



PATIENT PRESENTING CLINICAL SIGNS

Rashard Larranaga Patient presents for ADR, lethargy, and anorexia. Mass seen on abdominal radiographs. History of seizures, regulated with KBR, on thyrosyn.
Abnormal PE/Chem/CBC/UA Results: Bloods: pending.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

BREED	CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
Miniature Poodle								
SEX	NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
Neutered Male	PATIENT			1.21	1.1	37.9	71.5	0.2
AGE	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)
12 Years								
WEIGHT	NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
25 Pounds	PATIENT		1.0	0.9		2.9	2.9	

INTERPRETED BY

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

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated mild eccentric insufficiency. 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 or chamber overload. **Tricuspid** valvular assessment demonstrated mild thickening with mild insufficiency. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). Mild pulmonic valve insufficiency was present. No visible **pericardial** free fluid was noted. Mild to moderate volume pleural free fluid was present. No overt or detectable evidence of cardiac masses or infiltrative neoplasia was visible, yet cannot be definitively excluded. The cranial mediastinum and pericardial regions were free of overt masses in the visible window.

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Marsh AH

REFERRING VET

Dr. Milwicki

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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 were noted.



PATIENT	The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The prostate measured 0.70 cm in width.
Rashard Larranaga	The area of the aortic trifurcation was free of pathology.
SPECIES	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 6.0 cm. The right kidney measured 5.6 cm.
Canine	
BREED	Adrenal Glands
Miniature Poodle	The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm at the cranial pole and 0.44 cm at the caudal pole. The right adrenal gland measured 0.42 cm at the cranial pole and 0.47 cm at the caudal pole.
SEX	Spleen
Neutered Male	A mass involving the spleen with secondary asymmetrical capsule expansion and disruption was present. The mass measured approximately 7.0 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic with areas of cavitation. The non-affected spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Regional omental inflammation was present around the mass.
AGE	Liver
12 Years	The liver exhibited subjective mild enlargement. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a 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 moderate non-dependent, mildly congealed yet non-organized debris. The gallbladder was otherwise normal without evidence of gallbladder or peripheral inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.
WEIGHT	Gastrointestinal
25 Pounds	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.
INTERPRETED BY	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.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Normal visible colon wall layers were present with apparent formed feces in lumen.
IMAGING PERFORMED BY	Pancreas
Kelly Vazquez	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
HOSPITAL NAME	Free Abdomen
Marsh AH	Moderate volume cellular peritoneal free fluid present. Reactive perisplenic mesentery present. No overt lymphadenopathy.
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PATIENT

Rashard Larranaga

SPECIES

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BREED

Miniature Poodle

SEX

Neutered Male

AGE

12 Years

WEIGHT

25 Pounds

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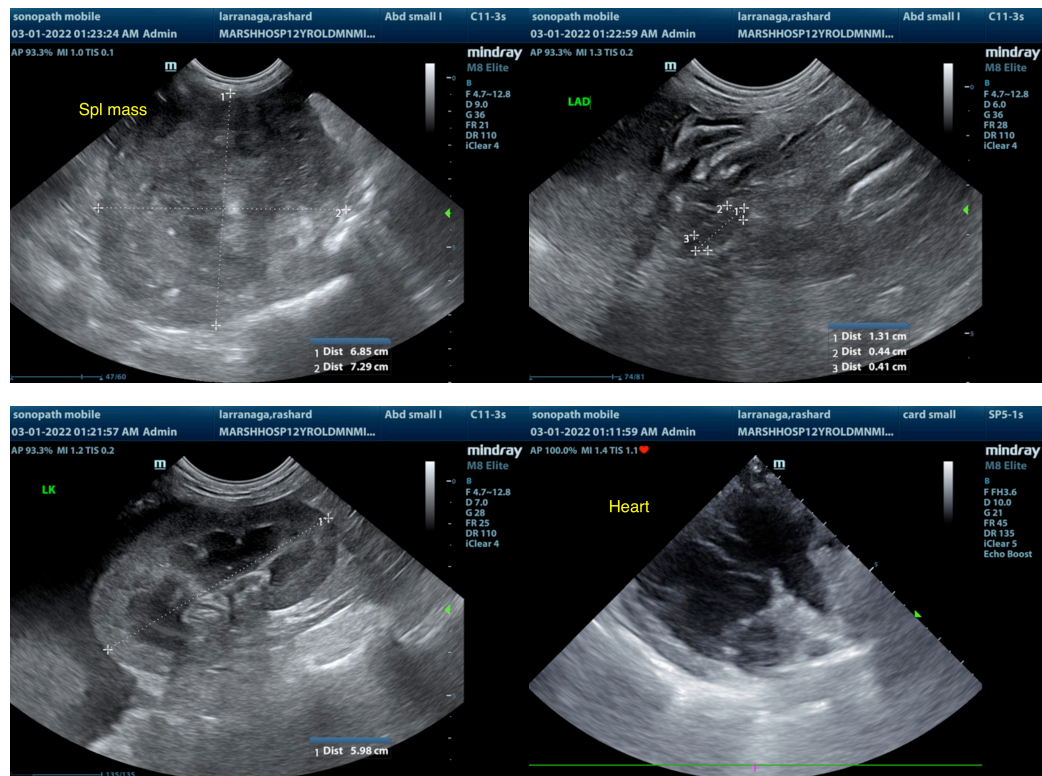
Dr. Milwicki

