



PATIENT PRESENTING CLINICAL SIGNS

Maizie Lancaster

SPECIES

Canine

BREED

Collie

SEX

Spayed Female

AGE

13 Years

WEIGHT

38.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessie Evoniuk

HOSPITAL NAME

State Avenue VC

REFERRING VET

Dr. Jessie Evoniuk

INVOICE

17948

DATE

11/3/22

History: in the last 10 days has had three of the spills of either barking then starts coughing and collapses. yesterday she had one when she got out of the car, pulls on her collar, any pressure on her neck seems to do it. went down on the grass outside. yesterday was not wanting to eat, eventually did eat, but is odd. is on the bright minds food now. o doesnt know if doesnt like it, mixes it with can food seems to eat it, just not excited about it. has to go out, when p came back in, just stood in the kitchen, like she is now, looking less alert. little while later moved around a little bit and collapsed again, this was this morning. yesterday did it coming out of the car. this one this morning was not doing anything, o called neighbor and neighbor came and lifted p from the car and brought her inside the home. very brief the two times in the car and very brief inside of the house, has been coughing or neck instigated, something is deffinitely not right, is more alert now than she was. has not been a lot of unusal panting or anything

has been acting perfectly normal except for not wanting to eat yesterday. v/d- none. soft stool and normal stool. seems to be weak. medications- none. the bright minds had really helped p, had some anxiety at night, more anxiety being left into the crate, as soon as o would get home would be frantic to get home, would give gabapentin to calm p down, has not had to use it. two of the times she had collaped, let p out of crate was jumping around and excited and thats when it happened, o has been trying to calm p down, seems to be excitement induced. Abnormal PE/Chem/CBC/UA Results
BP: 180/122, 180/124, 187/106. SDMA/t4 WNL. CBC: Lym: 0.92 MCHC: 30.5 Chem: Amy: 1310
Bun: 54 Cre: 1.7 Weight on 8/31/22: 41#

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	5.0	--	NM	1.5	47.7	82	0.25
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	--	0.6	--	5.0	4.4	--

Cardiac Presentation

The echocardiogram for this patient presented mildly excessive **left atrial size** expressed both in the LA/AO and LA max measurements. Subtle deviation of the intraatrial septum towards the right atrium, suggestive of mild increased left atrial pressure. The cranial and caudal **mitral** valve leaflets presented mild to moderate thickening consistent with endocardiosis without evidence of valvular prolapse. Doppler indicated measurable moderate eccentric insufficiency. The **left ventricle** presented thicknesses with linear contour with subtle subjective increased left ventricle volume. 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



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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 adequate linear morphology. No overt 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 disease was visible. The cranial **mediastinum and pericardial regions** were free of masses in the visible window. No overt arrhythmia.

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 were noted.

No evidence of medial iliac or sublumbar lymphadenopathy.

No overt pathology in the area of the uterine remnant.

Normal size and margination was present in the right kidney. 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. A hypoechoic to nonhomogenous, potentially encapsulated, nodule or mass was present in the lateral right kidney, measuring 2.9 cm x 1.7 cm. The nodule to mass appeared to mildly distort the lateral renal capsule yet without evidence of parenchymal escape. The overall right kidney measured 6.0 cm in length.

Normal size and margination was present in the left kidney. 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 right kidney measured 5.1 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width at the caudal pole and 0.52 cm width at the cranial pole.

The right adrenal gland was not definitively visualized owing to regional increased periadrenal artifact.

Spleen

The spleen was normal in size and overall contour with generalized mild splenic parenchyma heterogeneity. A solitary discrete nondisruptive hypoechoic nodule in the caudal spleen, measuring 1.1 cm in diameter.

Liver

The liver exhibited generalized to variable enlargement with caudal extension of the ventral liver past the level of the gastric axis. Asymmetrical capsule contour and generalized irregular mixed echogenic hepatic parenchyma noted.



