



PATIENT

Quincy Paul

SPECIES

Canine

BREED

Goldendoodle

SEX

MN

AGE

6 years

WEIGHT

67.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Animal General
(Augusta)

REFERRING VET

Dr. Castimore

INVOICE

13371

DATE

2/16/22

PRESENTING CLINICAL SIGNS

Icterus, lethargy vomiting, began 2/7/22, repeated vomiting. Long hx of food sensitivities, always on Milbemycin. Last vaccine with Lepto 9/20/21. Same LQ 400mg 1-1/2 sid, Doxycycline 100mg 3 bid, Metaclopramide 10mg bid, Cerenia 2 sid.

Abnormal PE/Chem/CBC/UA Results: + Aequi Rx w/ doxy/reglan/cerenia. USG 1015, wbc +1. BW on 2/16/22- Rbc 9.01, hgb 23.7, mch 26.3, mchc 38.6, mpv 15.6, ALT 767, GGT 26, Tbil 15.6, Chol 330

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			1.0	1.1	33.6	63.5	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	BELOW	BELOW	BELOW	BELOW
PATIENT	168	1.24	1.1		3.8	3.4	

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. 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. 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.



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Urinary System

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The urinary bladder, trigone, and cystourethral junction 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 was noted.

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The area of the aortic trifurcation was free of pathology.

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Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained with adequate corticomedullary demarcation. 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 pyelectasia. Focal caudal cortical cysts were present in the left kidney. The left kidney measured 6.3 cm in length. The right kidney measured 6.5 cm in length.

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Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.9 cm length x 0.54 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.6 cm length x 0.57 cm width at the caudal pole.

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Spleen

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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.

IMAGING PERFORMED BY

Liver/ Gallbladder

Shari Reffi, CVT

The liver was normal in size and contour with mild decreased hepatic parenchyma echogenicity exhibiting moderate coarse echotexture. Focal areas of subtly prominent portal vascular borders were noted. No distinct hepatic masses or nodules were present. The gallbladder was indistinctly visualized yet without evidence of distention or overt inflammatory criteria. Potential for low-grade cholecystitis is possible. No evidence of a gallbladder mucocele or peripheral gallbladder inflammation was noted. The common bile duct was overtly normal without evidence of post hepatic dilation, stasis, or obstruction.

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Gastrointestinal

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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.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty. No evidence of gastrointestinal / metabolic ileus, obstruction, or foreign material was noted.

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Normal visible colon wall layers were present with non-formed to soft feces in lumen.



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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 were evident.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion were present.

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram
- Overtly normal bilateral kidneys with small right kidney cortical cysts
- Hepatopathy - suspect nonspecific hepatitis (viral, bacterial, Leptospirosis, toxin, etc.), given the ALT elevation with likely concurrent nonobstructive hepatic cholestasis, potential for mild cholangitis is possible
- Suspect mild gastroenteritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further assessment of the liver may include, assuming normal clotting status, hepatic FNA of screening cytology. Leptospirosis titers/PCR is recommended. Hospitalization with continued empirical supportive care including coverage for Leptospirosis exposure if clinical concern, as well as hepatosupportive medications including Denamarin or broad spectrum antibiotics to cover for nonspecific hepatitis / cholangiohepatitis, is suggested.





