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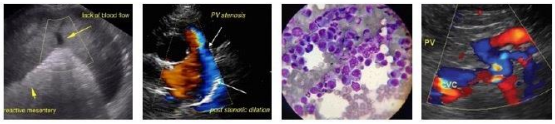


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Daisy Galloway

SPECIES

Canine

BREED

G. Retr

SEX

F/S

AGE

13 years

WEIGHT

73 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Moutnainside Animal Clinic

REFERRING VET

Dr. Kennedy Vleming

INVOICE

16089

DATE

2/9/23

PRESENTING CLINICAL SIGNS

Prev dx of kidney infection and IBD by ultrasound May 27'21. Tylosin rec by Dr Porzio for IBD and has been on long term. Sig wt loss past month. Currently watery diarrhea, unable to walk well. Off food past few days. PE: Mm pale and sl purple. - not tacky. Submandibular l.n. enlarged but rest normal. Unable to hear heart well due to incresed resp effort. Has lost approx 10 lb since last weighed May '22 - no fat and decreased muscle mass T 38.9 Current Medications Tylosin soluable powder 1 1/2 tsp BID

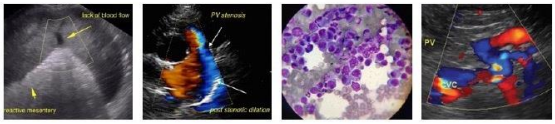
Abnormal PE/Chem/CBC/UA Results: Comprehensive plus CBC (in house Heska) - NAF Cortisol (in house Heska) normal Radiographic Findings Chest and Abdominal rads no obvious mets. Unable to evaluate adequatelty re: recurring kidney infection or neoplasia

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		2.4		1.1	43.2	78	0.35
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	1.1	0.8		4.3	4.4	

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. Mild centralized MR was present on Doppler. The **left ventricle** presented normal 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



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assessment demonstrated minor thickening with mild TR present on Doppler. 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.

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.

The area of the aortic trifurcation was free of pathology.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation or pyelectasia was present. The left kidney measured 7.3 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

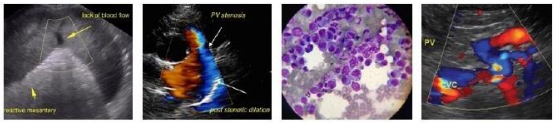
The left and right adrenal glands exhibited mildly prominent caudal pole width measurement in light of body weight, yet no evidence of neoplastic criteria. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 3.5 cm in length x 1.1 cm width in the caudal pole. The right adrenal gland measured 2.4 cm length x 0.88 cm width in 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/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate ingesta exhibiting subtle progressive distal acoustic shadowing. The stomach was otherwise normal.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental non-shadowing hyperechoic ingesta / chyme was present.

The generalized colon exhibited intact wall layering with subjective mild prominent wall layering present in the distal descending colon. The distal descending colon wall width measured 0.29 cm. Formed to semi-formed fecal matter was present in the proximal colon with subjective non-formed fecal matter present in the distal colon. No evidence of colonic distention was noted.

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 evidence of peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

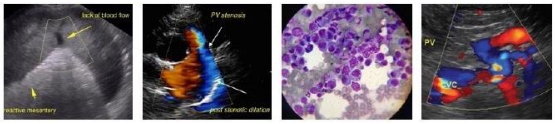
- Normal cardiac structure / function
- Mild MR / TR - no evidence of clinical pulmonary hypertension
- Mild chronic renal changes - no evidence of pyelectasia / pyelonephritis
- Overtly normal gastrointestinal tract with gastric and segmental intestinal ingesta / chyme
- Mild descending colitis pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no sonographic evidence of significant cardiac or abdominal visceral pathology was visualized. A definitive cause of the recent weight loss was not obvious. No overt evidence of intraabdominal neoplastic criteria was noted.

A GI panel to include PLI/TLI/Cobalamin/Folate, as well as three view chest radiographs and neurological / musculoskeletal examination, are recommended to assess for or rule out occult disease which may cause weight loss.

