


PATIENT PRESENTING CLINICAL SIGNS

Archie Feldman History: Lethargy, hind end weakness, decreased appetite, increased drinking, distended abdomen.
 Current meds: Previcox 227 mgs 1/2 SID.

SPECIES Abnormal PE/Chem/CBC/UA Results: Pending.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN
BREED

Airedale Terrier

SEX

Neutered Male

AGE

10 Years 7 Months

WEIGHT

65.4 Lbs.

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	4.0	2.4	--	2.3	22.5	44.4	0.88
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	NM	0.82	0.72	--	6.2	6.2	--

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Oakland AH

REFERRING VET

Dr. Chabora

INVOICE

14056

DATE

2/24/22

Cardiac Presentation

Severe LV dilation with diminished systolic function and increased EPSS present. Subjective decreased LV wall thickness noted. Severe left atrial and right atrial enlargement noted. Mild to moderate concurrent RV dilation noted. The mitral valve appears to be mildly thickened with no overt prolapse into the LA lumen. Severe eccentric mitral valve regurgitation was noted with mild reduced velocity. The tricuspid valve appears mildly thickened. Moderate TR was present. Aortic valve appears to be normal with mildly subnormal outflow velocity. No evidence of AI. Normal pulmonic valve and normal outflow velocity present. Mild PI noted. Mild volume pericardial and suspect concurrent pleural effusion noted. No obvious cardiac tumors were observed.

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. Aortic trifurcation was normal.

No overt pathology in the area of the residual prostate.

Normal size and margination were 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of



PATIENT

pelvic dilation was present. The left kidney measured 6.4 cm in length. The right kidney measured 6.2 cm in length.

Archie Feldman

Adrenal Glands

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The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width at the caudal pole and 0.42 cm width at the cranial pole.

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No overt pathology in the area of the right adrenal gland.

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Spleen

Airedale Terrier

The spleen revealed a moderately expansive, isoechoic mass, occupying the mid to cranial spleen, measuring 5-6 cm in diameter. The mass exhibited similar echogenicity to adjacent non-involved spleen with mild parenchymal heterogeneity.

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Liver

Neutered Male

The liver presented enlarged in size with symmetrical yet swollen contour. The parenchyma exhibited conserved uniform parenchyma with normal echogenicity isoechoic to the spleen and falciform fat. Prominent to dilated cranial abdominal caudal vena cava without evidence of thrombosis, measuring 1.8 cm in diameter was present. Focal to intermittent subtly hypoechoic yet expansive macronodules to small masses were present. An example of liver macronodule to small mass measured 4.0 cm in diameter.

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The gallbladder was non-distended in size with mildly prominent to edematous walls and anechoic content with mild luminal debris. The cystic and common bile ducts were normal.

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 with no signs of ileus, obstruction or foreign material.

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

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Pancreas

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The pancreas was mildly enlarged in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

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Severe volume peritoneal free fluid was present, exhibiting mild cellular component. Concurrent reactive mesentery noted. No evidence of omental masses or lymphadenopathy.

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ULTRASONOGRAPHIC FINDINGS

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- Severe cardiomyopathy, exhibiting systolic dysfunction, severe biatrial dilation

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- Splenic mass

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- Congestive hepatopathy with focal to intermittent, mildly hypoechoic macronodules/small masses

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- Severe volume peritoneal free fluid with concurrent mild volume pericardial and likely pleural free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Unfortunately, the cardiac presentation is consistent with end-stage cardiomyopathy, systolic dysfunction, biatrial enlargement and MR/TR (consistent with mildly elevated pulmonary pressures). Potential for elevated heart rate and arrhythmia. Baseline ECG could be considered for further assessment. The cardiac presentation may be primary in nature (DCM-like cardiomyopathy) or secondary to taurine deficiency, endocrine disease, myocarditis or in this case, infiltrative disease given the presence of hepatosplenic macronodules to masses. The cause of ascites is most consistent with CHF, given the cardiac presentation and appearance of the peritoneal free fluid (not hemoabdomen).

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Medical therapy may be considered, yet going forward, this patient is at increased risk for recurrent CHF, development or malignant arrhythmias and/or sudden death. Consider hospitalization for stabilization and supportive care. Pimobendan at 0.3 mg/kg PO BID, Lasix/spironolactone combination at 1-2 mg/kg PO BID for both with potential for as needed prophylactic abdominocentesis.

