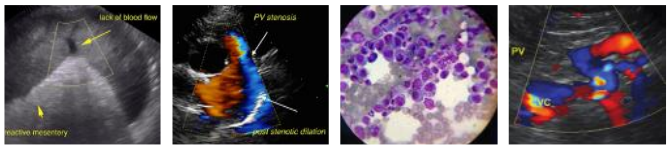
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Finn Lipala

SPECIES

Canine

BREED

Border Collie/Great Pyrenees

SEX

MN

AGE

10yr

WEIGHT

69.5lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Lk. Hopatcong Animal Hospital

REFERRING VET

Dr. Batta

INVOICE

11781ag

DATE

10/03/2022

PRESENTING CLINICAL SIGNS

Coughing-mainly at night. Seems better when given whole pred. Current meds: Orbax 68mg 1 sid, Thyroxin 0.6mg bid, Pred 5mg 1/2 daily, Percorten 2.6cc

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				1.3	32.1	68.7	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	165	1.1	1.0		3.3	2.8	

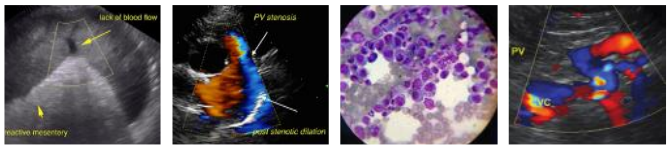
Cardiac Presentation

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 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 fluid was noted. A solitary non-homogeneous to hypoechoic mass lesion was present in the right caudal thorax which appeared to distort regional aerated lung and effaced the cranial aspect of the adjacent diaphragm. The mass lesion measured 6.5 cm in diameter.

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 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence



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

PATIENT

Finn Lipala

SPECIES

Canine

BREED

Border Collie/Great Pyrenees

SEX

MN

AGE

10yr

WEIGHT

69.5lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Lk. Hopatcong Animal Hospital

REFERRING VET

Dr. Batta

INVOICE

11781ag

DATE

10/03/2022

of pelvic dilation was present. The left kidney measured 6.4 cm in length. The right kidney measured 6.2 cm in length.

The area of the aortic trifurcation was free of pathology. The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy or masses.

No overt pathology in the area of the residual prostate.

Adrenal Glands

The left and right adrenal glands were not definitively visualized likely owing to subnormal adrenal size given prednisone therapy.

Spleen

The spleen exhibited multi focal, variably echogenic, expansive macronodules to small masses, an example of a caudal nodule/mass measured 3.1 cm in diameter, an example of a cranial macronodule measured 2.3 cm in diameter. The nodules/small masses distorted the adjacent capsule without evidence of parenchymal escape.

Liver

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.

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

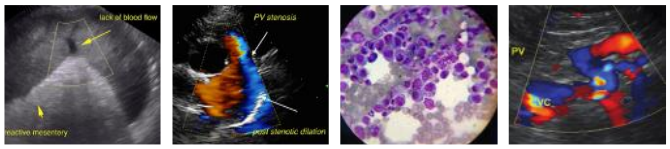
No overt lymphadenopathy or peritoneal effusion was present.

A solitary unspecified nodular lesion was noted cranial to the spleen within the area of the cranial splenic omentum or left pancreatic limb measuring 2.0 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram
- Right caudal thoracic mass/lesion
- Multi focal non-homogenous splenic macronodules/small masses

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Finn Lipala

SPECIES

Canine

BREED

Border Collie/Great Pyrenees

SEX

MN

AGE

10yr

WEIGHT

69.5lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Lk. Hopatcong Animal Hospital

