PATIENT

Porkchop Weiner

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

9 Years

WEIGHT

24.4 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Whippany Veterinary Hospital

REFERRING VET

Dr. Smith

INVOICE

12075

DATE

11/04/25

PRESENTING CLINICAL SIGNS

Possible fluid in abdomen, possible mediastinum mass,

Meds: Gabapentin

Abnormal PE/Chem/CBC/UA Results: Rads from oct 31

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	--	--	NM	1.2	36	67	0.2
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT** (kg)	**LAD** LA MAX 4 Chamber	**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	0.75	--	3.2	3.4	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 2 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets exhibited mild age-related changes with normal extension and systole and union in diastole. No evidence of valvular prolapse. No obvious significant 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. Minor aortic insufficiency 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. No obvious significant 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 overt visualized cardiac pericardial or mediastinal tumors or lymphadenopathy in the visible window with indistinct visualized cranial mediastinal space.

Urinary System

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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 change were noted.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

Normal size and margination was 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 of pelvic dilation was present. The left kidney measured 4.9 cm in length. The right kidney measured 4.8 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.69 cm width in the caudal pole. The right adrenal gland measured 0.60 cm width in the caudal pole.

Spleen

The spleen exhibited generalized splenomegaly with mild to moderate asymmetrically expansive nonhomogenous mid splenic mass measuring approximately 5.0 cm in diameter.

Liver

The liver presented subjective 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 mild nonorganized biliary sludge. No evidence of wall edema. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented thickened wall layering exhibiting indistinct mural detail. The stomach contained a mild amount of retained echogenic fluid and lumen gas.

The small intestine presented intact borderline to mild thickened wall exhibiting subjective decreased mucosa echogenicity and duodenojejunal minor hyperechoic mucosal speckling to fogging. Segmental variable subjective nonobstructive duodenojejunal ileus to the level of the colon.

Normal visible colon wall layers were present with semi formed fecal matter in lumen.

Pancreas

The right pancreas exhibited mildly prominent size, capsule asymmetry and nonhomogenous parenchyma exhibiting subtle hypoechoic striations.

Free Abdomen

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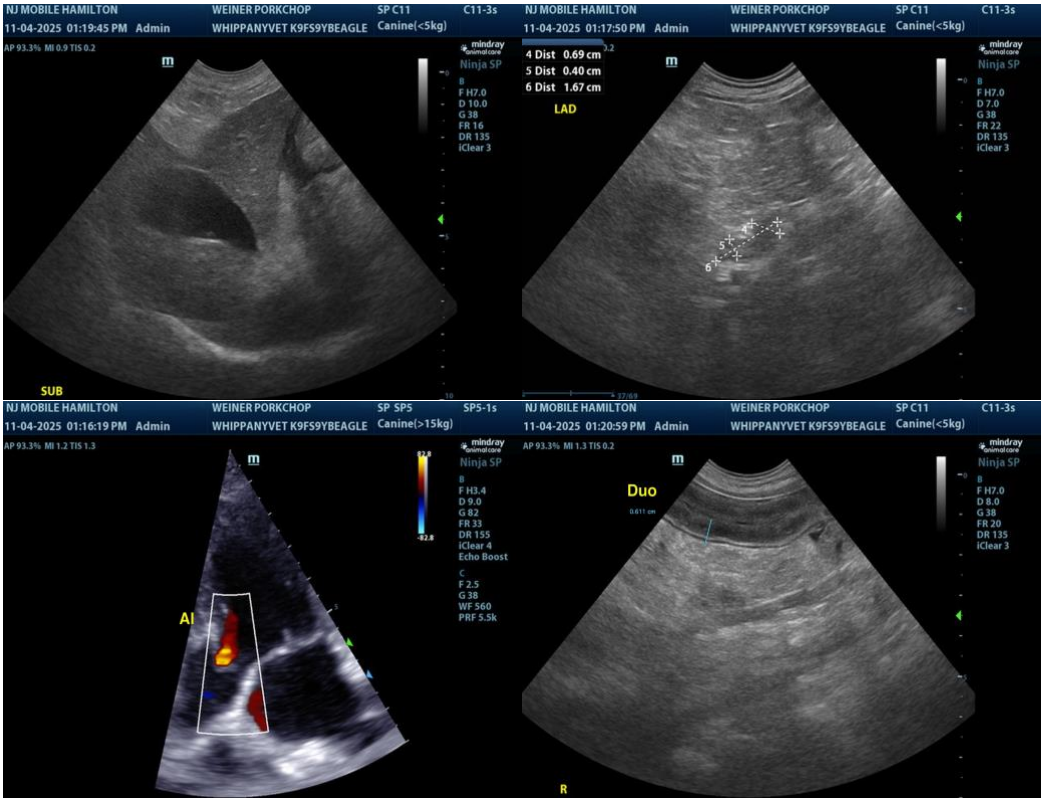
No overt visualized significant omental lymphadenopathy was present. Mild volume of peritoneal effusion with generalized mild omental hyperechogenicity.

