



PATIENT

Goose Cymbalistry

SPECIES

Canine

BREED

English Bulldog

SEX

F/S

AGE

7

WEIGHT

32 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Calgary Family Vet

REFERRING VET

Dr. Lopez

INVOICE

15840

DATE

1/13/23

PRESENTING CLINICAL SIGNS

Lethargic anorexic panting last 2 weeks . History of allergic dermatitis and has been on prednisone for last 3 months . Large liver on x rays . Has brachycephalic obstructive airways syndrome. Given .4 mg/kg butorphanol for scan 59 images for Echo 52 for Ab total 111

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC PARAMETERS	VMAX (m/s)	VMAX (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
PATIENT			NM	1.4	42	75	0.3
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC PARAMETERS	(BPM)	VMAX (m/s)	MAX (m/s)	(kg)	2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	109	1.1	1.0		3.0	2.8	

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. 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** 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.

Urinary System

The urinary bladder was normal in size and tone containing anechoic urine with no sediment or calculi. Subjective generalized mild prominent urinary bladder walls without evidence of neoplastic



PATIENT	criteria were noted. The ventral urinary bladder wall width measured 0.37 cm. The urethra exhibited normal structure and tone to a depth of 3.0 cm.
Goose Cymbalistry	The area of the aortic trifurcation was free of pathology.
SPECIES	
Canine	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 5.4 cm in length. The right kidney measured 5.9 cm in length.
BREED	
English Bulldog	
SEX	Adrenal Glands
F/S	The bilateral adrenal glands were indistinctly visualized suspected to be secondary to suppression owing to prednisone therapy. No overt adrenal pathology was noted. The left adrenal gland measured 0.48 cm width at the caudal pole The right adrenal gland measured 0.37 cm width at the caudal pole.
AGE	Spleen
7	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.
WEIGHT	Liver/ Gallbladder
32 kg	The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.
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R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
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HOSPITAL NAME	Gastrointestinal
Calgary Family Vet	The stomach presented mild wall thickening secondary to mild echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach contained a mild amount of retained anechoic fluid. The ventral gastric body wall measured 0.43 cm width
REFERRING VET	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 mechanical / metabolic ileus, obstruction, or foreign material.
Dr. Lopez	Normal visible colon wall layers were present with apparent formed feces in lumen.
INVOICE	Pancreas
15840	The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.
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Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

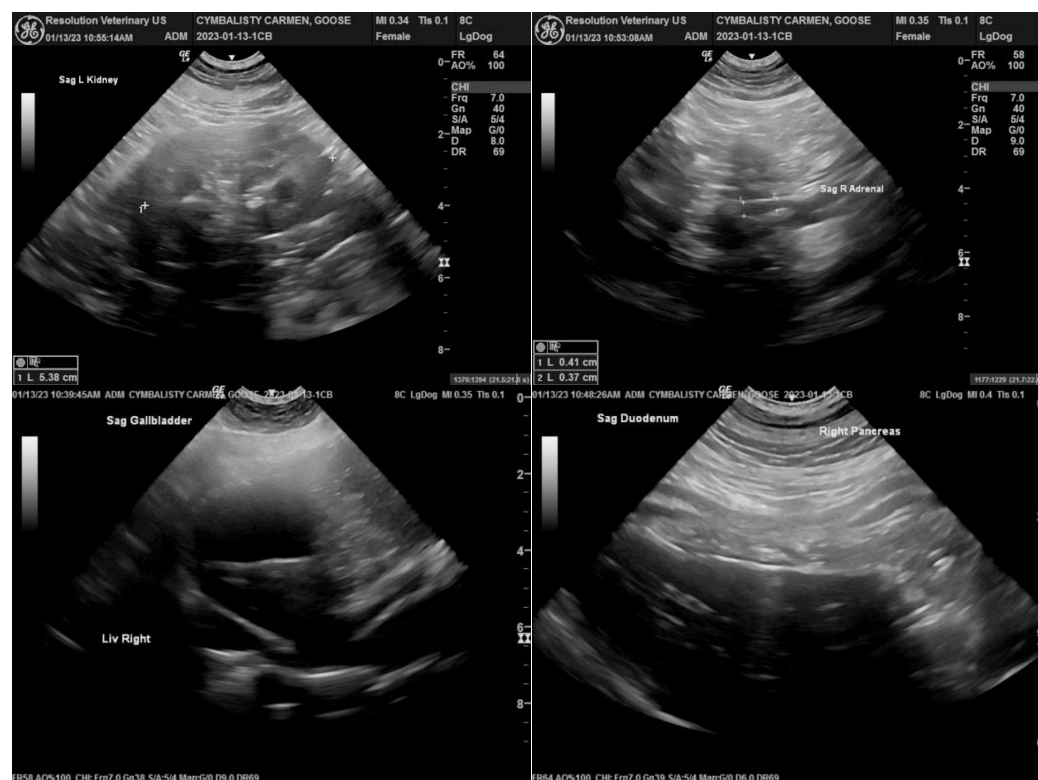
- Overtly normal cardiac structure and function
- Possible mild cystitis
- Gastritis pattern with mild gastric hypomotility, sonographically unremarkable small bowel
- Normal pancreas
- Benign mild hepatomegaly, sonographically normal gallbladder - suspect mild metabolic, reactive or vacuolar hepatopathy with some contribution suspected to be secondary to Prednisone therapy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no sonographic evidence of significant cardiac or intraabdominal visceral pathology.