REFERRING VET

Dr. Batta

INVOICE

11781ag

DATE

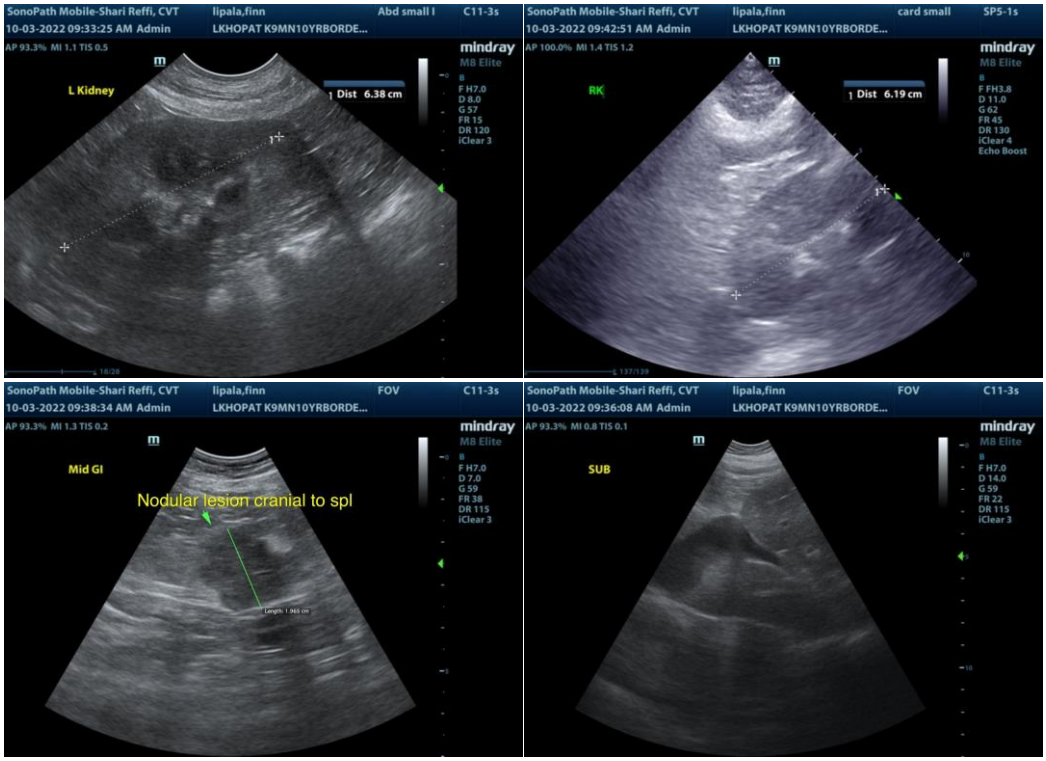
10/03/2022

- Unspecified nodular lesion cranial to spleen-perisplenic lymphadenopathy, possible unspecified nodular omental vs pancreatic lesion
- Mild vacuolar hepatopathy pattern
- Mild chronic renal changes

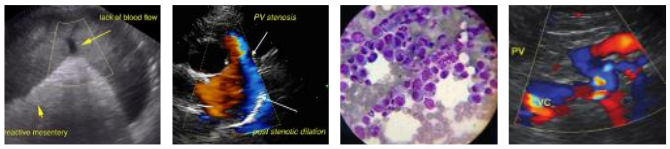
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right caudal thoracic mass lesion is suspected to be of probable pulmonary origin given distortion of regional aerated lung. Although sampling is required for further assessment, primary concern for multicentric neoplasia involving the spleen and right caudal lung with non-neoplastic etiologies including splenic myelolipomas, hyperplasia, hematopoiesis, pulmonary granuloma, consolidated abscess etc. possible yet thought less likely.