PATIENT	The gallbladder was non distended in size with mild nonorganized debris. The cystic duct and common bile ducts were normal without evidence of dilation. No obvious evidence of peripheral gallbladder inflammation.
Maizie Lancaster	
SPECIES	<i>Gastrointestinal</i>
Canine	The stomach presented intact yet mildly prominent wall layering. The lumen of the stomach was empty with mild luminal gas.
BREED	The duodenum presented mildly prominent wall layering. The lumen of the duodenum was empty without evidence of mechanical/metabolic ileus. The jejunum and ileum to the level of the colon were sonographically normal.
Collie	
SEX	Normal visible colon wall layers were present with apparent formed feces in lumen.
Spayed Female	<i>Pancreas</i>
AGE	The pancreas was normal in size and contour with isochoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. This is likely consistent with age-related pancreatic changes and incidental.
13 Years	<i>Free Abdomen</i>
WEIGHT	A focal scant pocket of peritoneal free fluid in the mid to right cranial abdomen was noted. No evidence of omental masses or significant lymphadenopathy.
38.8 Pounds	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Chronic mitral valve disease (ACVIM mild B-2) • Heterogenous spleen with solitary nonspecific nondisruptive nodule- subjectively benign • Variably hepatomegaly, exhibiting severely heterogenous to irregular parenchyma- nonspecific given the lack of reported hepatic enzyme elevations. Nodular hyperplasia, chronic inflammatory disease, fibrosis, hematopoiesis, infiltrative neoplasia or other hepatopathy are all potentials
IMAGING PERFORMED BY	<ul style="list-style-type: none"> • Mild gallbladder debris (non-mucocele)
Dr. Jessie Evoniuk	
HOSPITAL NAME	<ul style="list-style-type: none"> • Right kidney nodule/mass lesion, potential necrosis/abscess • Mild gastroduodenitis pattern • Heterogenous pancreas
State Avenue VC	
REFERRING VET	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Dr. Jessie Evoniuk	The. Mild LA enlargement indicates that the current and future risk of future complication owing to mitral valve insufficiency is mildly elevated yet overall, the cardiac presentation is consistent with compensated MVD. No other clinical issues such as LV systolic dysfunction, evidence of clinical pulmonary hypertension or arrhythmia were present. Pimobendan at 0.3 mg/kg PO BID is warranted, as this medication in addition as a cardiosupportive medication may help prolong changes associated with insufficiency. Prognosis is highly variable and sonographic monitoring is required. Recheck echocardiogram is recommended in 6 months or sooner if clinical signs consistent with CHF arise. Holter monitor may be indicated if persistent/progressive collapsing episodes.
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Assuming normal clotting status, hepatic FNA cytology, as well as FNA cytology of the right kidney mass/lesion, if accessible, for further assessment and potential culture and sensitivity is recommended. Spec CPL to assess for evidence of chronic pancreatic and as needed gastrointestinal support would be appropriate.

