



PATIENT

Kira McSkimming

SPECIES

Canine

BREED

Corgi

SEX

FS

AGE

14 years

WEIGHT

31.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Hallihan

INVOICE

15988

DATE

1/27/23

PRESENTING CLINICAL SIGNS

Coughing, unresponsive to antibiotics. Chest rads right caudal lung field more radiopaque + opacity larger. Current meds: Tussigon 1T q 8hrs PRN, Enrofloxacin 68mg 1+1/4 T SID

Abnormal PE/Chem/CBC/UA Results: TP 4.2, Alb 2.3, BUN 78, Creat 3.4, PSL 215, WBC 20.0, RBC 3.3, Hemoglobin 8.0, HCT 25%, PLT CT 523, Lymph 5%, Mono 1%, Eos 21, Baso 2%, Abs Neut 14200, Abs Eos 4200, Abs Baso 400 UA: Protein 2+ SG: 1.015

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

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			1.1	1.2	43.5	79	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	179	2.0	0.8		2.8	2.3	

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size and structure. Chamber volume and blood echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented minor irregular age-related changes that are not clinically significant at this time with adequate extension in systole and union in diastole. Minor MR was present on Doppler. The **left ventricle** presented normal free wall and septal thicknesses with linear contour. The **myocardium** presented some echogenic remodeling consistent with expected age-related change. **Contractility** of the ventricular walls was adequate and in normal range for this breed and patient size. The **left ventricular outflow** tract demonstrated normal laminar flow with subjectively unremarkable structure. Subjective assessment of the **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated expected findings for this age patient. Minor TR was present on Doppler. The **right ventricle** was of normal size (1/3 diameter of LV), echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). Trace pulmonic insufficiency was noted on Doppler. No dilation due to cor pulmonale, stenosis, or pulmonic hypertension was noted. No visible **pericardial** or free pleural fluid was noted. The **mediastinum** was free of masses in the visible window. A solitary, mild irregular, nonhomogeneous centrally cystic to cavitated pulmonary mass



PATIENT	noted caudal thorax, which appeared to directly efface the cranial diaphragm, was present measuring 4.0-5.0 cm in diameter. Peripheral aerated lung around the pulmonary mass was noted.
Kira McSkimming	
SPECIES	Urinary System
Canine	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
BREED	
Corgi	No evidence of medial Iliac or sublumbar lymphadenopathy.
SEX	
FS	Normal size and mild asymmetrical renal 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 5.4 cm in length. The right kidney measured 6.5 cm in length. Pinpoint areas of medullary mineral were noted, as well as multiple bilateral cortical cysts.
AGE	
14 years	
WEIGHT	Adrenal Glands
31.2 lbs.	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.8 cm length x 0.39 cm width at the caudal pole. Enlarged, mildly irregular right adrenal gland exhibiting mild nonhomogeneous pinpoint mineralized parenchyma was present. The right adrenal gland measured 3.0 cm length x 1.5 cm width at the cranial pole and 0.67 cm width at the caudal pole. No overt vascular invasion was evident.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
IMAGING PERFORMED BY	
Jessica Miller	
HOSPITAL NAME	Liver/ Gallbladder
ACC Flanders	The liver was mildly enlarged in size with normal structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion criteria. Normal hepatic vascular volume was noted. The gallbladder was non-distended in size containing primarily anechoic content with mild, echogenic, nonorganized gallbladder debris. No evidence of gallbladder inflammation was noted. The cystic and common bile ducts were normal.
REFERRING VET	
Dr. Hallihan	
INVOICE	Gastrointestinal
15988	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta without signs of obstruction or foreign material. This is likely consistent with recent meal ingestion.
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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.

SPECIES

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

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Corgi

Pancreas

The pancreas base and right pancreatic limb were prominent in size with asymmetrical contour and heterogeneous, isoechoic parenchyma compared to adjacent omentum.

SEX

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Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted.

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ULTRASONOGRAPHIC FINDINGS

- Normal cardiac structure and function
- Minor MR / TR / pulmonic insufficiency - not clinically significant
- Pulmonary mass
- Moderate chronic renal changes with pinpoint medullary mineral and cortical cysts
- Mildly enlarged, irregular, pinpoint mineralized right adrenal gland
- Mild hepatomegaly with parenchymal remodeling - subjectively benign
- Mild gallbladder debris (non-mucocele)
- Heterogeneous to prominent pancreas - patient / age variant, benign remodeling, possible chronic pancreatitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with the pulmonary mass with pending cytology +/- fluid analysis and C/S if clinically indicated is suggested. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Assessment of systemic BP is suggested to assess for evidence of hypertension, which may allude to right adrenal neoplastic criteria, i.e., pheochromocytoma. Sonographic monitoring of the right adrenal gland for evidence of progressive enlargement or mineralization is recommended with initial recheck suggested in 4-6 weeks.

