SonoPath
Clinical Sonography & Telecytology
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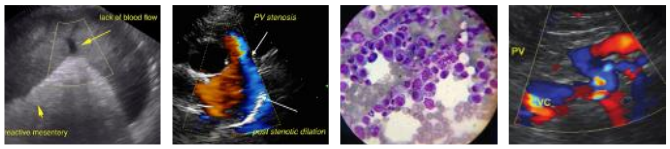


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Ace Gilmore

SPECIES
Canine

BREED
Doberman

SEX
MI

AGE
8yr

WEIGHT
NA

INTERPRETED BY
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY
Jessica Miller

HOSPITAL NAME
Westwood RVH

REFERRING VET
Dr. Silver

INVOICE
12660ag

DATE
01/11/2023

PRESENTING CLINICAL SIGNS

Ascites, pleural effusion, prostatic cyst, fibrin in Abd.

Current meds: lasix, steroids

Abnormal PE/Chem/CBC/UA Results: uric Acid <10.00, Lip 194, ALP 313, Fib 3.79, WBC 21.01, Neu# 17.46, Lym# 0.82, Mon# 2.33, Bas# 0.00, Neu% 83.1, lym%3.9, Bas% 0.0, PDW-CV 13.2

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART

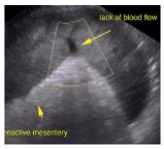
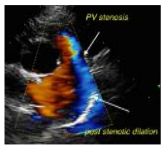
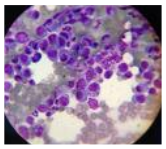
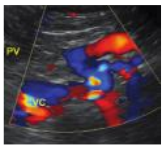
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
PATIENT				1.34	35	70	0.24
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT** (kg)	**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	NM	1.5	1.0		4.0	4.1	

Cardiac Presentation

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. No overt MR on Doppler. 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. Minor aortic valve insufficiency present on Doppler. The right atrium and auricle revealed normal size, structure and content. No evidence of masses was noted. Tricuspid valvular assessment demonstrated adequate linear morphology and kinesis. No overt TR on Doppler. 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). Minor pulmonic valve insufficiency was present on Doppler. No visible pericardial free fluid was noted. Mild to moderate volume free pleural fluid was present and exhibited mild echogenic changes. The overt cardiac or pericardial/thoracic tumors were visualized.

Urinary System

The urinary bladder was normal in size and tone. Non-specific yet suspicious uniform mildly hypoechoic urinary bladder lesions were present, an example measured 2.0 cm in diameter. The trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were

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normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.9 cm in length. The right kidney measured 8.5 cm in length.

The area of the aortic trifurcation was free of pathology.

The prostate was enlarged in size with intact, primarily symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was heterogeneous with a mixed pattern of varying echogenicity without evidence of parenchymal mineralization. The prostate measured 6.6 cm in diameter.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.76 cm width at the caudal pole and 2.4 cm length. The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was indistinctly visualized with the right pancreatic limb exhibiting symmetrical capsule contour and mild non-homogenous parenchyma and minor pancreatic duct dilation. No signs of active inflammation or neoplastic disease was evident.

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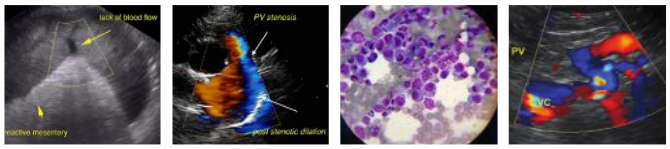

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Free Abdomen

Generalized severely non-homogenous to nodular omentum exhibiting hyperechoic omental changes was present. Moderate volume echogenic peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

