SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
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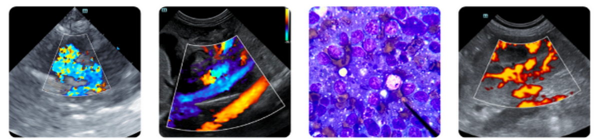


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Fin Valentine

SPECIES

Canine

BREED

English Bulldog

SEX

Male

AGE

6

WEIGHT

31.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brian Barnes

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Brian Barnes

INVOICE

12870

DATE

12/3/25

PRESENTING CLINICAL SIGNS

History: Weakness, pale MM, irregular heart

Abnormal PE/Chem/CBC/UA Results: 1) Severe ventricular ectopy (V-Tach with R-on-T phenomenon), suspect ARVC 2) Suspect pneumonia in the right caudal lung lobe. 3) Gastroesophageal reflux. 4) Focal hepatomegaly. 5) Gastric distention possibly due to aerophagia 6) Mild elbow arthritis. 7) Prostatic disease CBC: WBC 23.79 (N 5.05-16.76) Previous 19.95 Neu 16.79 (N 2.95-11.64) Previous 12.10 Lymp 3.90 (N 1.05-5.10) Previous 5.26 Mono 2.63 (N 0.16-1.12) Previous 1.60 Chem: Glu 9.31 (N 4.11-7.95) ALT 191 (N 10-125) Previous 196

Meds: On Antibiotics Baytril, Amp, Emavert

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

The prostate was mild to moderately enlarged in size with intact, symmetrical capsule contour. The prostate overall measured 7.2 cm x 4.5 cm. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. Several to multiple, variably size, anechoic, thinly walled intraparenchyma cysts were present.

Normal size and margination was 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. The left kidney measured 7.2 cm in length. The right kidney measured 6.9 cm in length.

Adrenal Glands

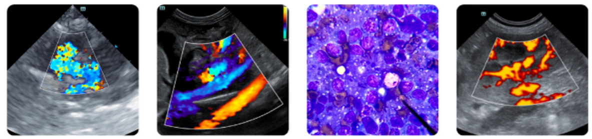
The left and right adrenal glands were overtly normal in size, position and shape. The left subjectively measured 0.54 cm width at the caudal pole. The right subjectively measured 0.68 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver was subjective mildly enlarged in size with maintained symmetrical capsule contour and homogeneous parenchyma. Subjective mild congested hepatic vasculature mid liver. No mass or



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nodules. The gallbladder was non-distended in size containing anechoic bile. The gallbladder wall was minorly thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, edema and anaphylaxis. Gallbladder wall measured 0.28 cm. The common bile duct was not visualized.

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 Heart

Solitary, mildly prominent to enlarged medial iliac node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 3.4 cm x 0.9 cm. Minor perihepatic ascites and no visualized significant omental lymphadenopathy.

Heart

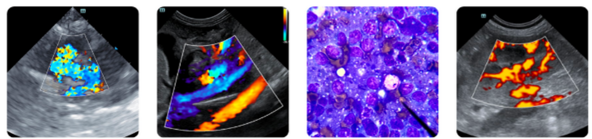
Normal left and right heart chamber dimension. Significant tachyarrhythmia present and secondary subjective reduced LV contractility. No evidence of cardiac tumors or pericardial effusion/.

ULTRASONOGRAPHIC FINDINGS

- Structurally normal heart with significant tachyarrhythmia
- Hepatomegaly exhibiting subjective mild congestion
- Mild edematous gallbladder
- Sonographically normal gastrointetsinal tract/spleen
- Prostatomegaly exhibiting non-homogeneous, hyperechoic parenchymal and cysts – benign prostatic hyperplasia vs prostatitis with parenchymal cysts
- Mild volume ascites

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although no evidence of left or right heart chamber overload, the significant tachyarrhythmia may predispose to right0sided congestion as evidence by mild hepatic congestion and perihepatic ascites. A definitive cause of the tachyarrhythmia was not obvious. No evidence of cardiac intraabdominal neoplastic criteria. Cardiology consult for long-term rate control therapy is recommended. Prostatic sampling required for further clarification. Gastrointestinal support, which may include as needed gastro protectants and dietary therapy is recommended.



