


PATIENT

Brodie Eilrich

PRESENTING CLINICAL SIGNS

Diarrhea of 3 months, alb 1.6, tp-3.5. All else ok. Good app. No vomiting. On heart meds but diarrhea preceded meds.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART
BREED

Plott Hound

SEX

MN

AGE

12

WEIGHT

75

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				1.35	33	65	0.3
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					4.7	4.6	

Cardiac Presentations

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 mild thickening consistent with endocardiosis without evidence of valvular prolapse. Doppler indicated mild centralized 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. Trace aortic insufficiency present on Doppler. The right atrium and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. Tricuspid valvular assessment demonstrated adequate linear morphology. 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 disease was visible. The cranial mediastinum and pericardial regions were free of masses in the visible window.

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 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

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hunt

HOSPITAL NAME

 Bayshore Veterinary
 Hospital

REFERRING VET

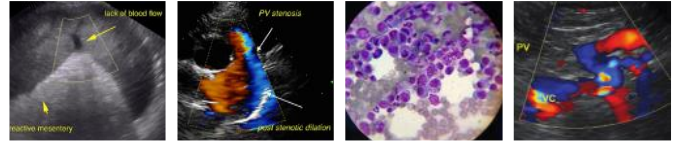
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PATIENT	evidence of pelvic dilation. The left kidney measured 7.0 cm in length. The right kidney measured 7.0 cm in length.
Brodie Eilrich	The area of the aortic trifurcation was free of pathology.
SPECIES	The area of the residual prostate appeared normal and free of pathology
Canine	Adrenal Glands
BREED	The left adrenal gland was mildly prominent in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 4.4 cm length and 1.3 cm width in the caudal pole. The right adrenal gland was indistinctly visualized without overt pathology.
Plott Hound	
SEX	Spleen
MN	The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.
AGE	
12	Liver
WEIGHT	The liver was subjectively normal in size, 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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild non-dependent non-organized debris. The cystic and common bile ducts were normal.
75	
INTERPRETED BY	Gastrointestinal
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta exhibiting progressive distal acoustic shadowing with no signs of ileus, obstruction or foreign material.
IMAGING PERFORMED BY	The small intestine presented intact wall layering with subjective 1:3 muscularis/mucosa ratio. Subtle segmental mucosal speckling was present. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.
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Bayshore Veterinary Hospital	Pancreas
REFERRING VET	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.
Dr. Hunt	
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11880ag	No omental masses, overt lymphadenopathy was present.
DATE	A small pocket of scant free fluid was noted in the caudal abdomen around the outer urinary bladder.
10/15/2022	ULTRASONOGRAPHIC FINDINGS



PATIENT

Brodie Eilrich

- Structurally and functionally normal heart
- Mild centralized MR
- Trace aortic insufficiency
- Gastric ingesta

SPECIES

Canine

- Intact small bowel walls with mild mucosal speckling
- Age related hepatosplenic changes-benign
- Mild gallbladder debris likely incidental given no evidence of cholestasis
- Mildly prominent to irregular left adrenal gland-nonspecific

BREED

Plott Hound

- Small pocket of scant peritoneal free fluid-physiologic vs potential emerging free fluid secondary to hypoalbuminemia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

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In a non-clinical patient without evidence of significant chamber enlargement cardiac medications are not indicated. Serial sonographic monitoring is recommended with a recheck echocardiogram in 6-12 months, sooner if clinical signs suggestive of heart disease develop.

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Potential for PLE may be a consideration in this patient given the presence of diarrhea and concurrent hypoalbuminemia. Some or all of the following protocol may be considered based on clinical impression.