The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or



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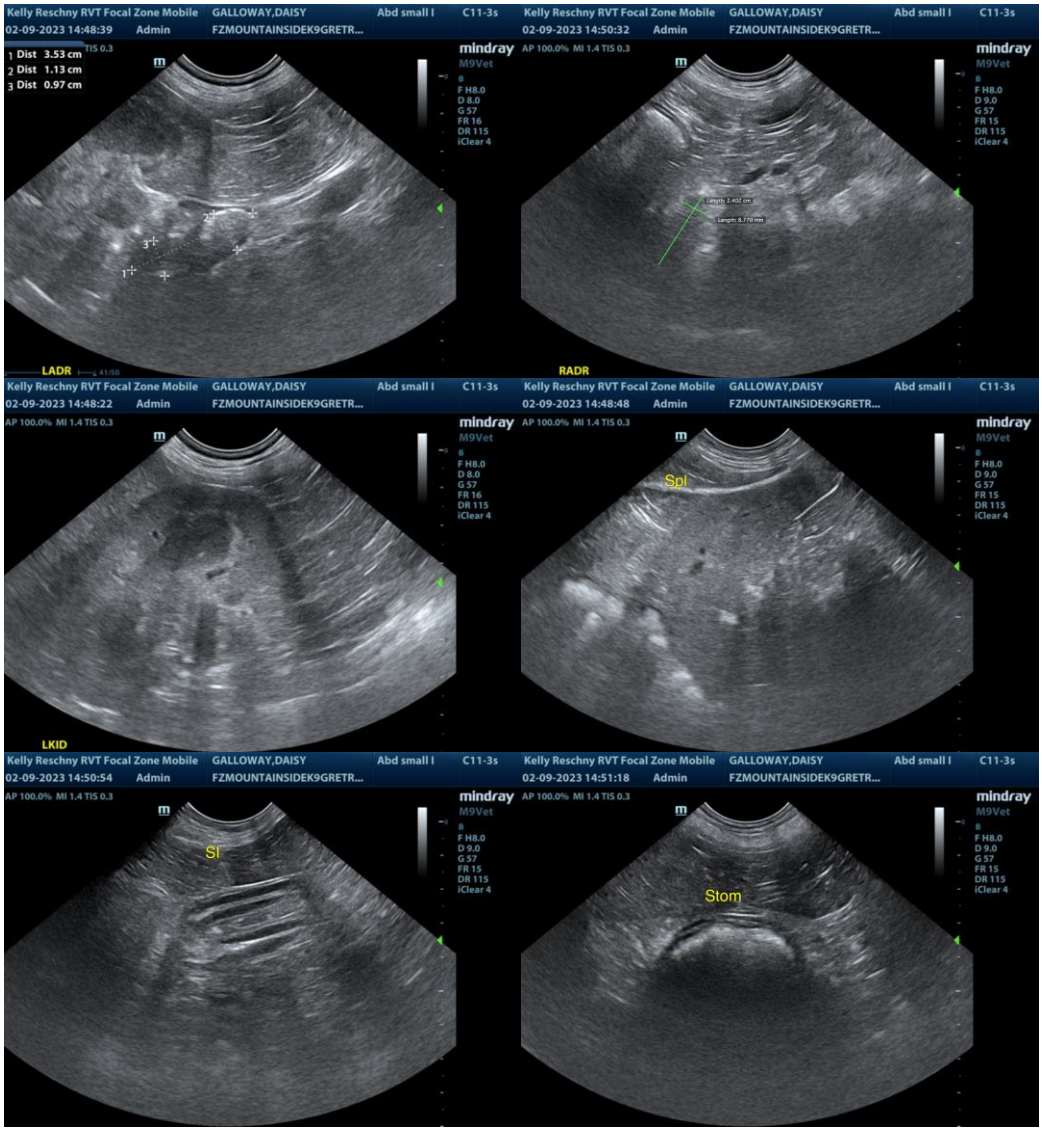
metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material.

Recheck urine C/S, if evidence of UTI criteria or inflammatory urinary bladder sediment, is suggested.