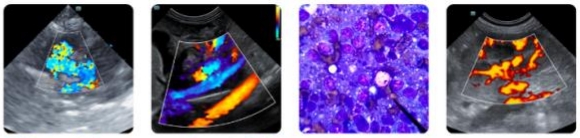
ULTRASONOGRAPHIC FINDINGS

- Normal cardiac structure/function.
- Minor aortic valve insufficiency.
- Mild noncongested hepatomegaly.
- Nonorganized gallbladder debris (non-mucocele).
- Splenic mass- hyperplasia, hematopoiesis, inflammation, neoplasia i.e. sarcoma, round cell neoplasia are possible.
- Prominent heterogeneous edematous pancreas.
- Nonspecific gastroenteropathy exhibiting nonobstructive gastrointestinal hypomotility and intestinal mucosal fogging/speckling.
- Mild volume peritoneal effusion and omental hyperechogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle, screening hepatosplenic FNA cytology and correlation with effusion analysis cytology +/- culture/sensitivity if effusion inflammatory component is recommended. No obvious evidence of cardiac neoplastic or metastatic criteria although the possibility of mediastinal pathology or mass cannot be definitively excluded. Correlation with full lab work and assessment of albumin level given gastrointestinal presentation is recommended. If concern for cranial mediastinal pathology, thoracic +/- abdominal CT is likely ideal if surgery is a potential in this patient.





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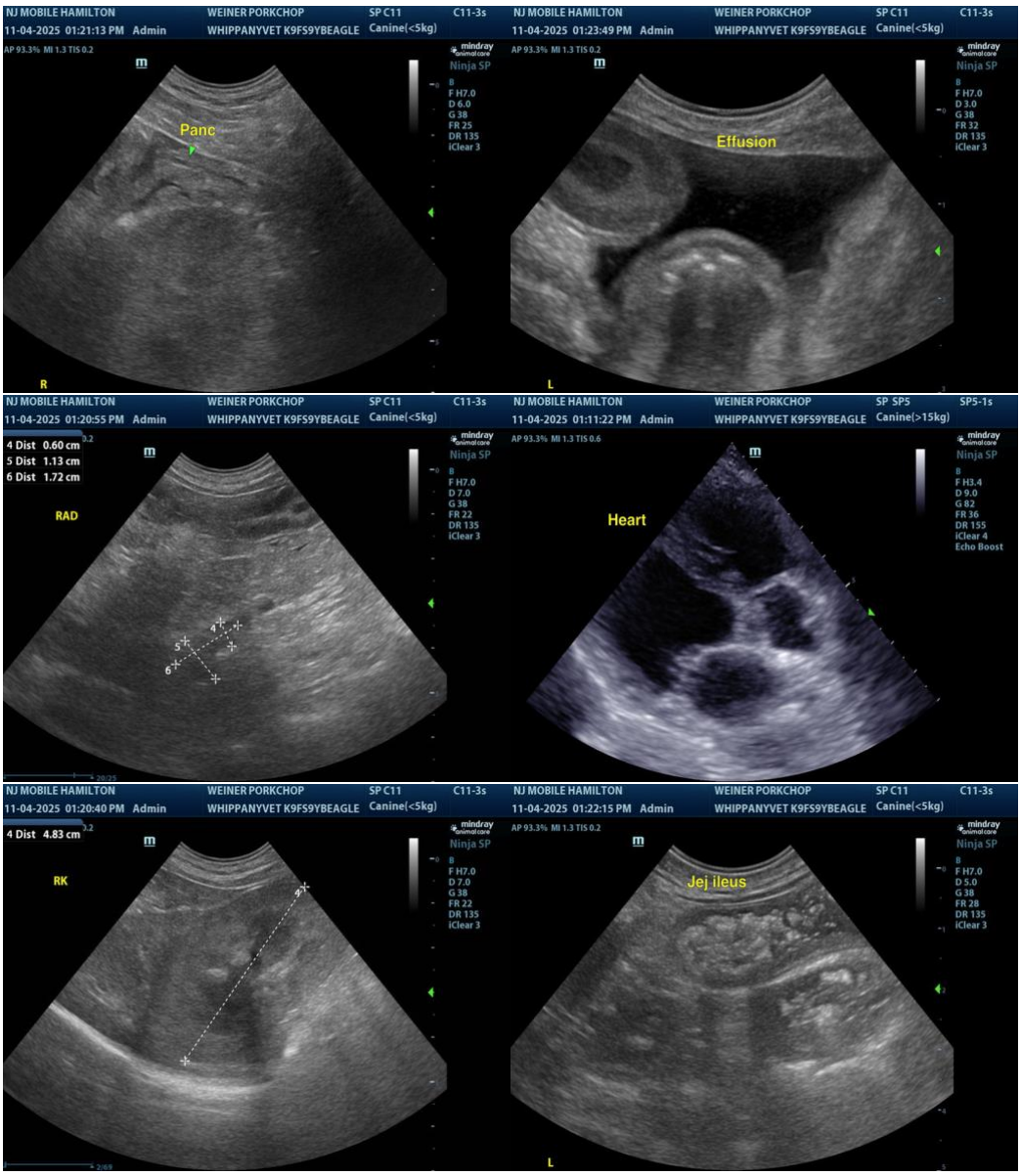

