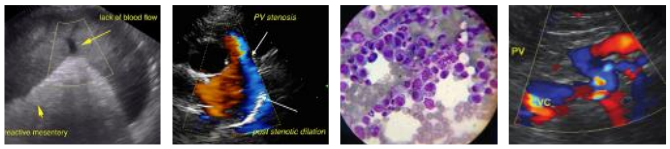
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Rocco Robertson

SPECIES
Canine

BREED
Staffordshire Bull Terrier

SEX
MN

AGE
9yr

WEIGHT
38kg

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

IMAGING PERFORMED BY
Dr. Barnes

HOSPITAL NAME
Westview Veterinary Hospital

REFERRING VET
Dr. Barnes

INVOICE
12809ag

DATE
01/30/2023

PRESENTING CLINICAL SIGNS

Removed suspect MCT from the thorax caudal to scapula. Some soft stool Removed dermal mass and routine bicavity scan, Cytology round cell population, Histo pending

Abnormal PE/Chem/CBC/UA Results: CBC RBC - Mild increase in HCT and Reticulocyte count - WBC - Mild lymphopenia CHEMISTRY Amylase - 2,985 (337 - 1,469 U/L) Lipase - >1,800 (0 - 250 U/L) CK - 258 (10 - 200 U/L) Osmolality - Cardiopet BNP -909 (0 - 900 pmol/L) TT4 - WNL USG - 1.037 pH - 8.5, UProt- 2+ Glucose, Ketones, Bld Neg Urobil - Trace, Bili - 1+ Cytology WBC - 0-2/HPF, RBC - None Seen Bacteria - None Seen Epi Cells - 1+ Transitional epithelial cells (1-2 /HPF) Crystals - None Seen OVA and Parasite and Diarrhea Panel No ova or parasites seen Giardia Antigen Negative Hookworm Antigen Negative Whipworm Antigen Negative Roundworm Antigen Negative Fecal Diarrhea PCR all negative

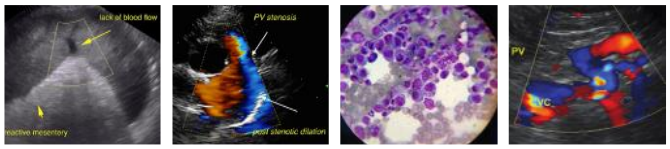
ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART

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			1.2	1.2	37	69	0.38
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	1.1	1.0		2.9	2.9	

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. Normal measured LVOT velocity. 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. Trace 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). Trace pulmonic insufficiency present on Doppler measuring 1.5 m/s, not considered clinically significant. No visible pericardial or free pleural fluid was noted. The cranial mediastinum and pericardial and extra-cardiac regions were free of masses in the visible window.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Rocco Robertson

SPECIES

Canine

BREED

Staffordshire Bull Terrier

SEX

MN

AGE

9yr

WEIGHT

38kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Barnes

HOSPITAL NAME

Westview Veterinary Hospital

REFERRING VET

Dr. Barnes

INVOICE

12809ag

DATE

01/30/2023

Urinary System

The urinary bladder, 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 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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 8.0 cm in length. The right kidney measured 7.5 cm in length.

The area of the aortic trifurcation was 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 0.74 cm width at the caudal pole and 0.79 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.73 cm width at the caudal pole and 0.67 cm width at the cranial pole.

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.

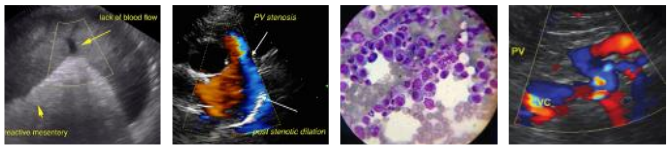
Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The 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

