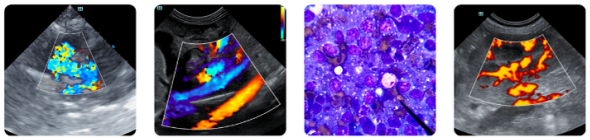


PATIENT

Nina Barbagello

SPECIES

Canine

BREED

Boxer

SEX

Female Spayed

AGE

9y

WEIGHT

73.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Brandon

HOSPITAL NAME

Dillsburg VC

REFERRING VET

Dr. Hlatky

INVOICE

13201

DATE

2/12/26

PRESENTING CLINICAL SIGNS

History:

- decreased appetite past 3 weeks, significant weight loss, right submandibular LN is 50% larger than the left. hx of urinary incontinence.
- Meds: on proin but switching to Incurin.

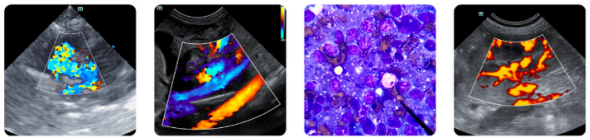
Abnormal PE/Chem/CBC/UA Results: ALB 2.5, ALT 460, AST 80, ALKP 1853, CA 11.7, NRBC 12, PLT 68, NEUTS 39%, LYMP 56%, EOS 0%

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	--	--	--		36	68	0.3
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	--	0.7	--	3.5	3.4	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 2 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 **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** or free pleura fluid was noted. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window. No obvious arrythmia noted.



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Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.4 cm in length. The right kidney measured 7.3 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized owing to similar appearing peri adrenal mesenteric lymphadenopathy.

Spleen

The spleen was overall normal in size with primarily symmetrical contour and mild heterogeneous parenchyma. Solitary, mildly expansive, non-homogeneous, hypoechoic caudal medial splenic nodule was visualized measuring 1.6 cm in diameter.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mild nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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.

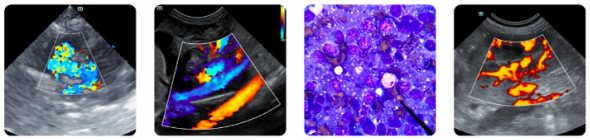
Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The area of the pancreas presented sonographically normal.

Free Abdomen

Mild to variably enlarged asymmetrical non-homogeneous mesenteric and medial iliac lymph nodes were present. An example of larger lymph node measured 4.1 cm x 2.1 cm and medial iliac lymph node measured 3.2 cm x 1.6 cm. Associated mild perilymphatic hypoechoic omentum. No obvious peritoneal or retroperitoneal effusion.