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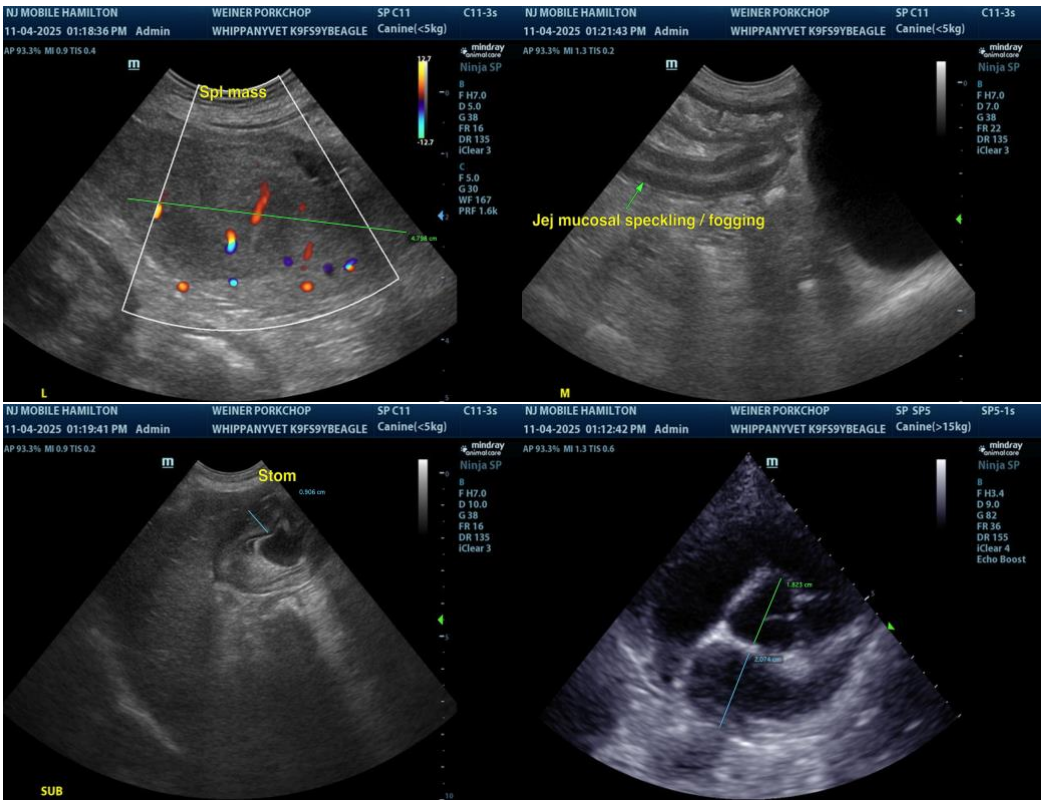

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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