A spec cPL could be considered to assess for evidence of low-grade pancreatitis, which may present as sonographically normal, as a contributing factor to the patient's anorexia.

Empirical therapy for gastritis with as-needed GI support would be reasonable.





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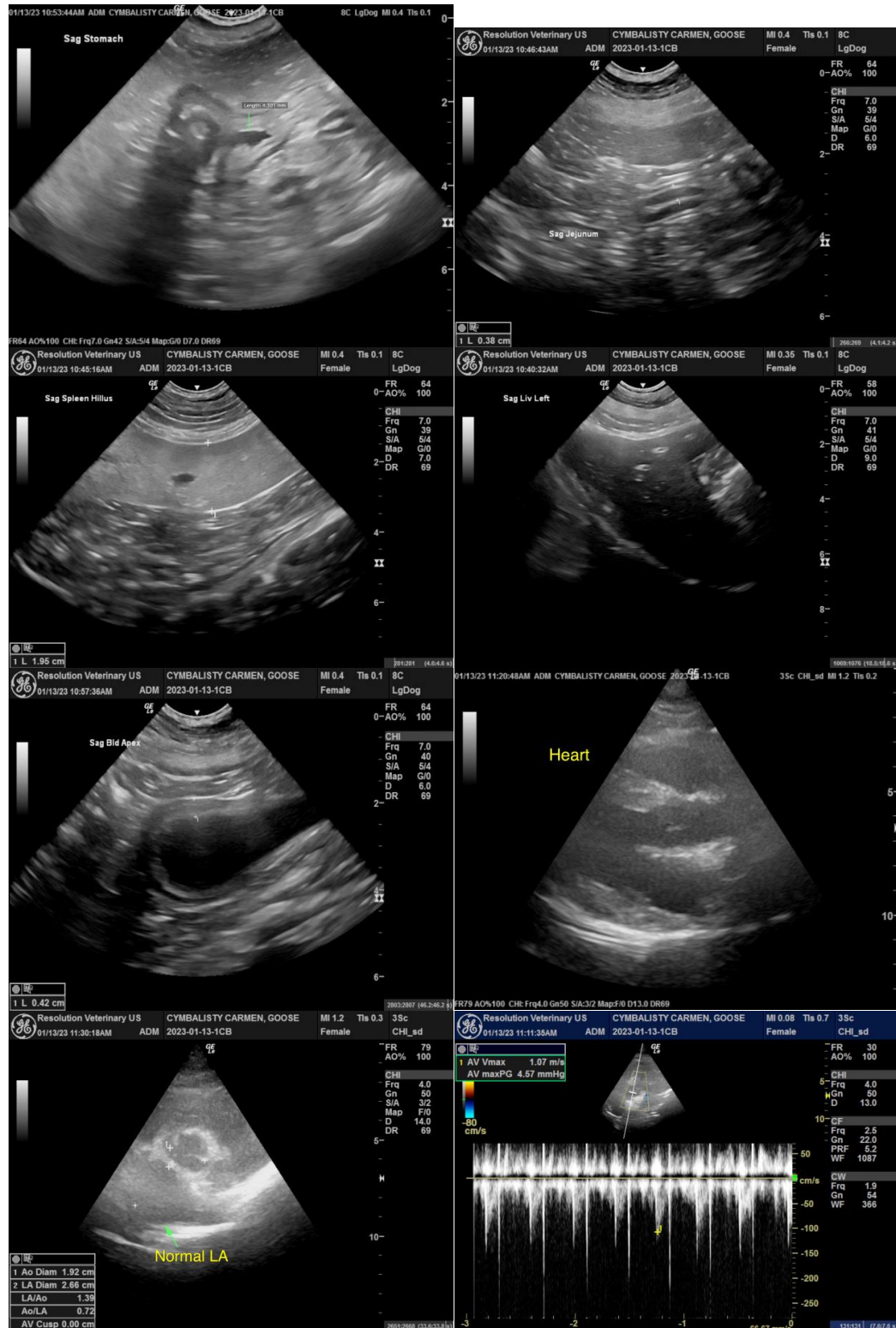
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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