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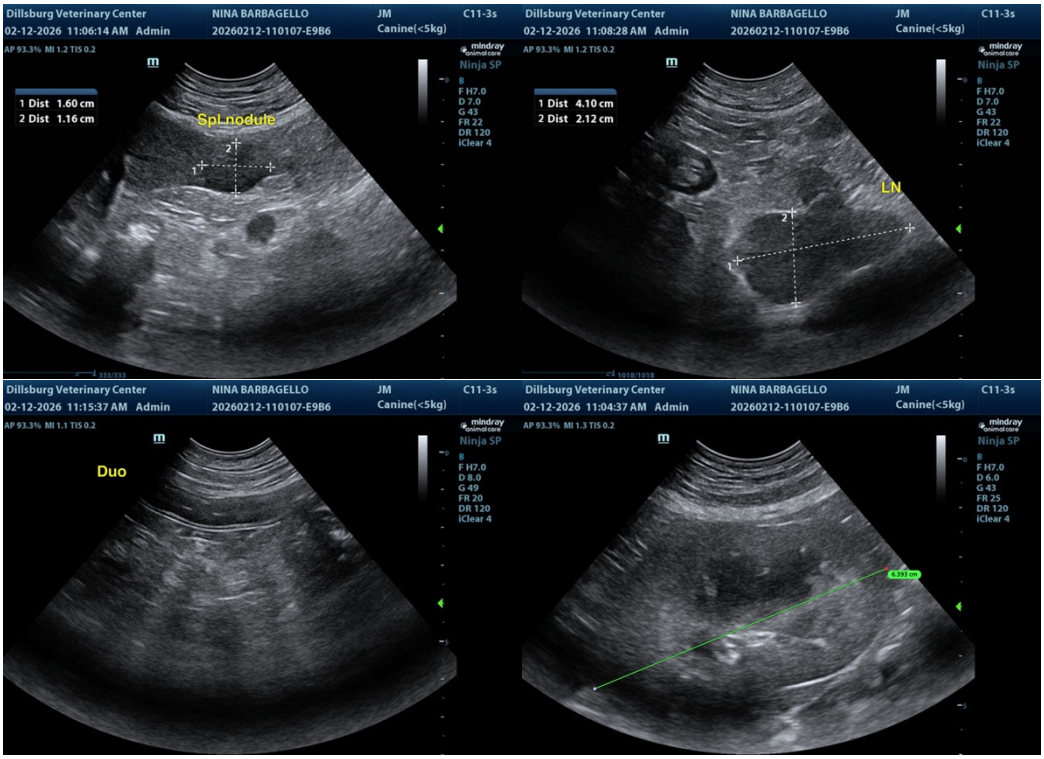
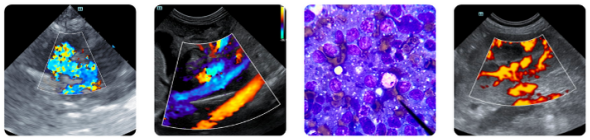
ULTRASONOGRAPHIC FINDINGS

- Normal cardiac structure/function
- Variably enlarged non-homogeneous mesenteric/medial iliac lymphadenopathy
- Mildly expansive splenic nodule
- Non-homogeneous liver
- Sonographically normal visualized gastrointestinal tract
- Sonographically unremarkable urinary bladder and visible proximal urethra

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, primary concern for multicentric neoplasia such as multicentric lymphoma is indicated. Assuming normal clotting status and using 25-gauge needle, hepatic parenchyma and splenic nodule +/- if accessible lymph node FNA cytology is recommended for further clarification in conjunction with peripheral lymph node cytology. If evidence of lymphocytosis, concurrent flow cytometry could be considered. 3-view chest radiographs recommended if not done.





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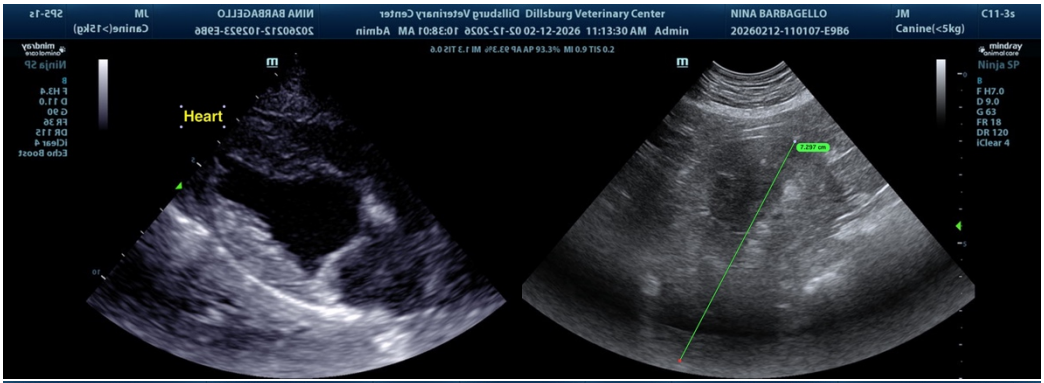