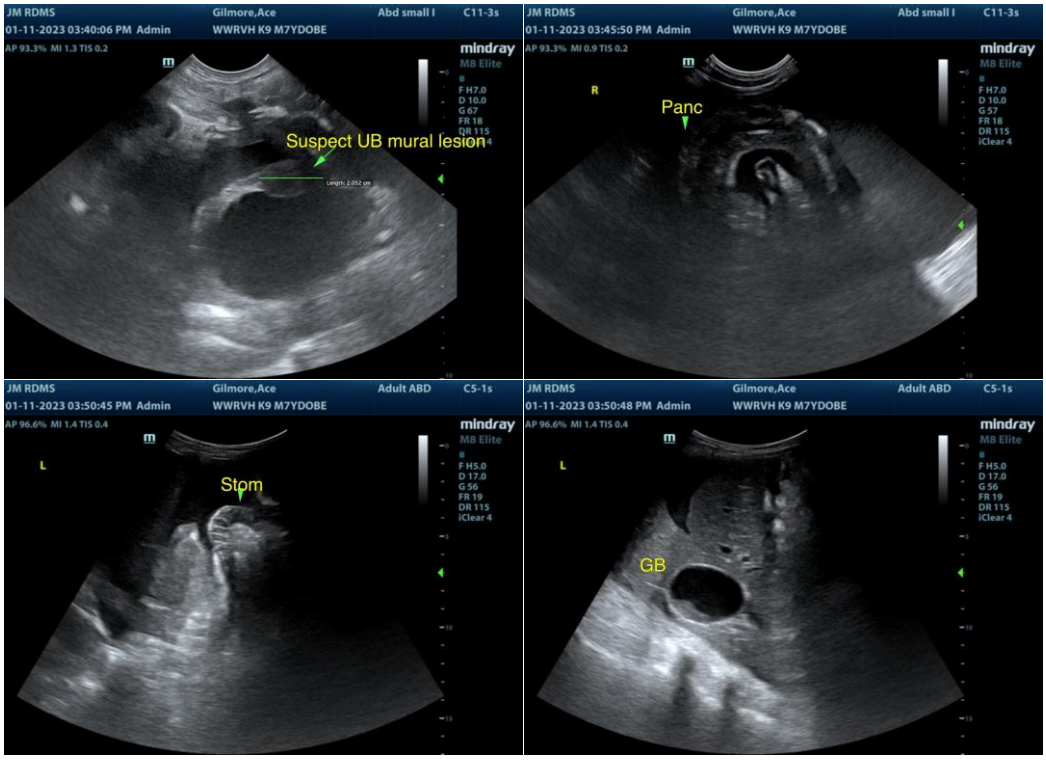
- Overtly normal cardiac structure and function-no evidence of DCM criteria
- Minor aortic and pulmonic valve insufficiency-not considered clinically significant
- Non-specific yet suspicious uniform mildly hypoechoic urinary bladder lesions
- Prostatomegaly exhibiting non-homogenous parenchyma-benign hyperplasia, prostatitis, prostatic neoplastic criterial all potentials
- Diffuse severely non-homogenous to nodule mesentery with hyperechoic omental nodules
- Mild to moderate volume peritoneal/pleural effusion-noncardiogenic

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given no subnormal ALB level that would diminish oncotic pressure to the point of causing free fluid, no overt evidence of significant or diffuse hepatic parenchymal disease, passive hepatic congestion secondary to cardiomyopathy or overt pancreatic/GI pathology that would be responsible for a bicavitary effusion of this nature, lymphatic obstruction owing to diffuse to multicentric neoplasia i.e. carcinomatosis/lymphomatosis or similar is of primary concern.

Bicavitary effusion analysis with rapid cytospin and rapid slide preparation of the sediment to conserve the integrity of the cells would be recommended in order to optimize the cytological interpretation. Culture of the fluid can also be considered if any suspicion of inflammatory elements is noted.

Diffuse neoplastic disease is considered most probable until proven otherwise.



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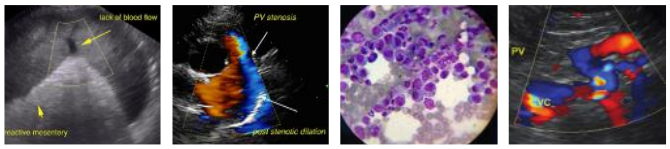