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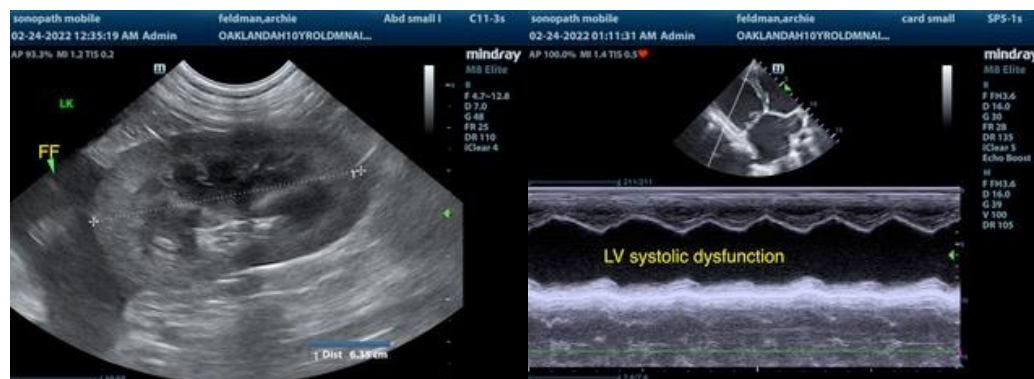
Assessment of systemic blood pressure recommended. If the patient can be stabilized, and assuming normal clotting status, hepatosplenic FNA in the areas of the splenic mass and hepatic micronodule/small mass could be considered for further clarification. However, an unfavorable prognosis is likely indicated.

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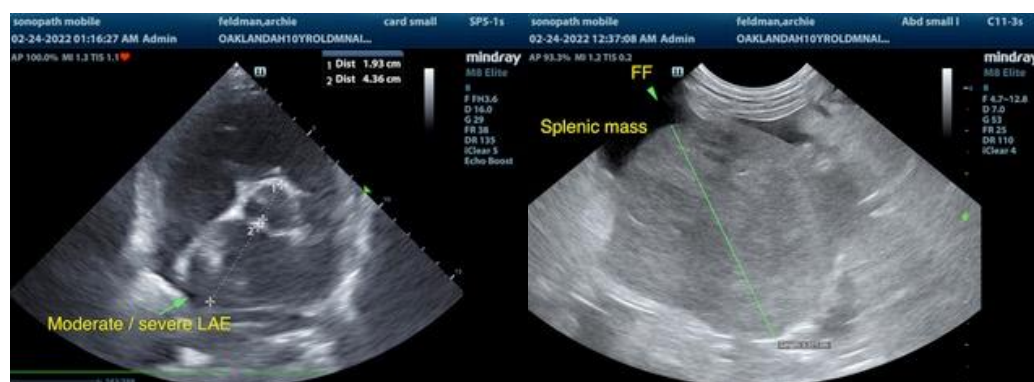


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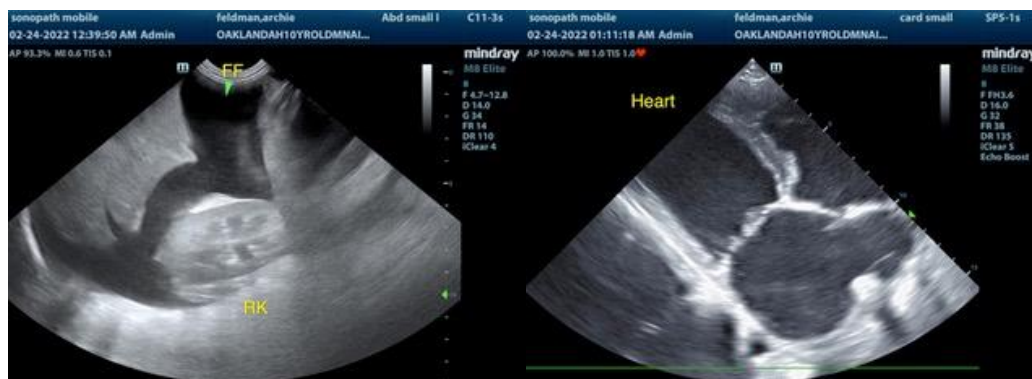
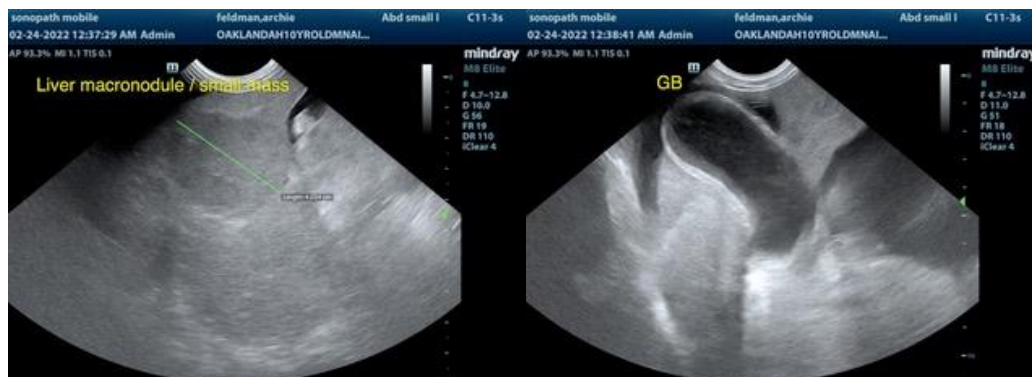
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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