



PATIENT PRESENTING CLINICAL SIGNS

Slinky Bailey History: L eye swelling potentially related to dental dz- needs dental cleaning +/- extractions, heart murmur II/VI, discomfort abdomen w/ caudal palpation. Current meds; Gabapentn 200mg BID, Galiprant 60mg SID

SPECIES Abnormal PE/Chem/CBC/UA Results: ALKP 1500, GGT 16, ALT 122, Crea 0.4, PPSL 397, Ca 11.6, Corrected Ca 12, T4 <0.5, FT4 6.4 UA: pH 6, Protein +3 SG: 1.017

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Basset Hound 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 endocarditis. Doppler indicated measurable insufficiency. 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. Aortic insufficiency was noted. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** insufficiency was noted. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. Minor **pulmonic** insufficiency was noted at 2.0 m/sec. 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.

SEX Spayed Female

AGE 14 years

WEIGHT 53 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Whippany VH

REFERRING VET

Dr. Cordero

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	<1.3	28-40	40-100	<0.6
PATIENT	5.6	2.4	1.38		40	50	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				
PATIENT	122	5.5	0.97	53 lbs	4.55	4.03	

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DATE

6/8/22



PATIENT **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Slinky Bailey

Urinary System

SPECIES

Canine

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.

BREED

Basset Hound

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 this age patient. Medullary structure differed distinctly from that of the cortex. Minor pyelectasia was noted in this patient. The right kidney measured 7.9 cm with occasional cortical cyst. The left kidney measured 7.37 cm.

SEX

Spayed Female

Adrenal Glands

AGE

14 years

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 1.21 cm at the caudal pole and 1.36 cm at the cranial pole. The left adrenal gland measured 3.73 x 1.12 cm at the caudal pole and 1.5 cm at the cranial pole. The left adrenal was imaged from the right and left approaches.

WEIGHT

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Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. Occasional hyperechoic granulomatous nodules was noted. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

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Liver

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Exam of the cranial abdomen demonstrated excessive **liver** size and swollen contour. Mild, coarse architecture was noted with increased portal markings and minor parenchymal remodeling is suggestive of an inflammatory component. Occasional, hyperechoic lipogranulomatous nodule was noted. The gallbladder was over distended with striating bile, yet the tear drop appearance was maintained. Excessive gallbladder length was noted with tubular dilation.

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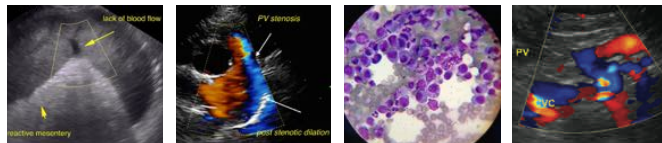
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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine



PATIENT

demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Slinky Bailey

SPECIES

Pancreas

Canine

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.

BREED

Basset Hound

ULTRASONOGRAPHIC FINDINGS

SEX

Stage B1 valvular disease. Mitral, tricuspid, aortic and pulmonic insufficiency, compensated.

Spayed Female

Bilateral adrenal hypertrophy. Suspect Cushing's/PDH.

AGE

Benign hepatopathy with emerging mucocele and lipogranulomas.

14 years

Minor pyelectasia.

WEIGHT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

53 lbs

If the urine specific gravity is less than 1.020 and the patient appears Cushingoid then work-up for PDH is indicated. I recommend Ursodiol therapy over the next 6 weeks and a recheck of the gallbladder or earlier if clinical signs initiate. Low-grade hyporexia may be an issue owing to the gallbladder presentation, but does not appear to be overtly surgical at this time. Urine culture is warranted if any urinary sediment is present. There was no evidence of vascular invasion.

INTERPRETED BY

Eric Lindquist, DMV
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Blood pressure measurements are recommended.

