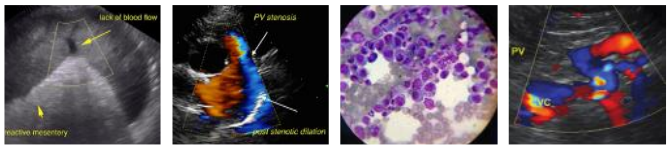
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Oliver Weglein

SPECIES
Canine

BREED
Beagle

SEX
MN

AGE
13yr

WEIGHT
26.1lb

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

IMAGING PERFORMED BY
Diane McFadden

HOSPITAL NAME
Newton VH

REFERRING VET
Dr. Barron

INVOICE
12736ag

DATE
01/23/2023

PRESENTING CLINICAL SIGNS

possible splenic mass, hepatomegaly, history of CHF. O reports episode of collaplse.

on vetmedin 5 mg bid, enalapril 5 mg bid, lasix 40 mg sid

Abnormal PE/Chem/CBC/UA Results: BUN 39.9, ALKP 401, neuts 14.47, eos 0.02. PCV 42.7, platelets 294

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART

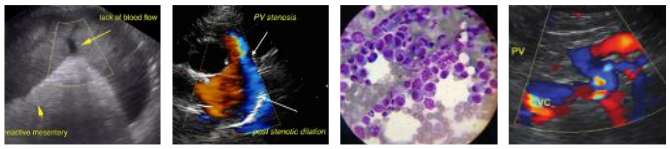
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
PATIENT	5.0	2.2		1.2	33.1	64	0.2
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT** (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	122	1.0	1.0		3.0	2.7	

Cardiac Presentation

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 moderate thickening consistent with endocardiosis. Doppler indicated measurable mild to moderate eccentric 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. 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 mild thickening with mild TR on Doppler. 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 or metastatic disease was visible specifically in the area of the right atrium/auricle. The cranial mediastinum and pericardial regions were free of masses in the visible window. No arrythmia.

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or



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sediment. The ureteral papillae were 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.7 cm in length. The right kidney measured 6.4 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm width at the caudal pole and 2.2 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 cm width at the caudal pole and 2.5 cm length.

Spleen

A non-homogenous cranial mass/lesion was present exhibiting potential for mild regional perisplenic free fluid or possible cranial subcapsular fluid accumulation. The mass/lesion measured ~ 6.0 cm x 5.0 cm. The remainder of the spleen exhibited subtle parenchyma heterogeneity without evidence of additional lesions. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver/Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. Discrete parenchymal nodular changes not obviously suggestive of neoplastic or metastatic criteria were present. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. Lobar biliary tree mineralization was present subjectively within the mid to right liver lobes. 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 and focal mineral as well as mild dependent to non-dependent luminal debris. 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.

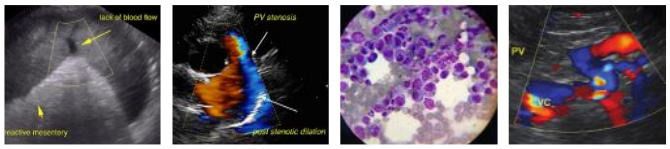
The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

Pancreas

The 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 was evident.

Free Abdomen



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No omental masses, overt lymphadenopathy or peritoneal effusion was present.

Subjective increased intra-abdominal fat, potential for discrete intra-abdominal lipomas.

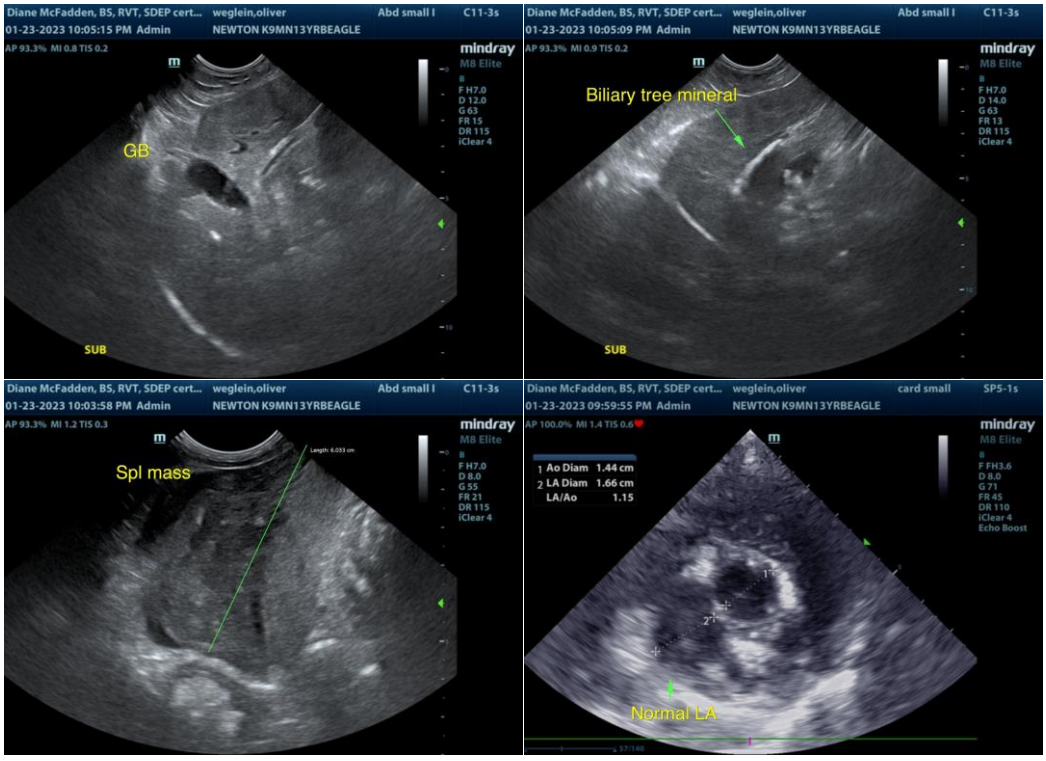
ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease-echographically consistent with compensated B1
- Mild TR-no evidence of clinical pulmonary hypertension
- Non-homogenous cranial splenic mass lesion with possible mild perisplenic to splenic subcapsular fluid-non-specific, hyperplasia, hematopoiesis, focal splenitis, small hematoma/hemangioma or neoplastic criteria are all potentials
- Hepatic parenchymal remodeling with lobar biliary tree mineralization
- Mild gallbladder sludge/mineral
- Moderate chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic lobar biliary tree mineralization is non-specific and is likely incidental yet at times has been associated with chronic hepatobiliary inflammation. No overt anesthetic contraindications if surgery is elected. No obvious evidence of intra-abdominal or cardiac metastasis was observed.