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Rocco Robertson

SPECIES

Canine

BREED

Staffordshire Bull Terrier

SEX

MN

AGE

9yr

WEIGHT

38kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Barnes

HOSPITAL NAME

Westview Veterinary Hospital

REFERRING VET

Dr. Barnes

INVOICE

12809ag

DATE

01/30/2023

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

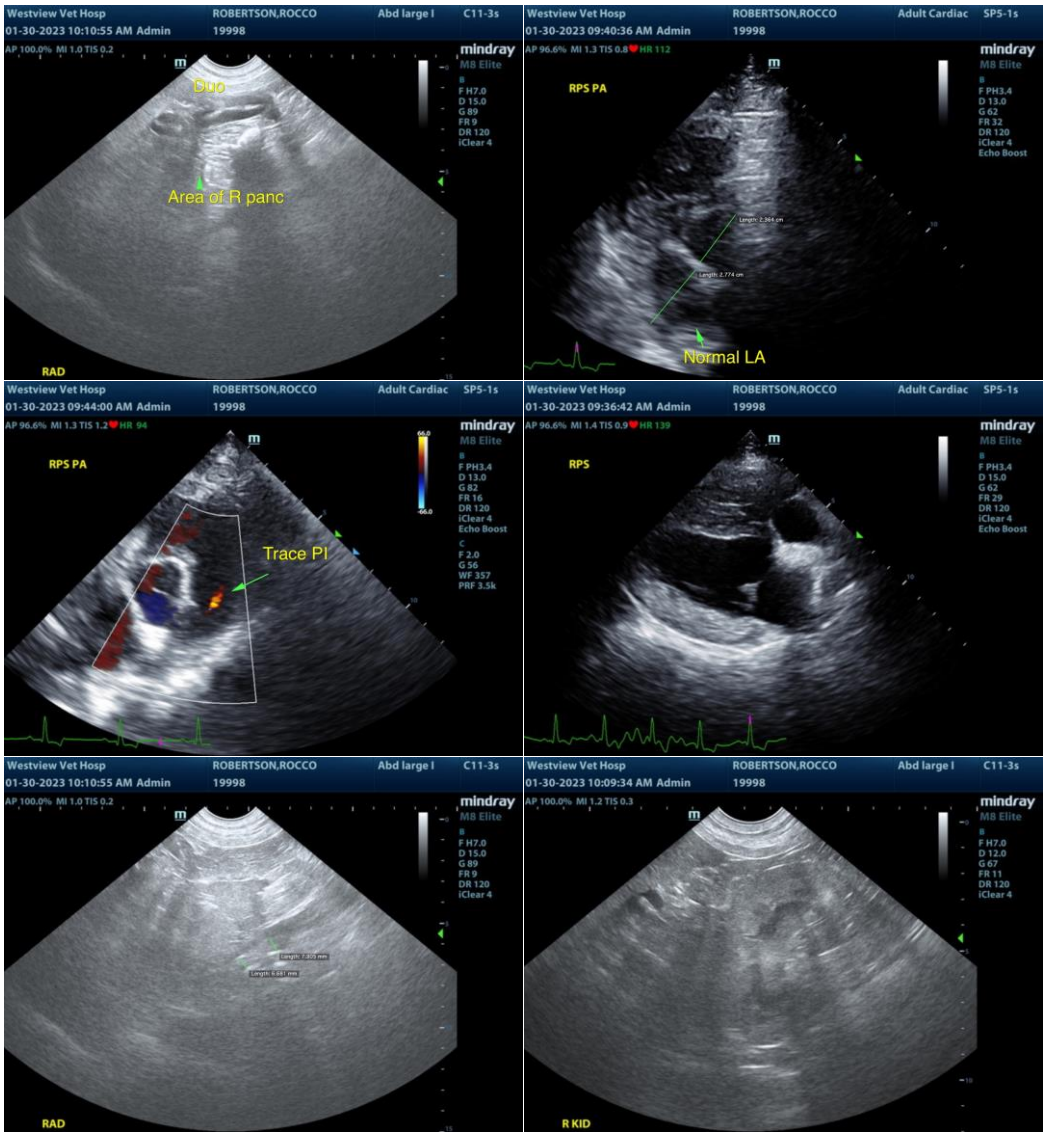
ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram
- Trace tricuspid and pulmonic insufficiency, not clinically significant
- Sonographically unremarkable abdomen

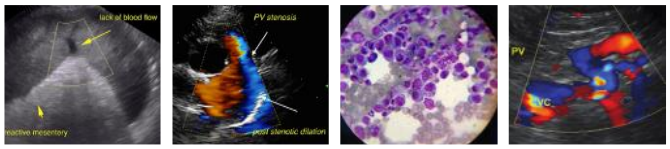
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of structural/functional cardiomyopathy or abdominal visceral pathology including no evidence of cardiac or intra-abdominal primary or metastatic neoplastic criteria. Potential for chronic pancreatitis could be present yet appear essentially normal sonographically, correlation with clinical history may be considered.