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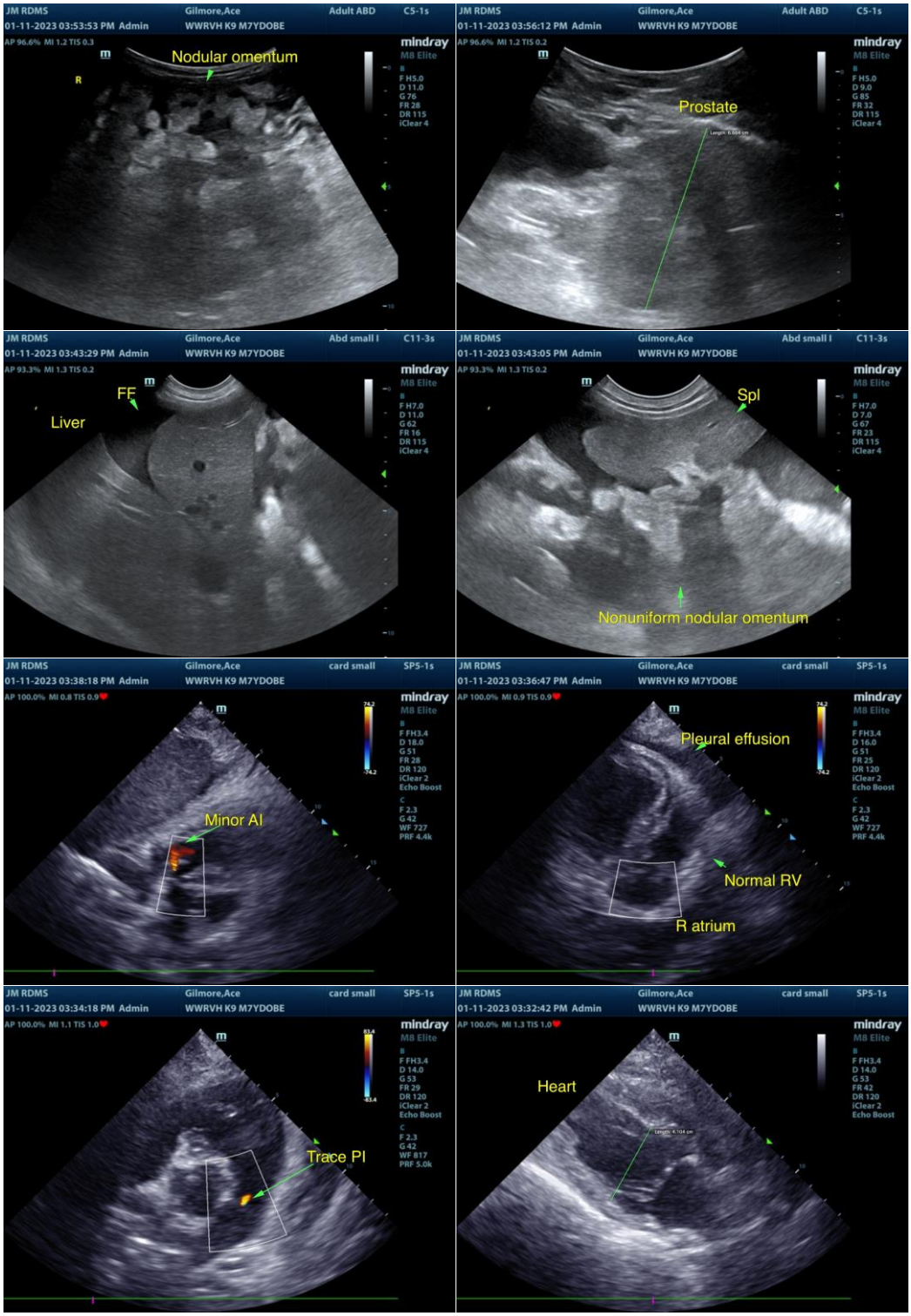

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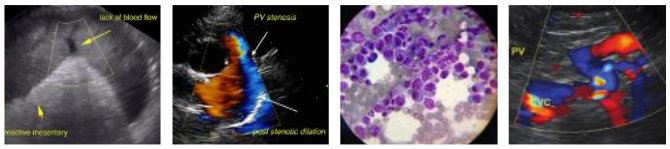

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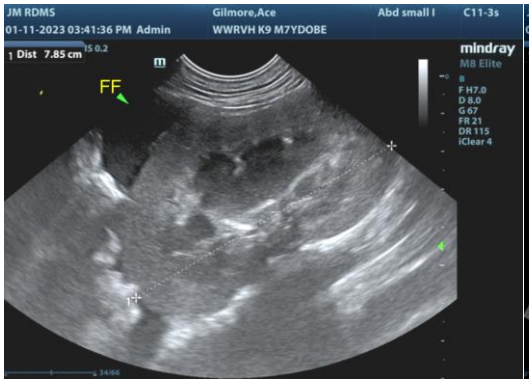

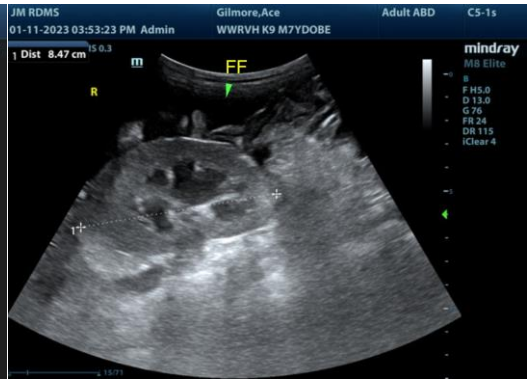

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com