IMAGING PERFORMED BY

B1: The heart is stable without clinical disease. No overt contraindication for anesthesia of brief to moderate duration. I suggest Torbutrol premed, Propofol induction, Isoflurane maintenance or similar protocol if anesthesia is desired. Blood pressure recommended if not already performed and target white coat negative systolic pressure of < 160 mmHg. If higher than this ACE-inhibitor is suggested to reach this level. Recheck echocardiogram is recommended in 6 months, earlier if murmur grade increases or clinical signs initiate.

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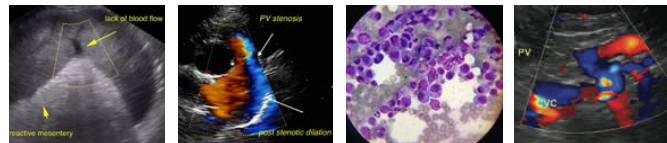
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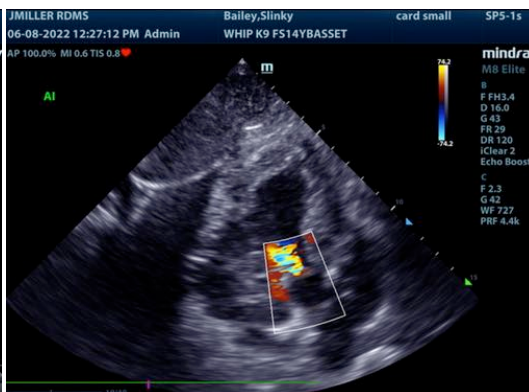
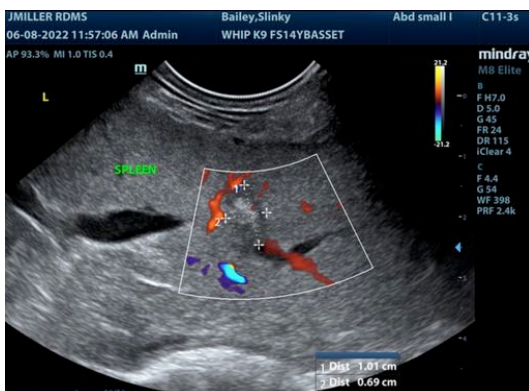
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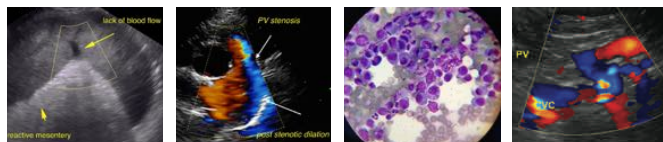
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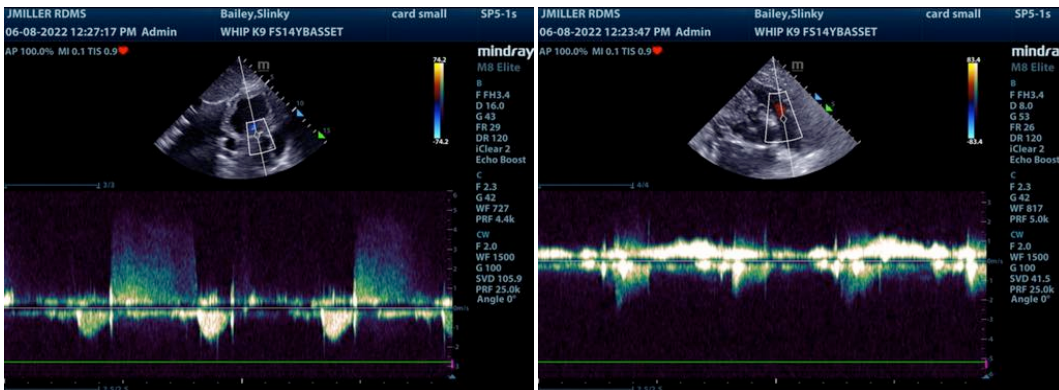