Baseline renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample given mild protinuria may be considered.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Rocco Robertson

SPECIES

Canine

BREED

Staffordshire Bull Terrier

SEX

MN

AGE

9yr

WEIGHT

38kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Barnes

HOSPITAL NAME

Westview Veterinary Hospital

REFERRING VET

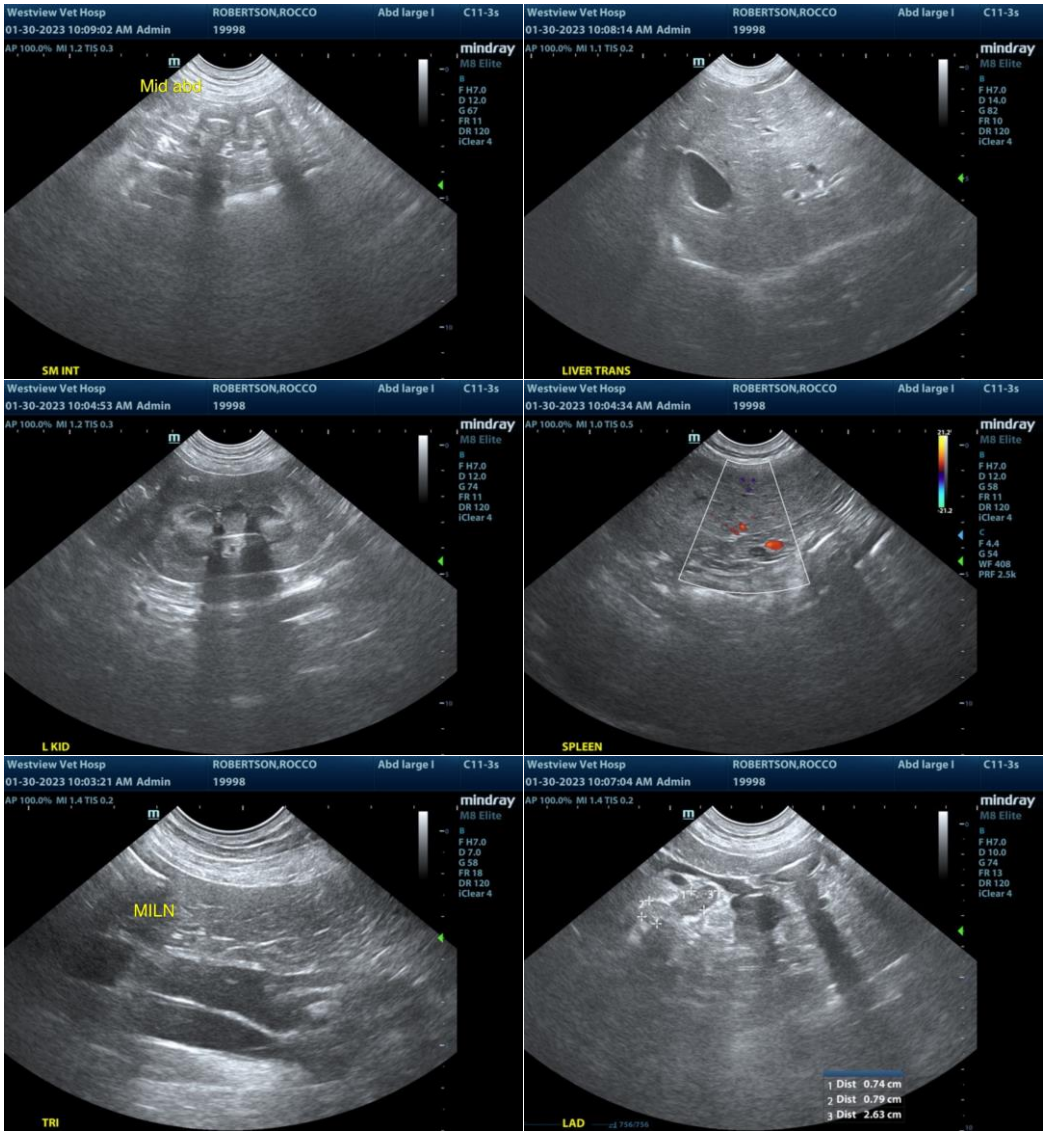
Dr. Barnes

INVOICE

12809ag

DATE

01/30/2023



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