



PATIENT

Moe Jolovich

SPECIES

Canine

BREED

Great Dane

SEX

Neutered Male

AGE

8 Years

WEIGHT

160

INTERPRETED BY

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

IMAGING PERFORMED BY

Nicole Gotfredson

HOSPITAL NAME

Buffalo VC

REFERRING VET

Dr. Teresa Bessler

INVOICE

21241

DATE

2/23/23

PRESENTING CLINICAL SIGNS

History: referral: CS: 2/23/2023 at 8:05a: Took to Moxey's last night worried that P had twisted. Took x-rays and did not see any indication that he had. O stated that P is retching, lethargic, ADR, watering from both eyes. Started retching/gagging last night and throwing up small amount of foam. Still eating normal. Did have an episode 8 months ago where pt stood up and then passed out for a brief period of time. HR 120 and some harsh lung sounds. LN normal. Rads show possible increased opacity and thickening of cranial mediastinal space. Is on omeprazole and metoclopramide for previous esophagitis. ALT 844 and ALP >2000. Blood pressure 98/71 positive murphy sign over stomach

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	<1.3	28-40	40-100	<0.6
PATIENT	--	--	NM	1.2	32	64	0.48
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	NM	NM	NM	--	4.7	4.9	--

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 yet borderline subnormal, as 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. Mild aortic insufficiency was present on doppler. 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 overt arrhythmia was noted.

Urinary System



PATIENT	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. Aortic trifurcation was normal.
Moe Jolovich	
SPECIES	No overt pathology in the area of the residual prostate.
Canine	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. The left kidney measured 8.0 cm in length. The right kidney measured 9.0 cm in length.
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Neutered Male	Adrenal Glands The left and right adrenal glands were definitively visualized.
AGE	Spleen The spleen was overtly normal in size with maintained symmetrical capsule contour and finely textured homogenous parenchyma. Subjective medial folding of the cranial spleen was noted. Splenic vascularity was normal.
8 Years	
WEIGHT	Liver The liver presented moderately 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.
160	
INTERPRETED BY	Gallbladder The gallbladder was non-distended in size with anechoic content and minor nonorganized echogenic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation. The cystic and common bile ducts were normal.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	Gastrointestinal The stomach presented overtly normal wall layering. The lumen of the stomach contained a moderate amount of retained nonshadowing ingesta with primarily anechoic fluid. The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty. No evidence of small intestinal mechanical/metabolic ileus. Normal visible colon wall layers were present with apparent formed feces in lumen.
Nicole Gotfredson	
HOSPITAL NAME	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.
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REFERRING VET	Free Abdomen No overt lymphadenopathy or peritoneal effusion was present.
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2/23/23	ULTRASONOGRAPHIC FINDINGS



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- Normal echocardiogram with borderline LV hypocontractility- nonspecific, patient/breed variant, athletic state, hypothyroidism and systemic disease may present in this manner. DCM criteria was not met.

SPECIES

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- Aortic insufficiency
- Nonspecific hepatopathy
- Minor gallbladder debris (non-mucocele)

BREED

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- Hypomotile stomach, sonographically unremarkable small bowel- no evidence of gastric volvulus

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- Subjective folded spleen- not overtly indicative of underlying splenic pathology with potential for patient variant

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, screening hepatic +/- splenic FNA cytology using a 25-gauge needle, could be considered for further clarification, especially if evidence of weight loss.

The hypomotile stomach is suspected to be functional or metabolic in nature without overt evidence of upper gastrointestinal mechanical obstruction. This may coincide with low grade mild gastritis or esophagitis given the patient history.

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Continued gastroprotectant protocol and as needed prokinetic agents with possible smaller more frequent feedings of a bland or hydrolyzed diet. Hepatosupportive medications may prove beneficial. Gastric endoscopy may be indicated if persistent signs of gastritis/esophagitis, despite empirical therapy. Although considered less likely, resting cortisol level, to assess for occult Addisons disease, given the vague clinical signs, may be considered.

