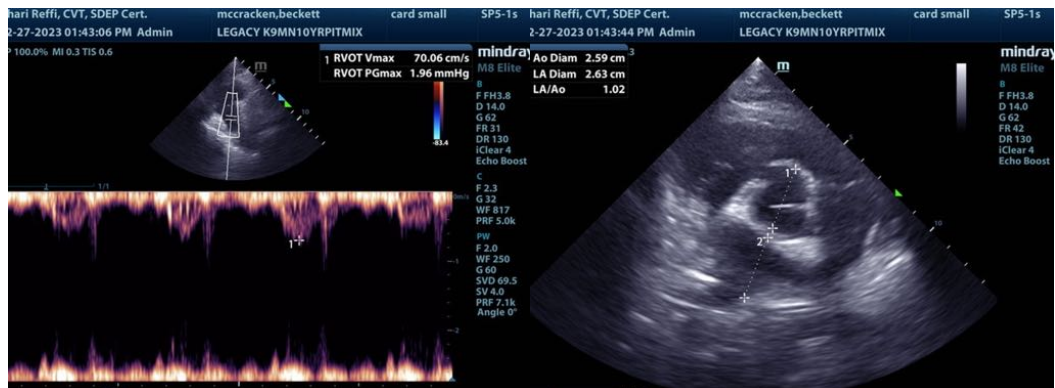
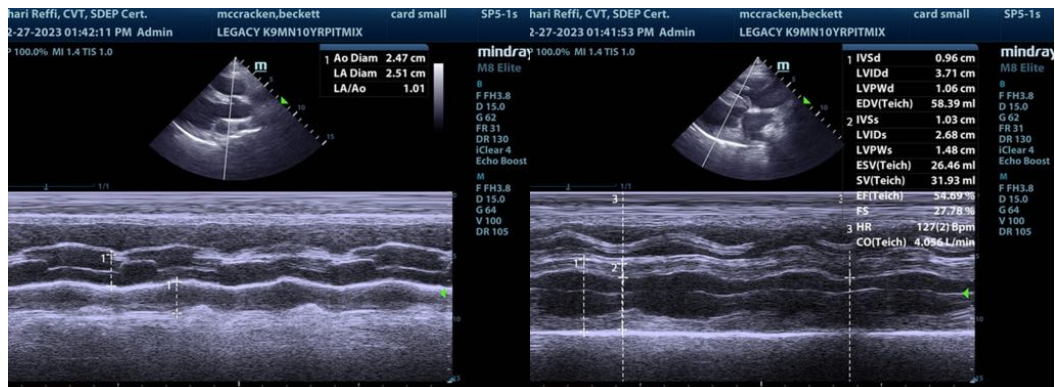
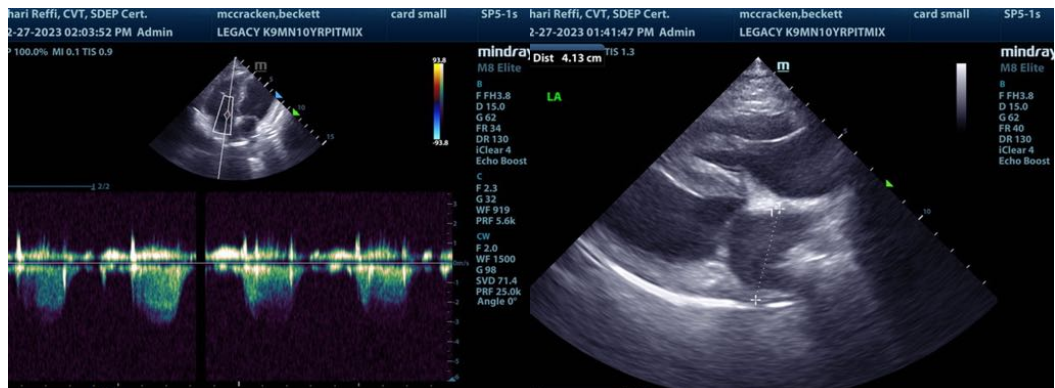
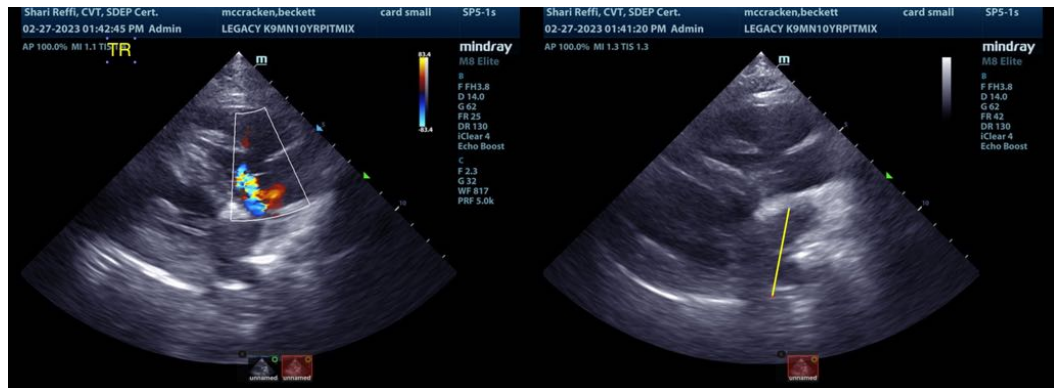
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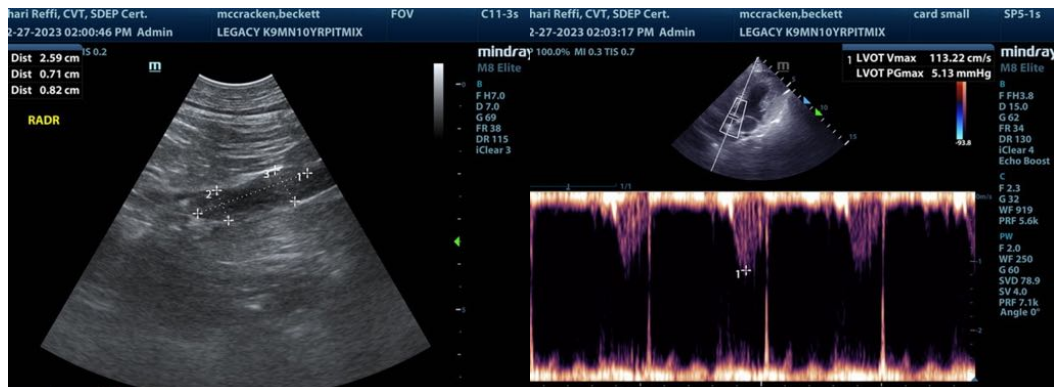
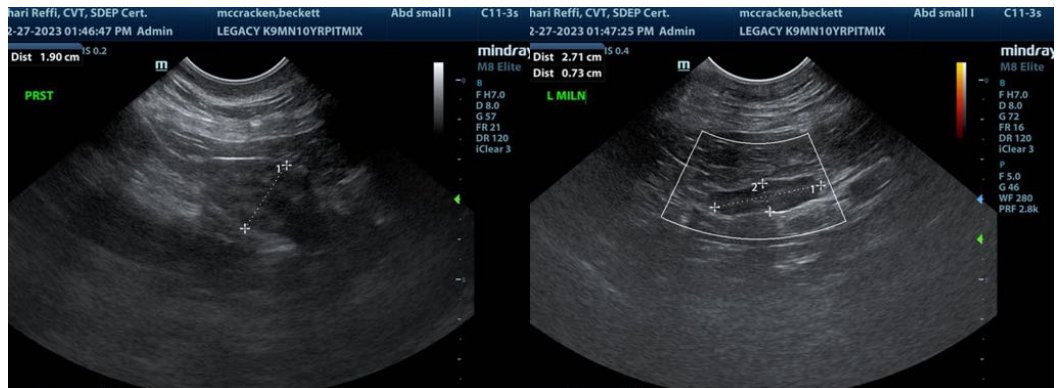
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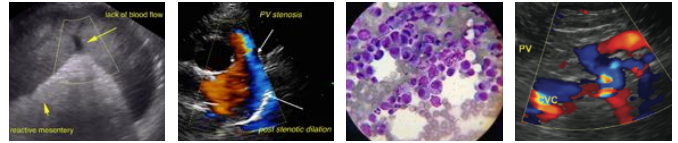
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**PATIENT**

Beckett McCracken

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.

**SPECIES**

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**

Pitbull Mix

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

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