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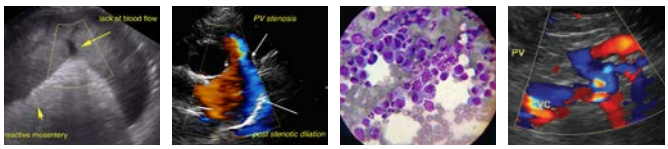

PATIENT
Dante Logemann

SPECIES
Canine

BREED
Poodle X

SEX
Neutered Male

AGE
8 Years

WEIGHT
16 Pounds

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

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
Long Valley AH

REFERRING VET
Dr. Lentis

INVOICE
33449

DATE
12/15/21

PRESENTING CLINICAL SIGNS

Murmur/met check. Dx: Subcutaneous and Intramuscular Hemangiosarcoma-RH leg. Current meds: ProPectalin 3cc bid
Abnormal PE/Chem/CBC/UA Results: 11/20/21-rbc 4.58, hct 31.6, Hgb 10.4, retics 263.8, PLT 53, wbc 18.8, neuts 14.99, ALT 167

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	<1.6	28-40	40-100	<0.6
PATIENT			1.34	1.4	48.2	82	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	132	1.6	1.1		2.4	2.1	

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. Minor eccentric mitral valve insufficiency was present on color doppler assessment. 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 valve insufficiency was present on color doppler assessment. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. No overt evidence of masses associated with the right atrium or auricle were visible. **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** or free pleura fluid was noted. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window.

Urinary System

The urinary bladder 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.

The residual prostate was without pathology.

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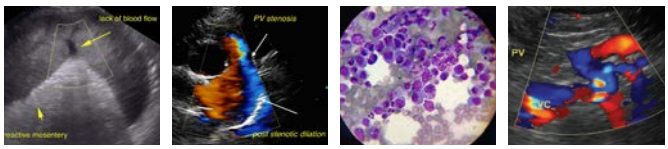

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The area of the aortic trifurcation was free of pathology, including no evidence of sublumbar or medial iliac lymphadenopathy.

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 evidence of pelvic dilation. Focal areas of minor non-obstructive medullary mineral were present in both kidneys. The left kidney measured 4.0 cm. The right kidney measured 4.3 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.7 cm length x 0.53 cm at the caudal pole. The right adrenal gland measured 1.5 cm length x 0.53 cm at the caudal pole.

Spleen

The spleen exhibited multifocal, mildly expansive to variably hypoechoic parenchymal nodules. Example measured 1.3 cm in diameter. The nodules appeared to mildly and symmetrically distort the regional splenic capsule, yet without evidence of parenchymal escape. No evidence of perisplenic reactive mesentery or effusion.

Liver

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

No omental masses, lymphadenopathy or peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure and function
- Mild MR
- Trace AV insufficiency
- Multiple mild to variably expansive splenic nodules
- Bilateral mild non-obstructive renal medullary mineral

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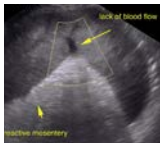
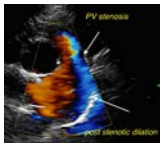
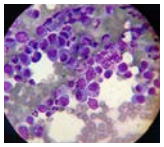
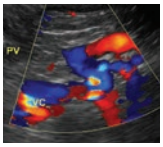

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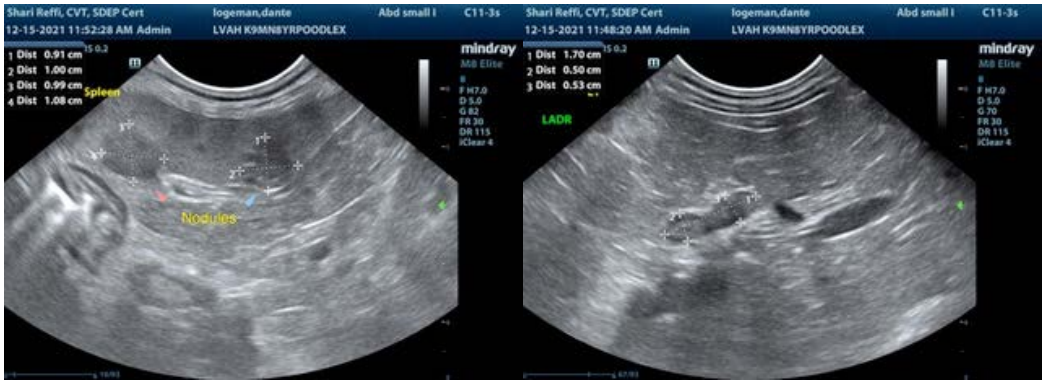
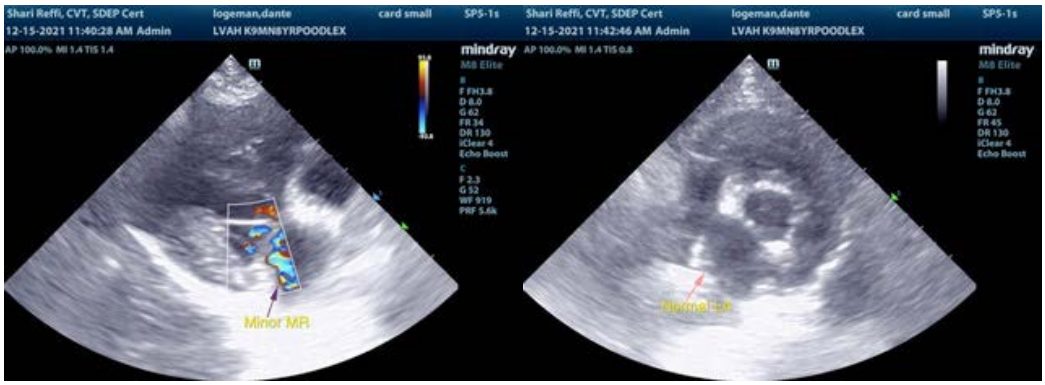
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild mitral valve and aortic valve insufficiencies are not considered clinically significant at this time. No overt evidence of cardiac or pericardial metastasis was evident, although potential for early metastasis cannot be definitively excluded, given the patient's history, although general considerations for splenic nodules may include areas of lymphoid hyperplasia, hematopoiesis, lipogranulomas, splenitis, or potential primary versus metastatic neoplastic nodules. However, given the patient's history, strong concern for potential metastatic splenic nodules is warranted.