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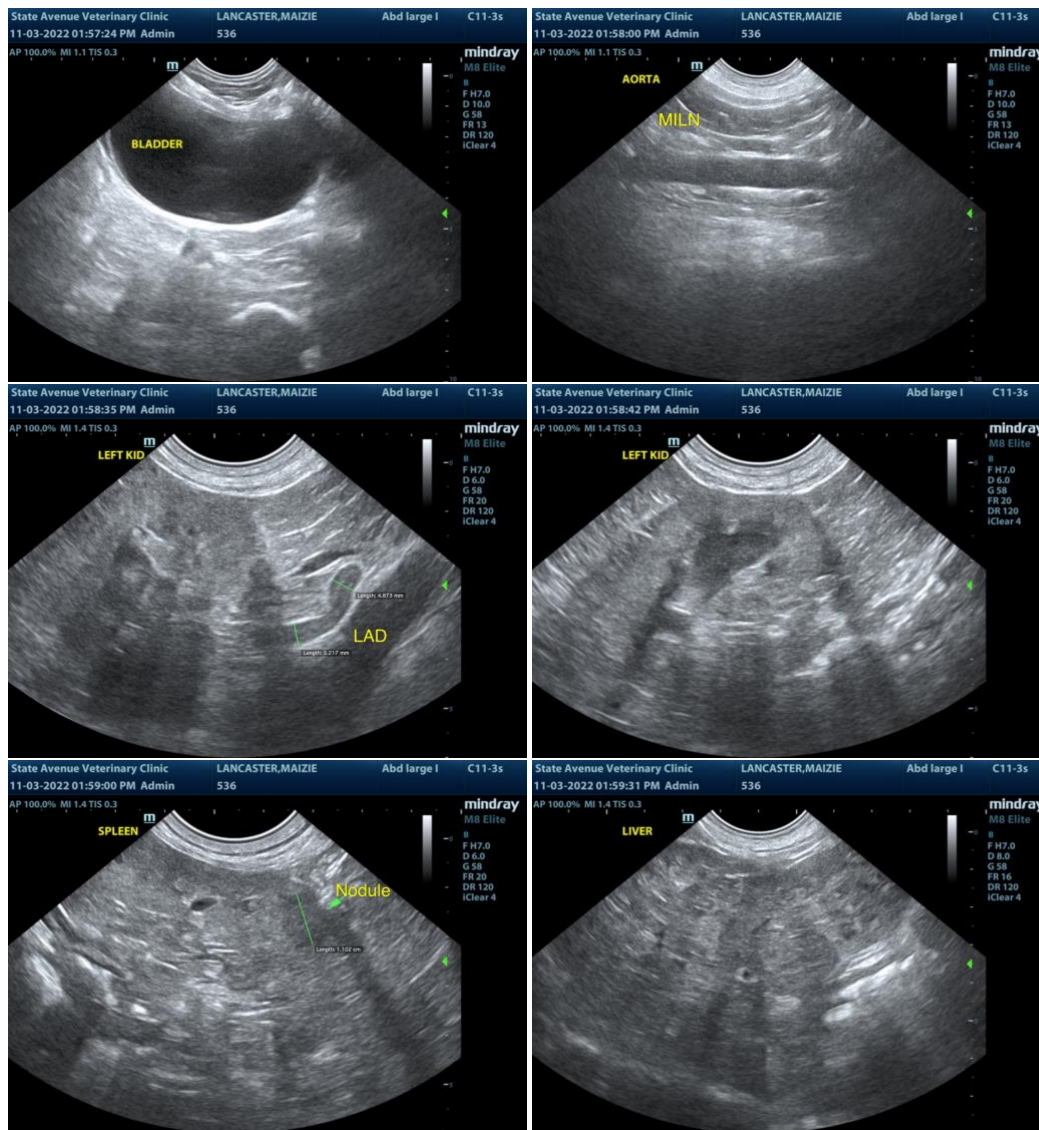
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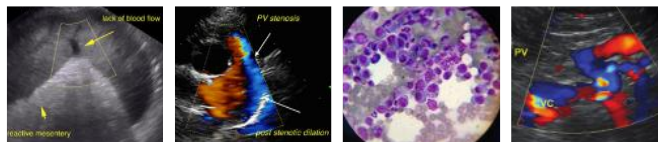
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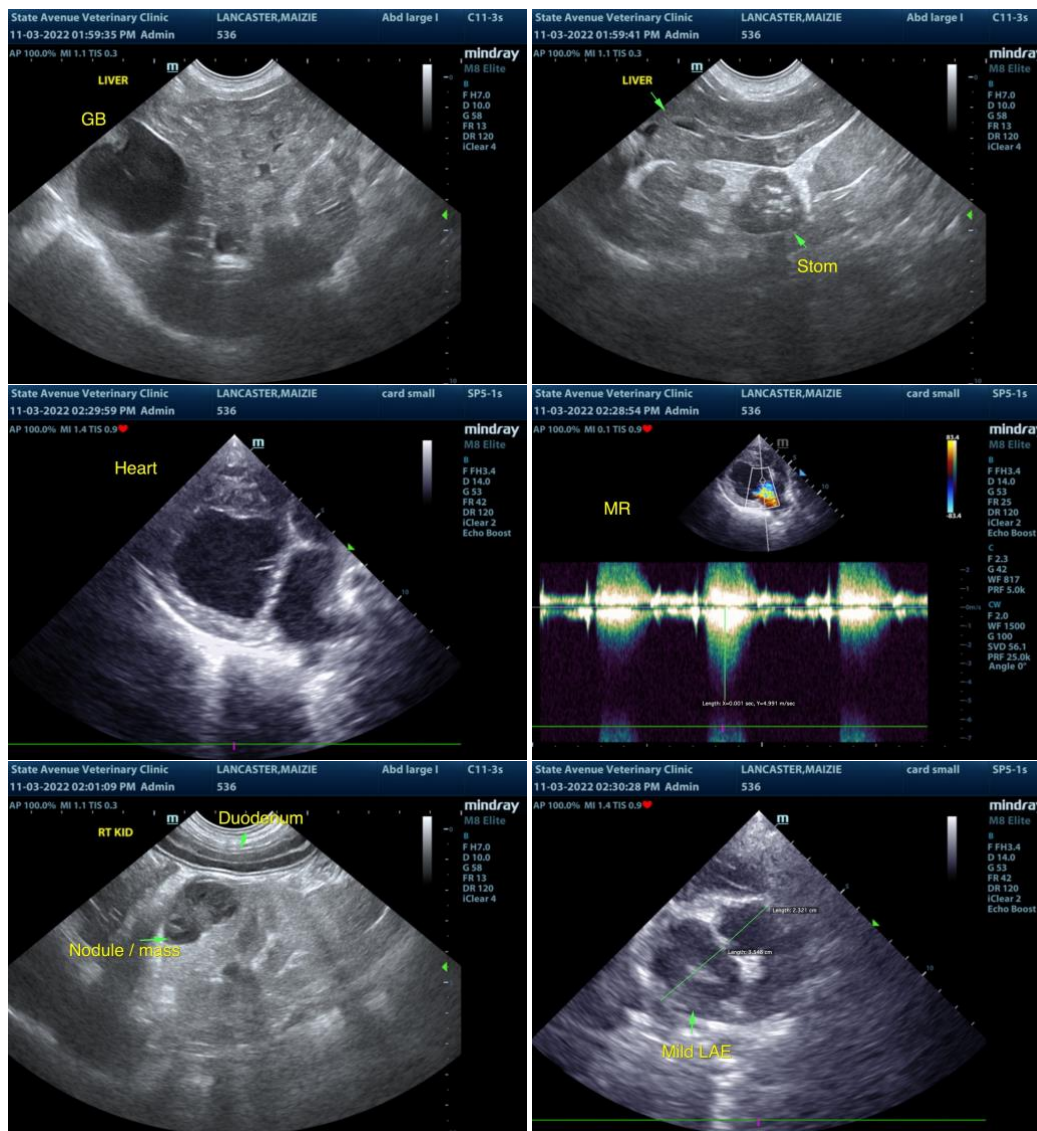
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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