ULTRASONOGRAPHIC FINDINGS

- Compensated chronic mitral valve disease (ACVIM B1)
- Mild TV/PV insufficiency
- Non-homogeneous to cavitated splenic mass
- Mild hepatomegaly exhibiting parenchymal remodeling
- Non-cardiogenic peritoneal and pleural free fluid – peritoneal free fluid suggestive of hemoabdomen given the presence of splenic mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although histopathology is required for definitive diagnosis, the splenic mass is most suggestive of neoplasia such as sarcoma or other. Benign pathologies are possible, yet considered less likely. Evidence of concurrent intraabdominal masses were not noted, yet potential for non-sonographically evident metastasis/micrometastasis secondary to the splenic mass within the abdominal cavity as well as potential for omental seeding cannot be excluded. Likewise, the presence of non-cardiogenic concurrent pleural free fluid is concerning for potential thoracic cavity metastasis. Further correlation may include abdominocentesis/thoracocentesis for fluid analysis. 3-view chest radiographs suggested if not done.

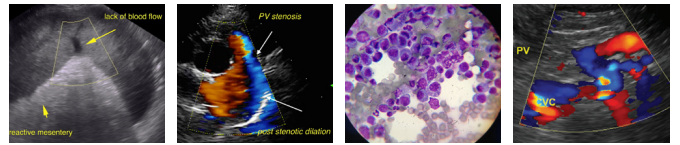


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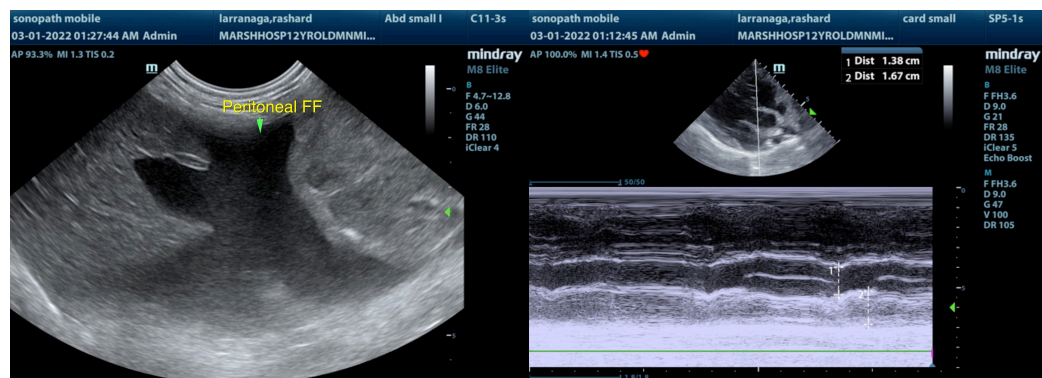
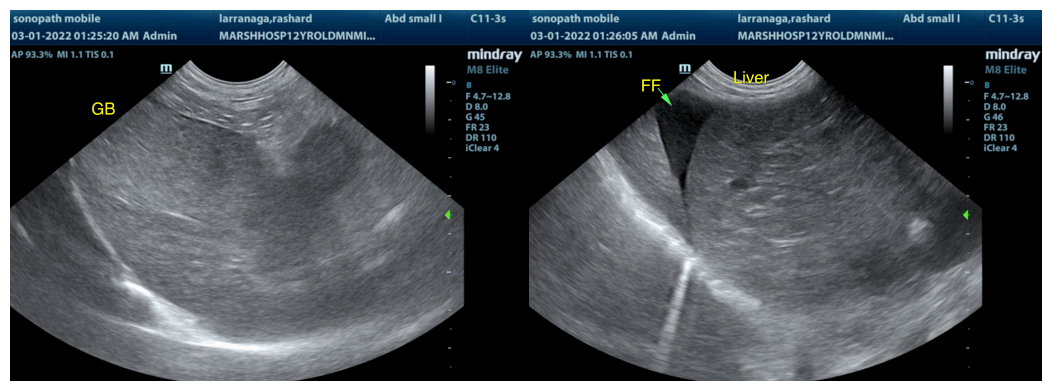
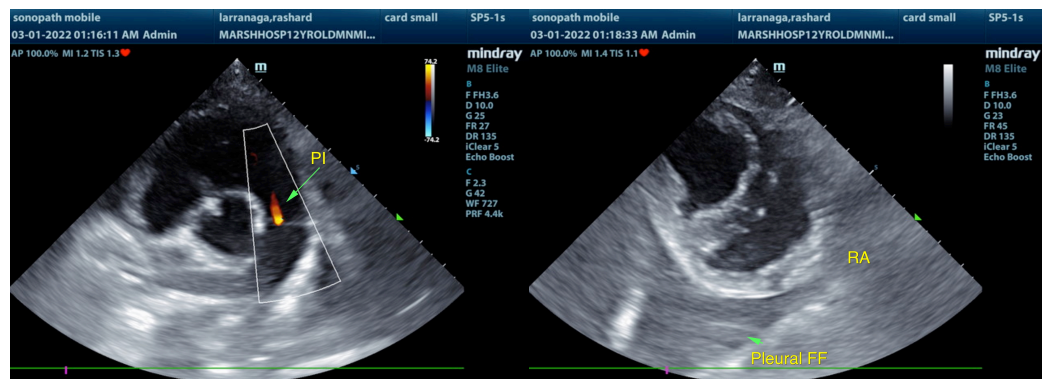
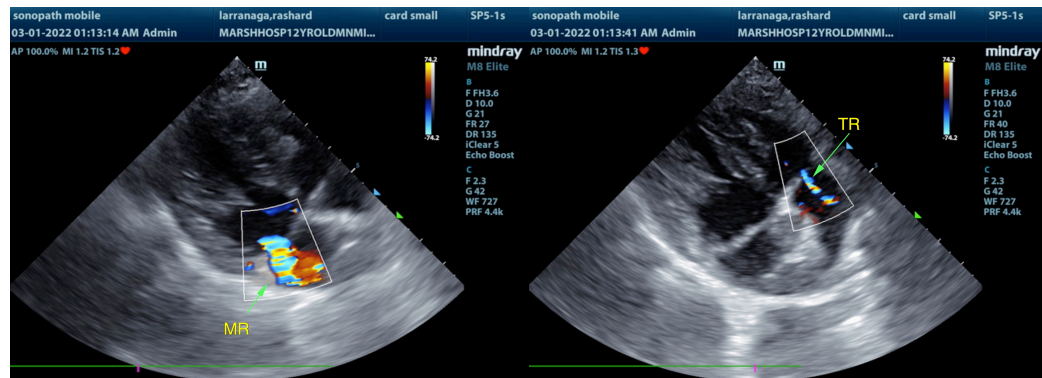
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com

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Miniature Poodle

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Neutered Male

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