Assuming normal clotting status, ultrasound guided FNA of a splenic nodule using 25-gauge needle is recommended for screening cytology with potential for oncology consult. Sonographic monitoring of both the heart and splenic nodules based on oncology recommendations would be a more conservative approach. No other evidence of intraabdominal metastasis.





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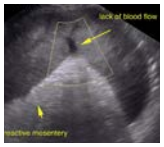
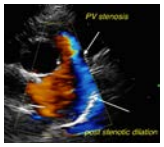
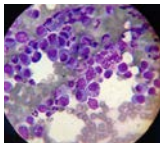
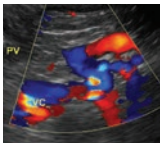

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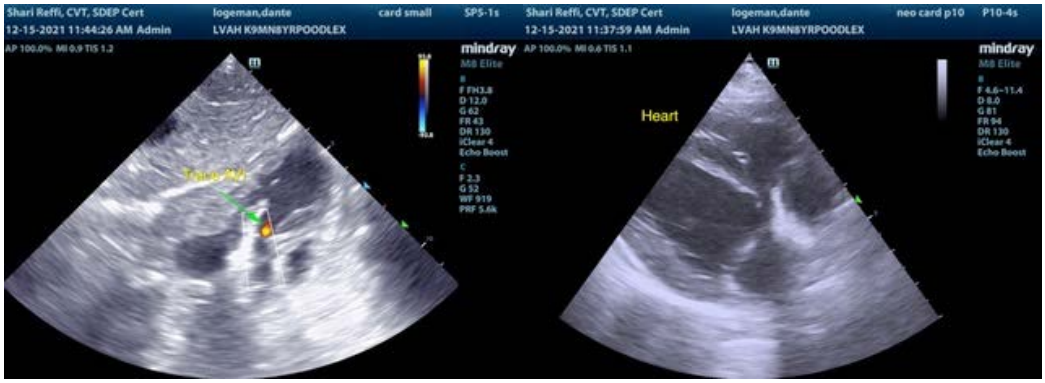

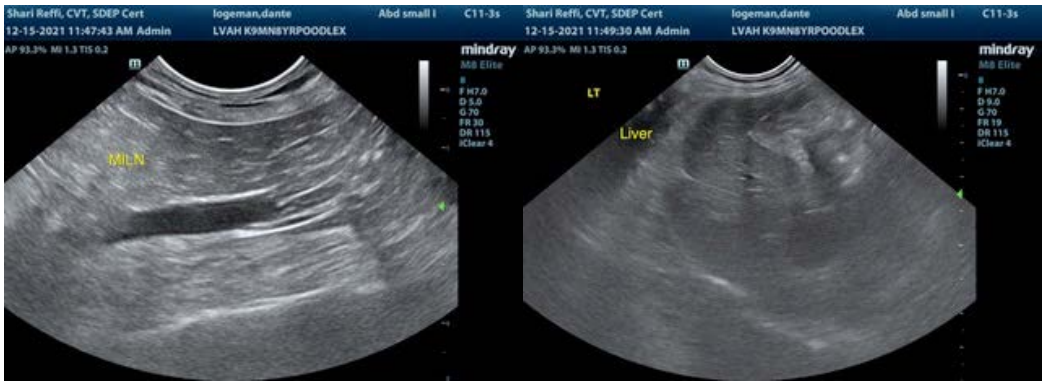

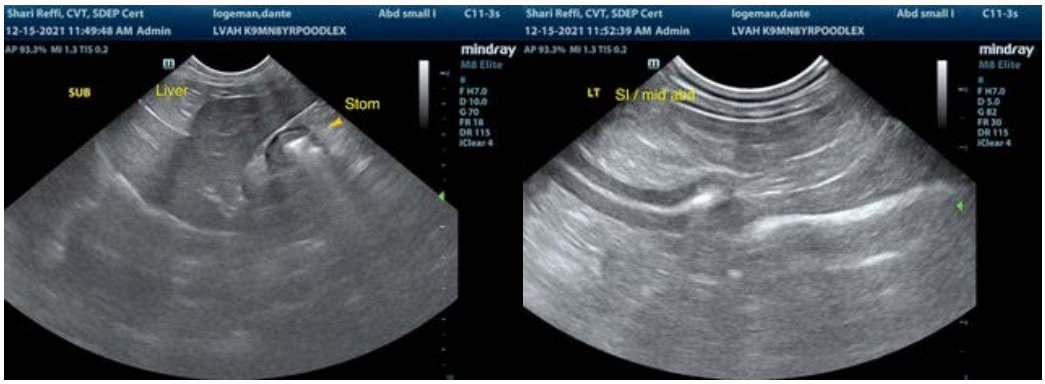

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com