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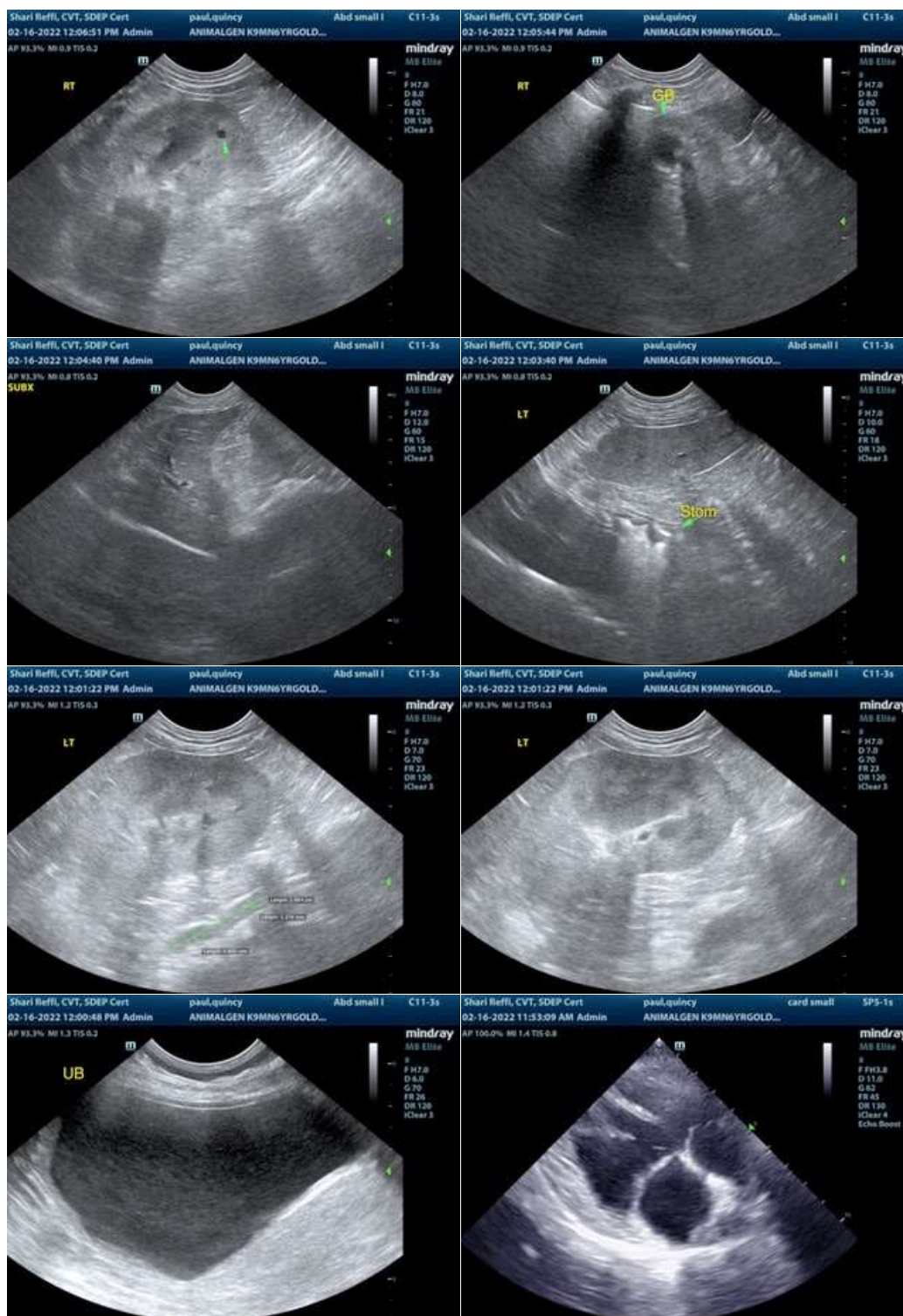
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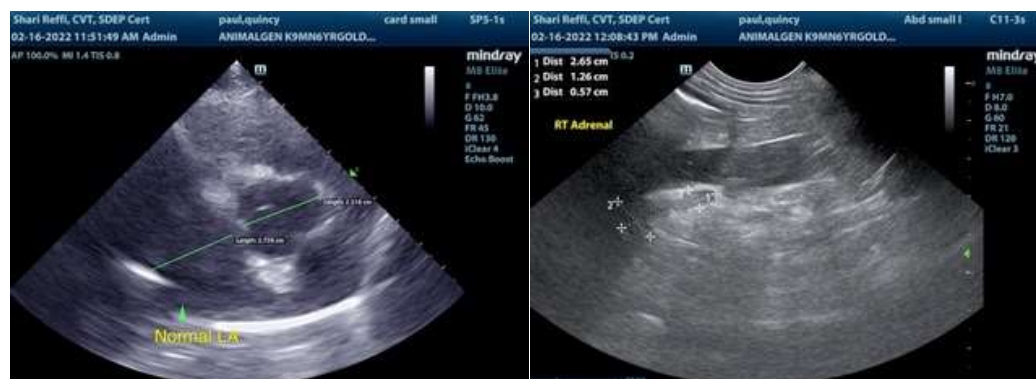
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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