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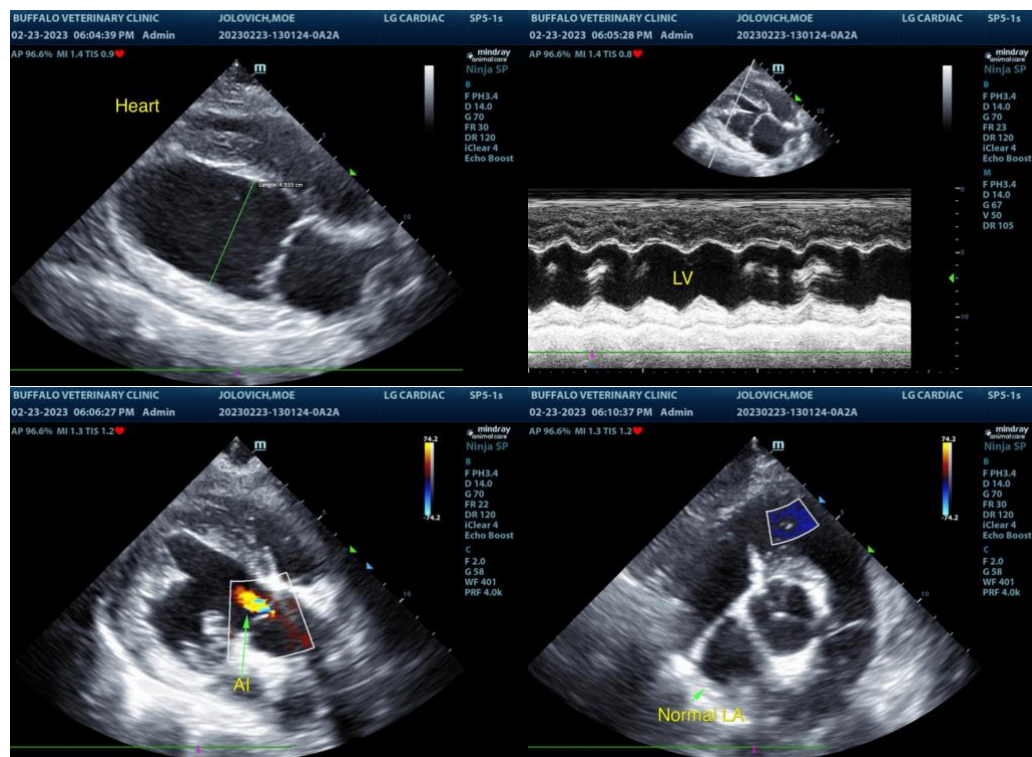
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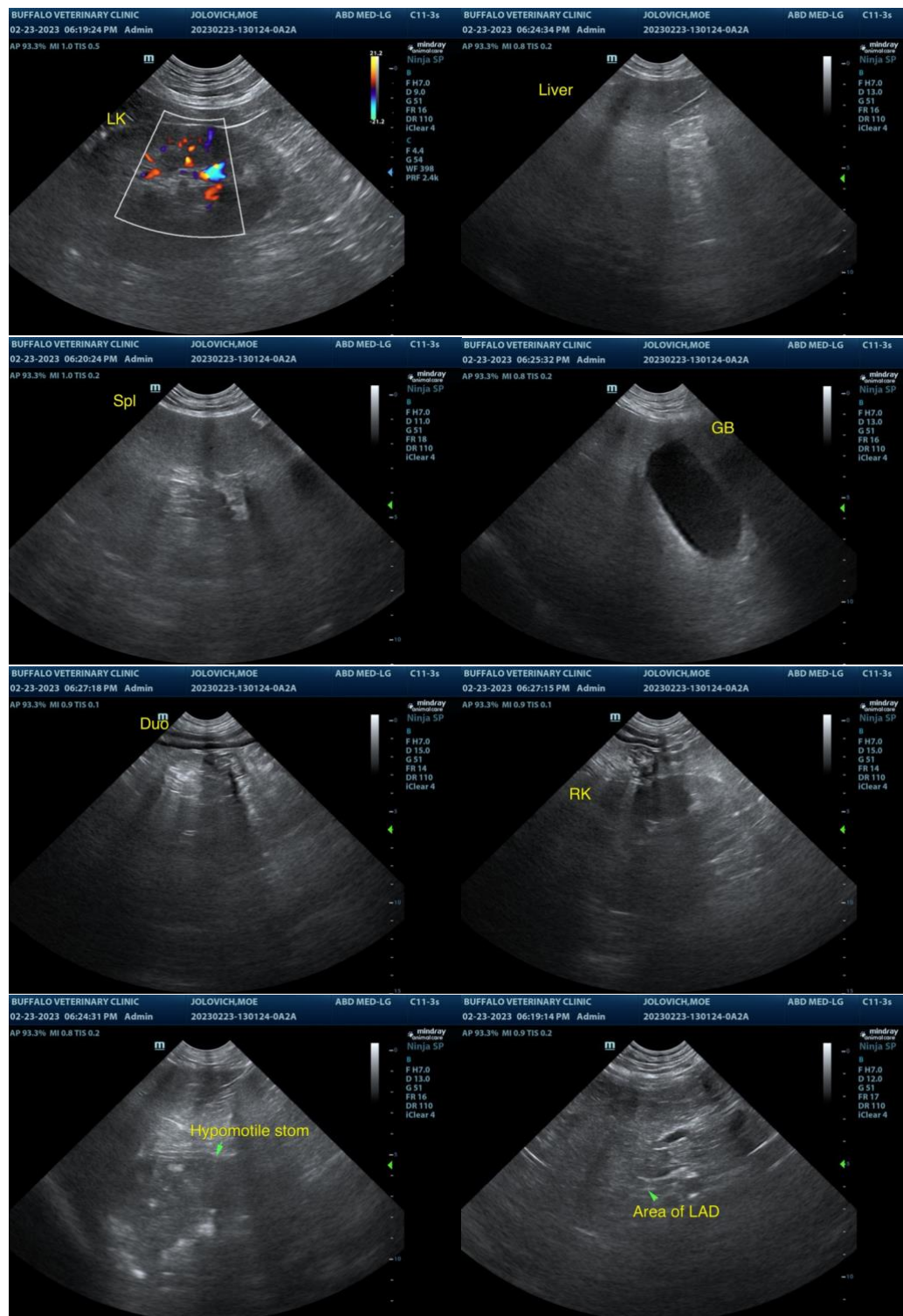
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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