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Westview Vet Hosp 12-02-2025 10:10:37 AM Admin Valentine (Chesney),Fin 28121 Abd large I C11-3s

L KID

Westview Vet Hosp 12-02-2025 10:12:44 AM Admin Valentine (Chesney),Fin 28121 Abd large I C11-3s

GB

Mild edema

Westview Vet Hosp 12-02-2025 10:28:34 AM Admin Valentine (Chesney),Fin 28121 Adult Cardiac SP5-1s

Heart

Normal LA

RPS

Westview Vet Hosp 12-02-2025 10:29:21 AM Admin Valentine (Chesney),Fin 28121 Adult Cardiac SP5-1s

LV

RPS

Westview Vet Hosp 12-02-2025 10:14:27 AM Admin Valentine (Chesney),Fin 28121 Abd large I C11-3s

1 Dist 0.60 cm
2 Dist 0.64 cm
3 Dist 1.81 cm

RAD

Westview Vet Hosp 12-02-2025 10:11:32 AM Admin Valentine (Chesney),Fin 28121 Abd large I C11-3s

Subj mild congested hepatic vasculature

Westview Vet Hosp 12-02-2025 10:15:46 AM Admin Valentine (Chesney),Fin 28121 Abd large I C11-3s

MJLN

Westview Vet Hosp 12-02-2025 10:13:01 AM Admin Valentine (Chesney),Fin 28121 Abd large I C11-3s

SI

R KID

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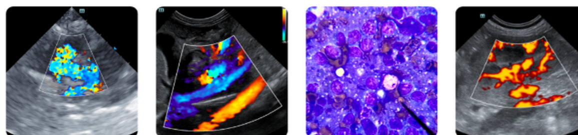

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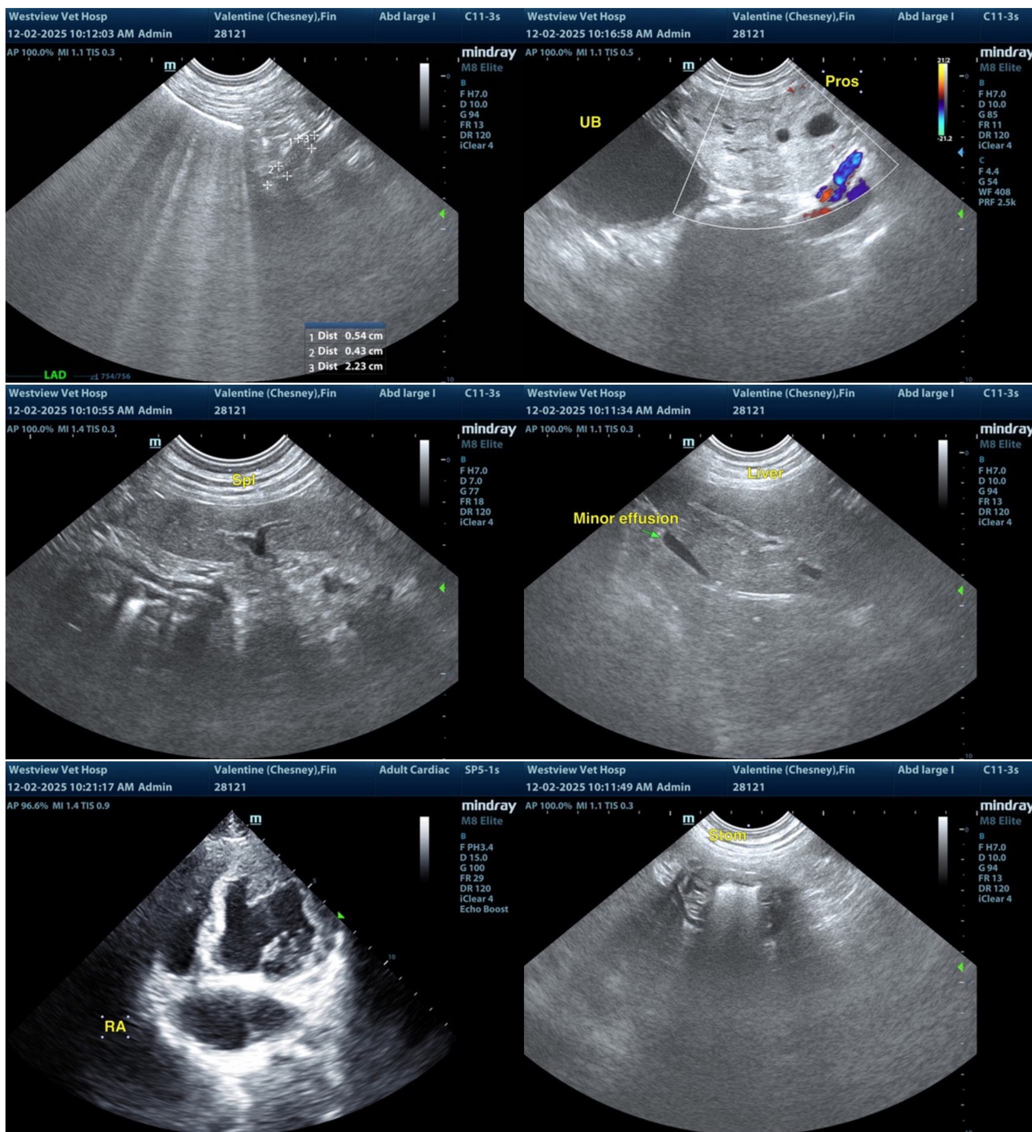

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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