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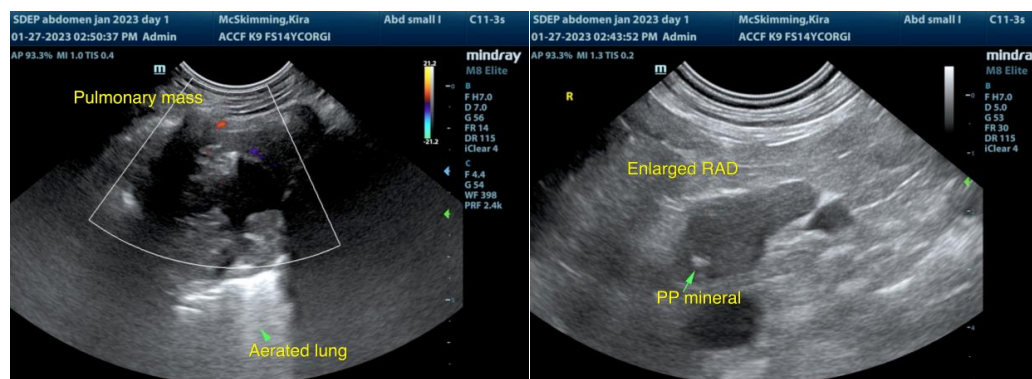
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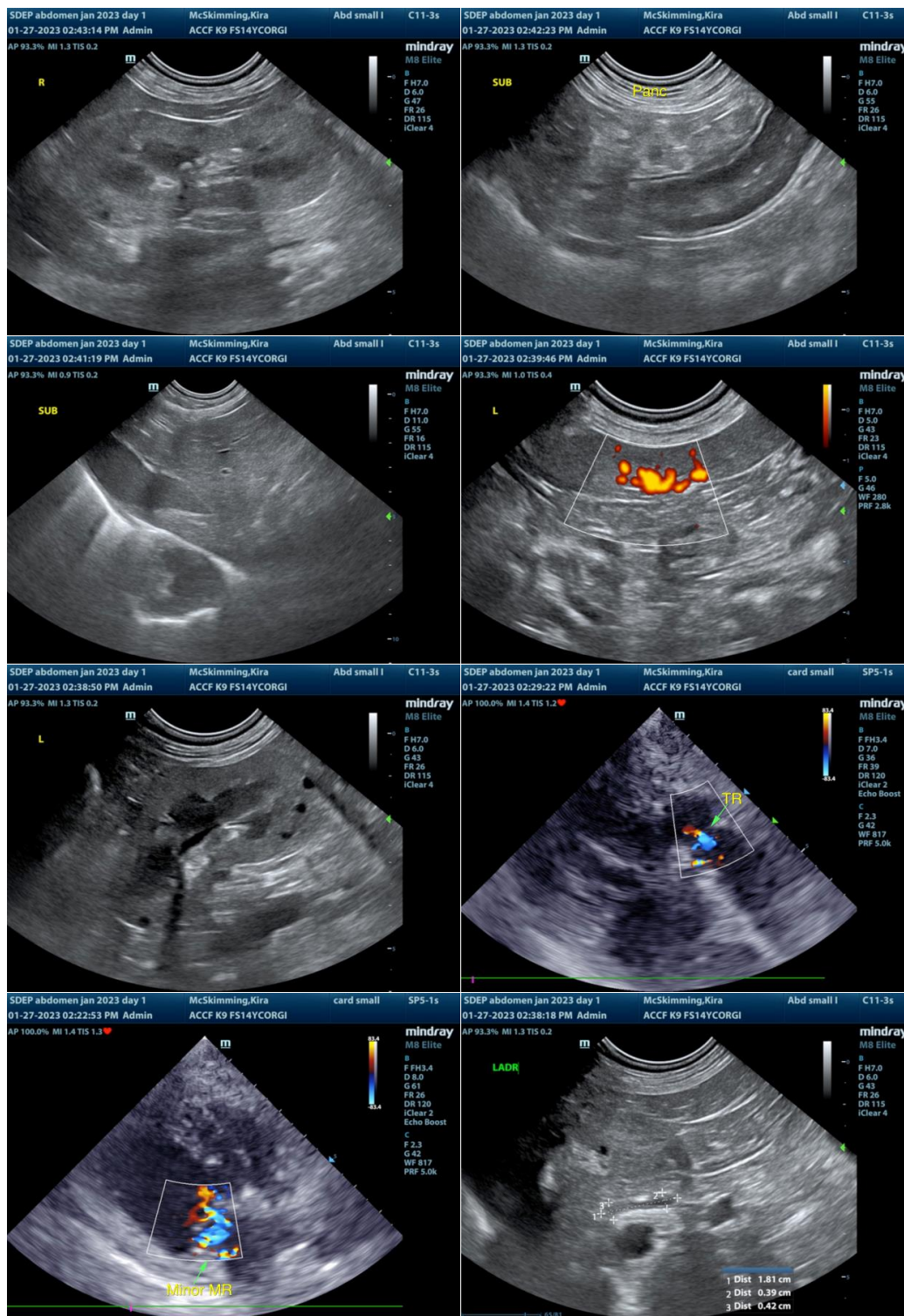
Dr. Hallihan

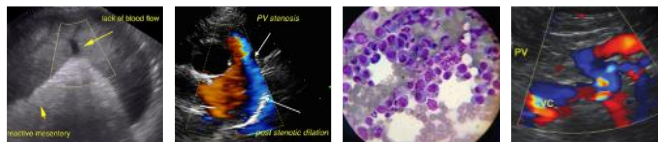
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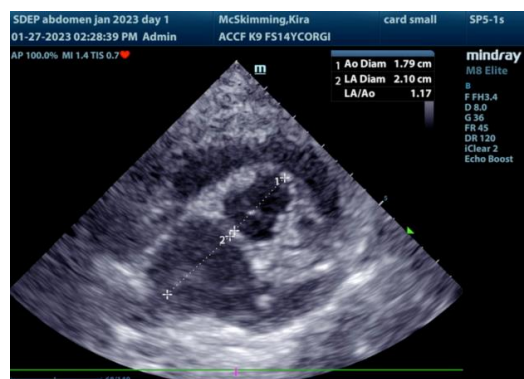
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com