Splenectomy +/- hepatic biopsies may be considered if no evidence of pathology on three view chest radiographs. Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.



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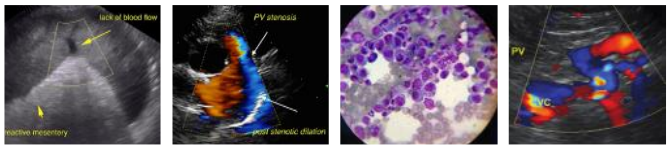

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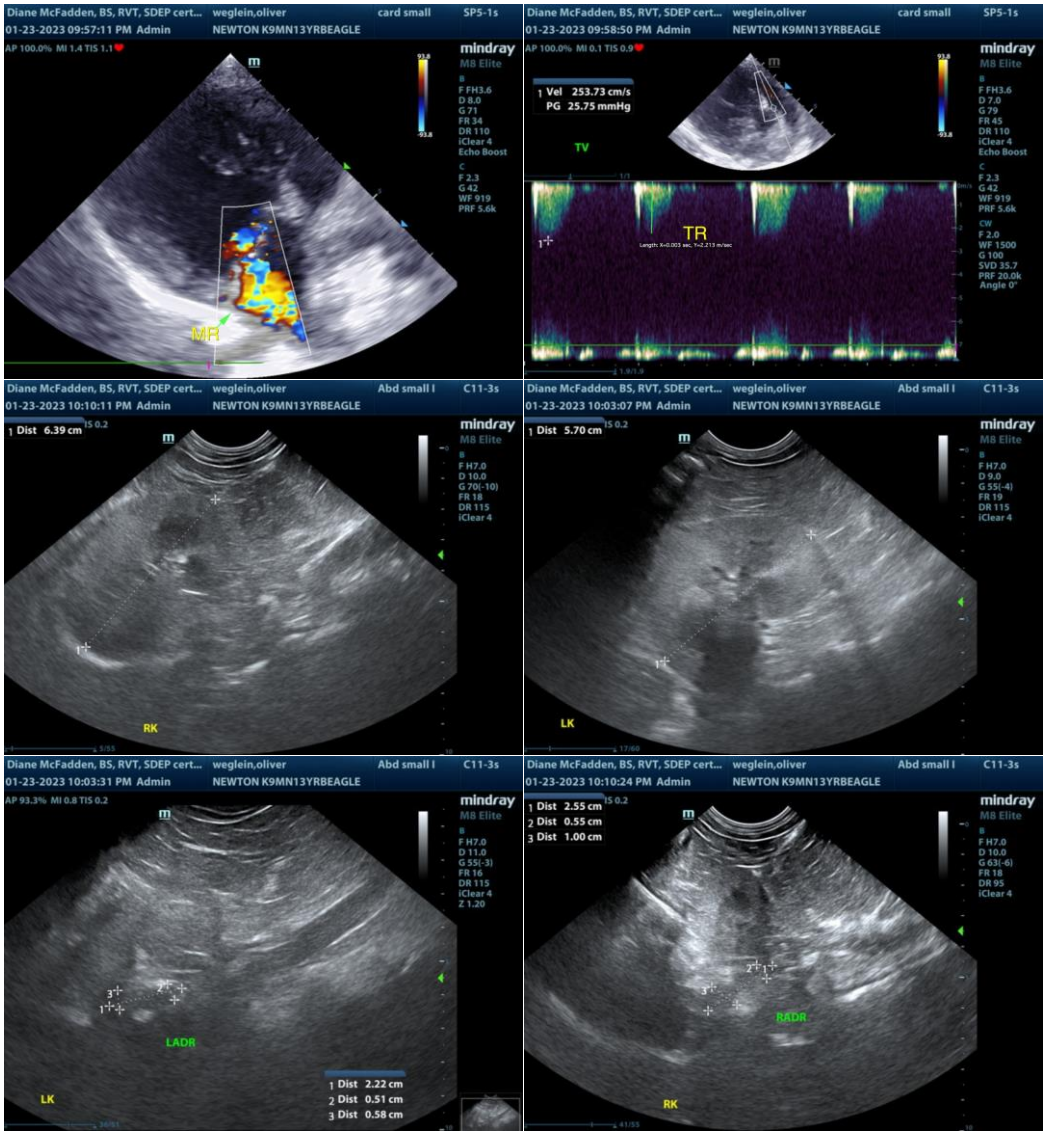

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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