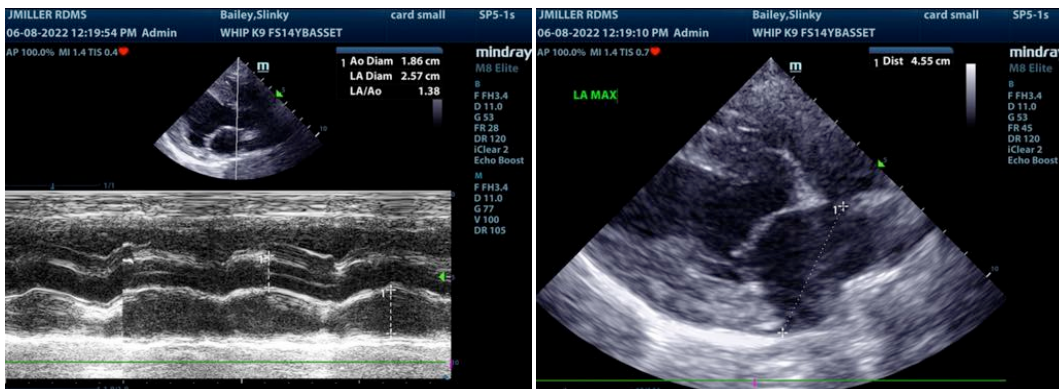
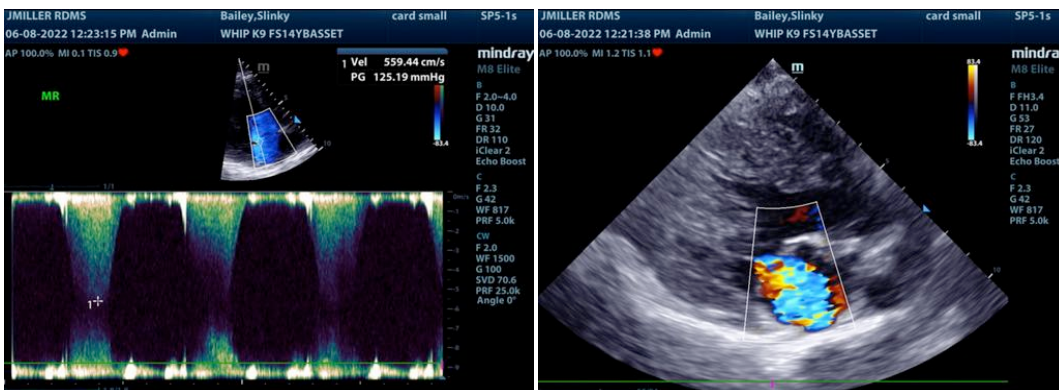
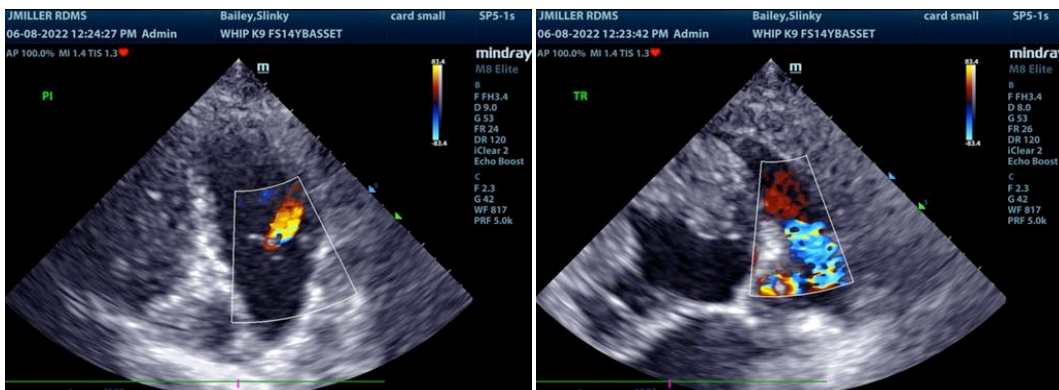
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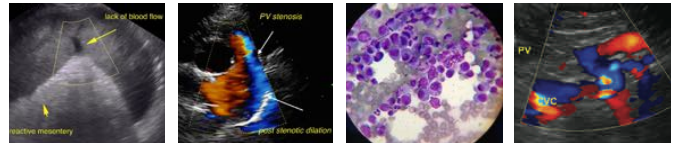
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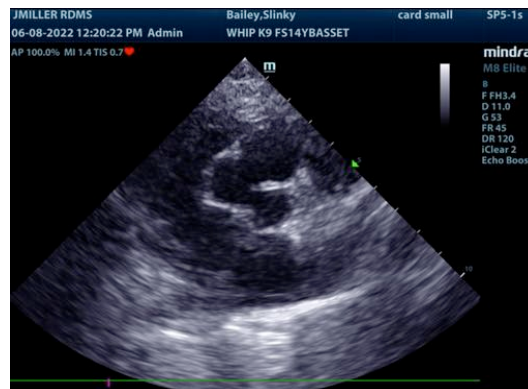
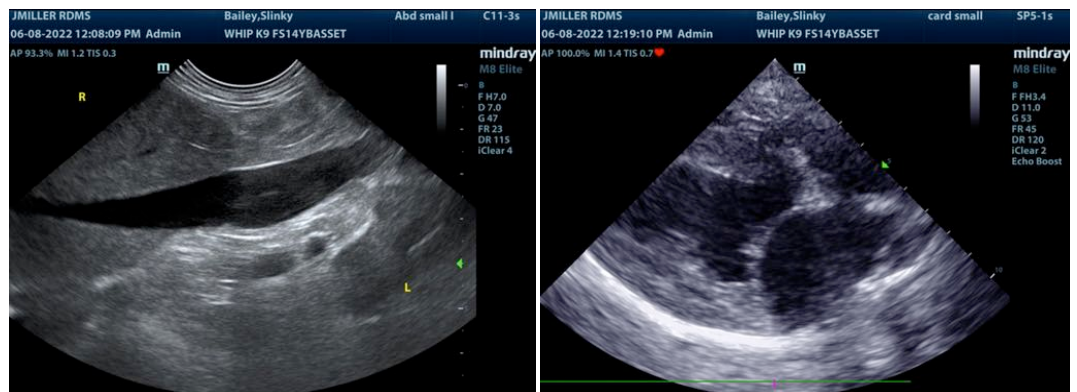
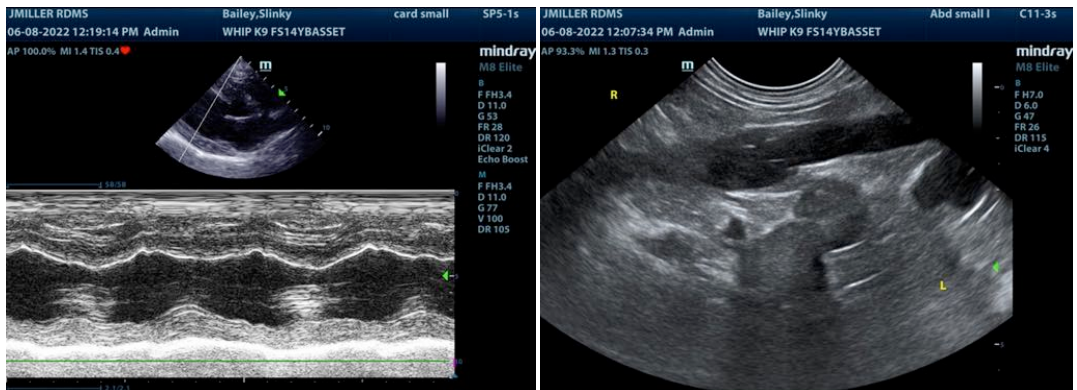
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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