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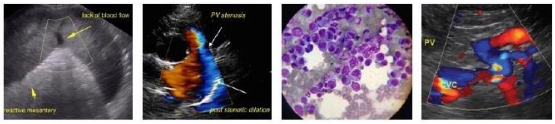

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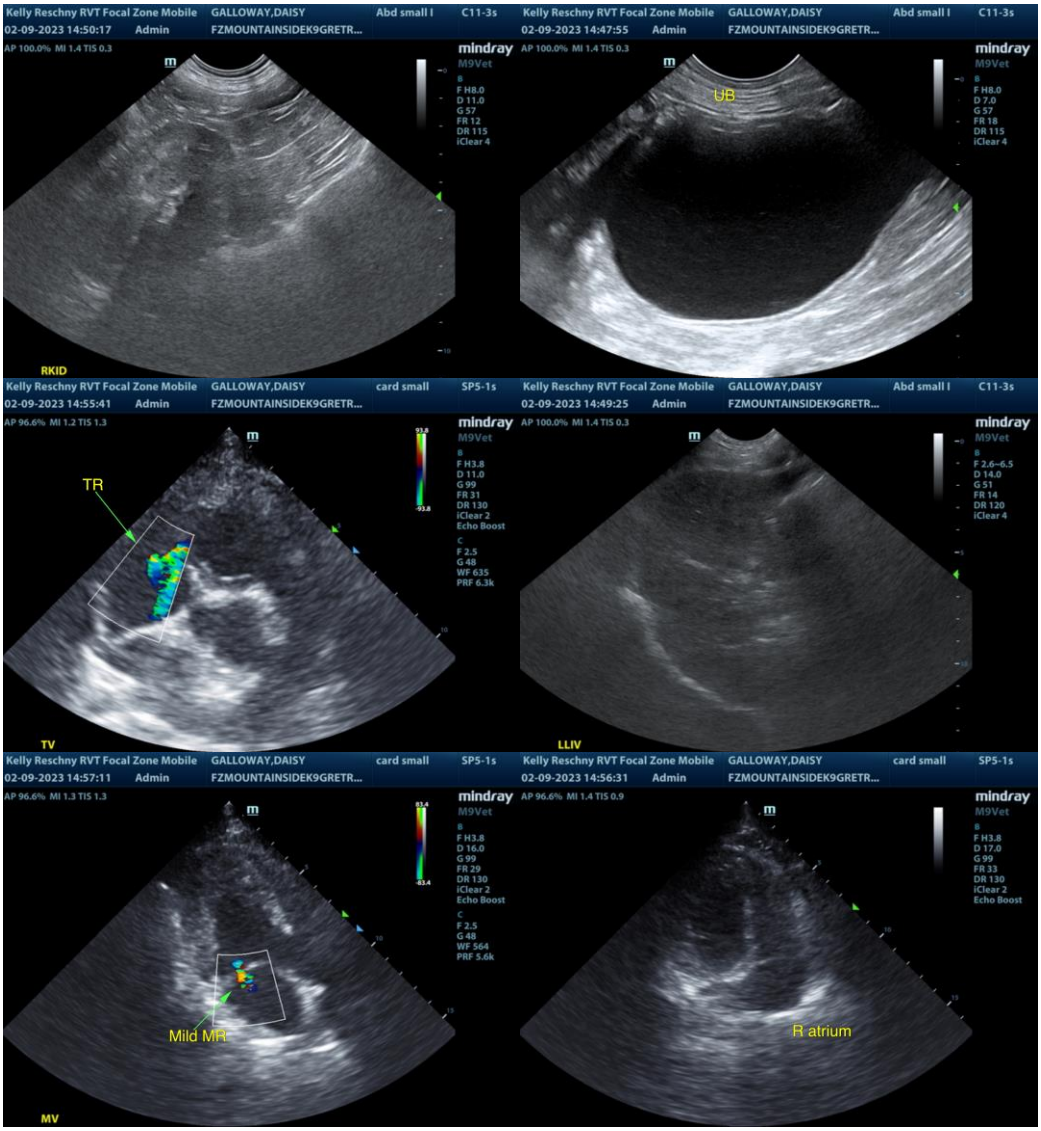

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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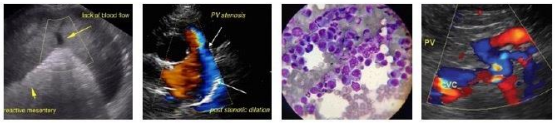

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