Assuming normal clotting status and using a 25g needle, a caudal thoracic mass/lesion +/- splenic FNA for screening cytology is warranted. Continued as needed respiratory support and antitussive medications with sonographic monitoring of the right caudal thoracic mass/lesion and spleen for evidence of progression would be a more conservative approach.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Finn Lipala

SPECIES

Canine

BREED

Border Collie/Great Pyrenees

SEX

MN

AGE

10yr

WEIGHT

69.5lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Lk. Hopatcong Animal Hospital

REFERRING VET

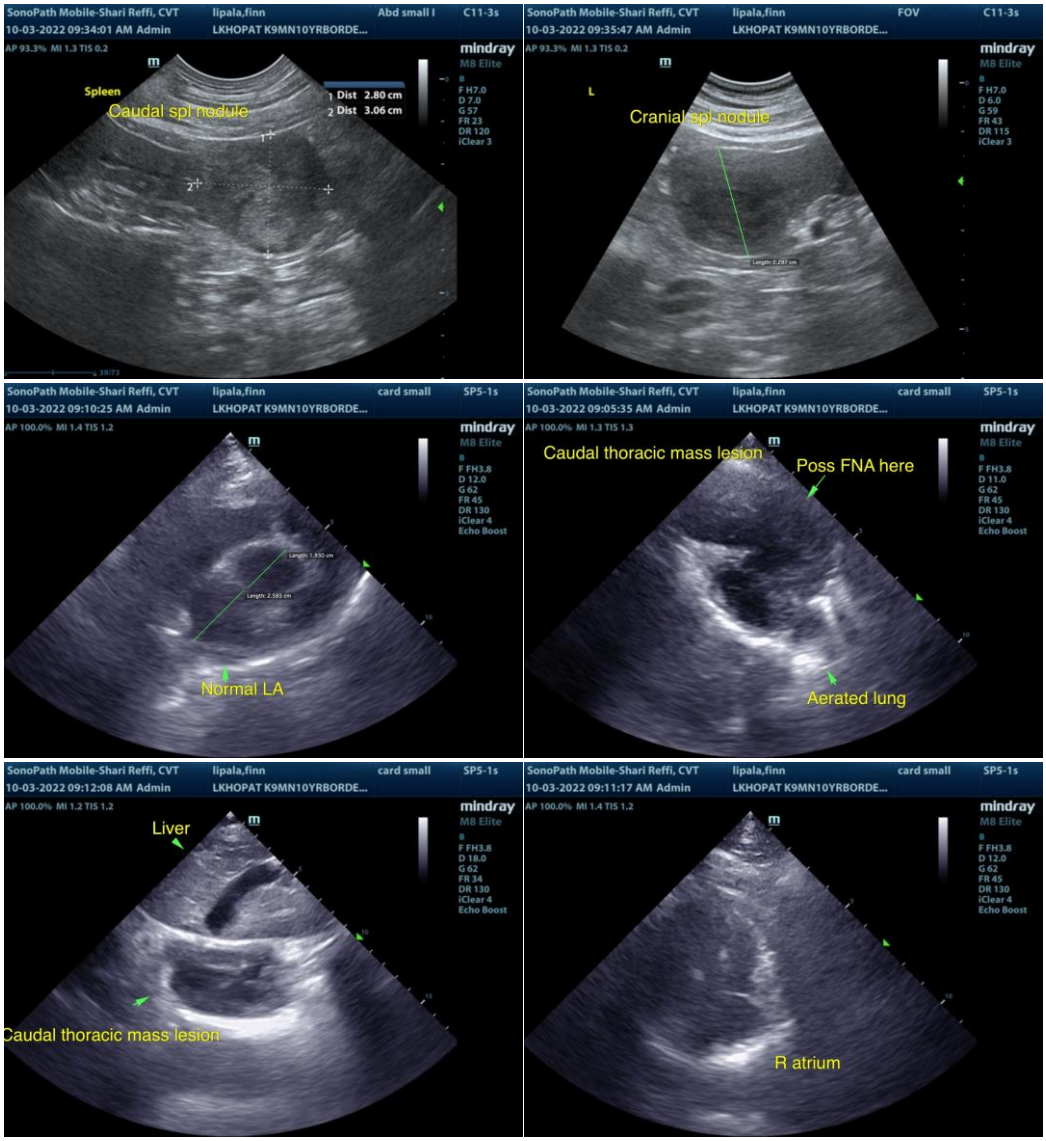
Dr. Batta

INVOICE

11781ag

DATE

10/03/2022



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