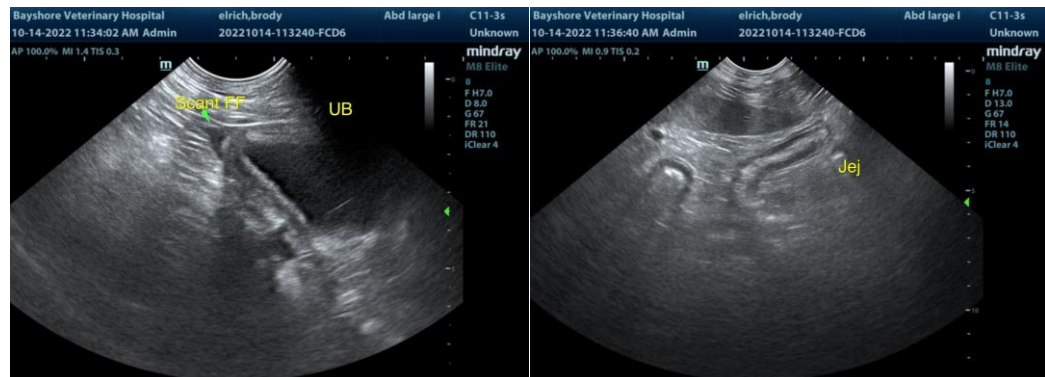
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The mildly prominent left adrenal gland may indicate age related or adenomatous changes and was not overtly suggestive of neoplastic criteria. Sonographic monitoring for evidence of progression or parenchymal changes is suggested.

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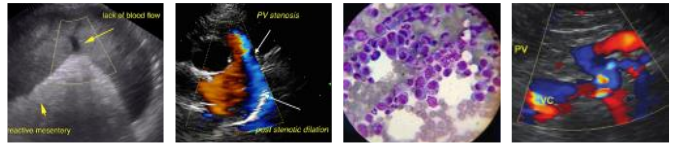
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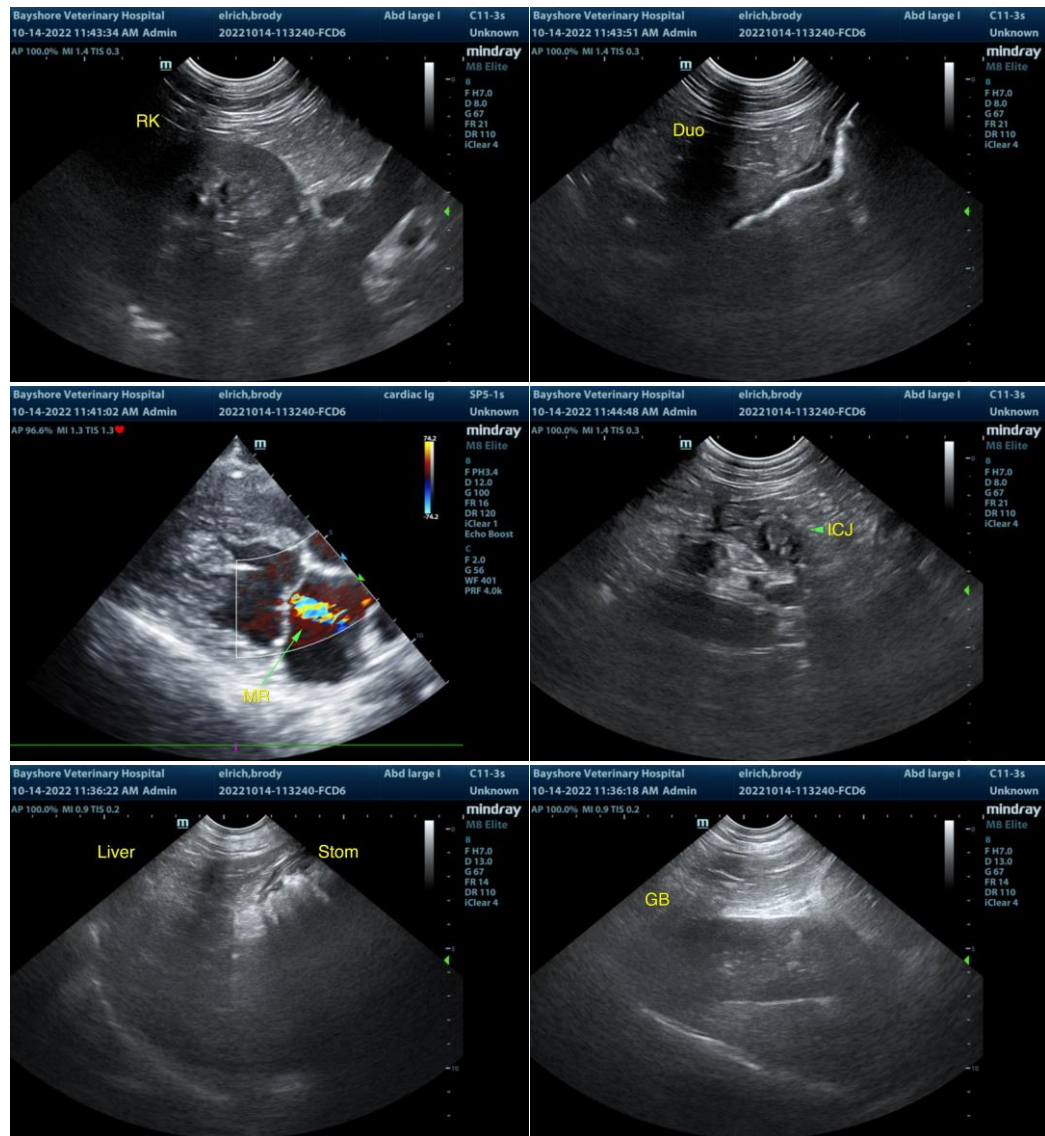
Dr. Hunt