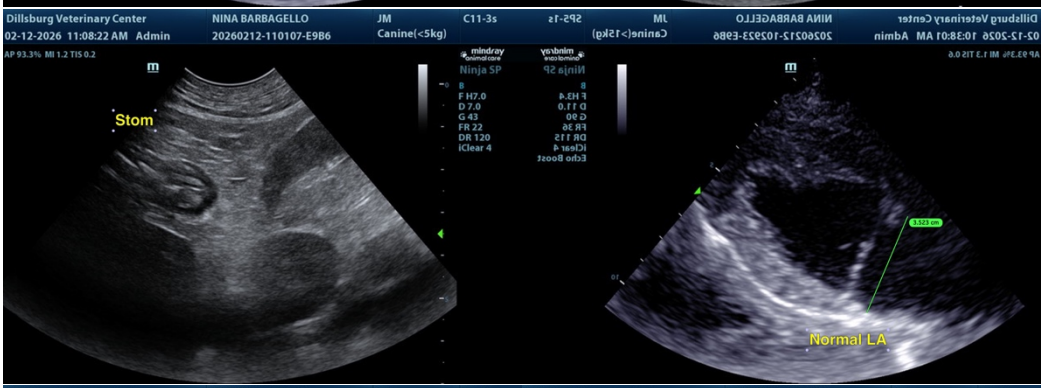

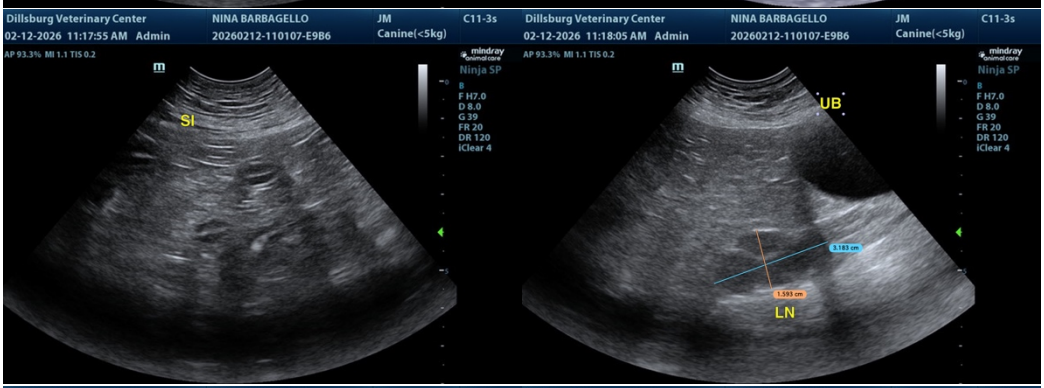

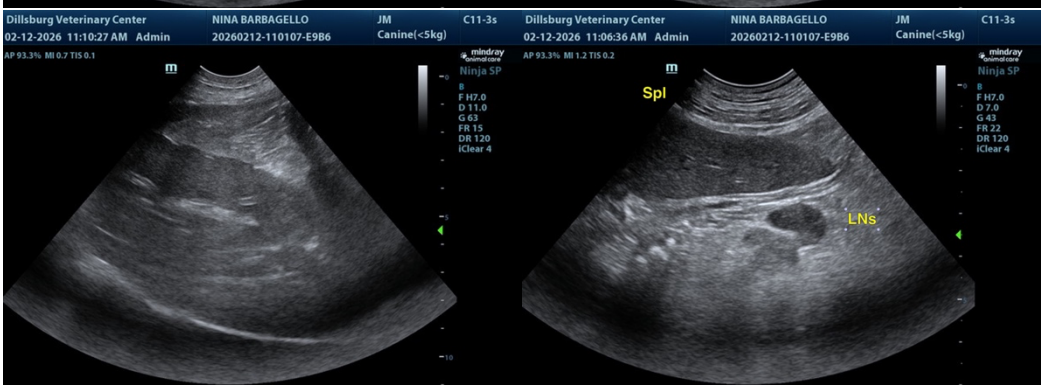

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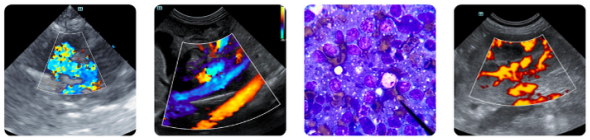

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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