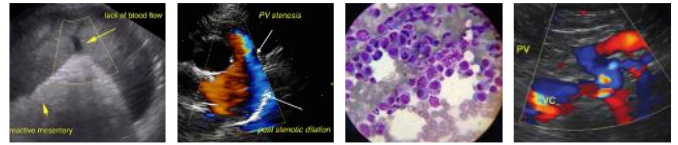
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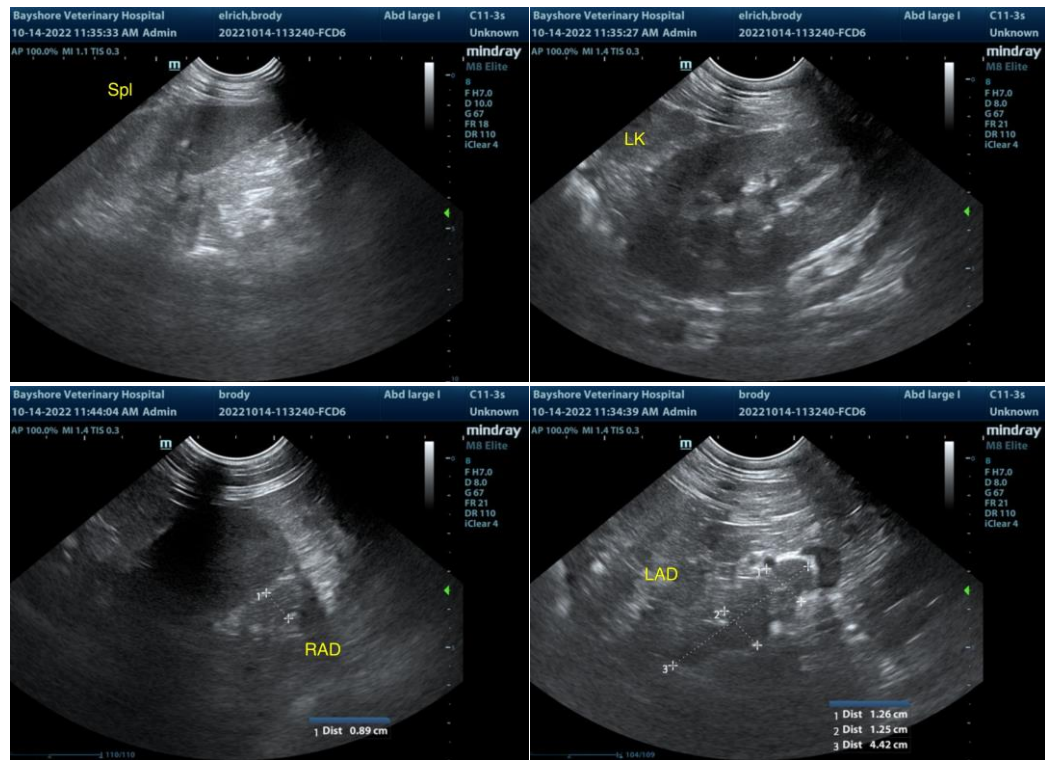
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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