


PATIENT

Tucker Galione

PRESENTING CLINICAL SIGNS

2/6 systolic murmur, PU/PD. No current meds.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: ALP 1207

BREED

Cockapoo

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART
SEX

MN

AGE

14yr

WEIGHT

56lb

| 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 | 5.7 | | | 1.4 | 51.4 | 84 | 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 | | | | |
| PATIENT | 159 | 1.9 | 1.5 | | 4.2 | 3.5 | |

Cardiac Presentation
INTERPRETED BY

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

The echocardiogram for this patient presented excessive left atrial size expressed both in the LA/AO and LA max measurements. Chamber volumes and echogenicity were normal. The cranial and caudal mitral valve leaflets presented mild thickening consistent with endocardiosis. No evidence of valvular prolapse. Doppler indicated mild to moderate measurable 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 adequate linear morphology. 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). No visible pericardial or free pleura fluid was noted. No echographically detectable evidence of infiltrative disease was visible. The cranial mediastinum and pericardial regions were free of masses in the visible window.

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

North Jersey AH

REFERRING VET

Dr. Riedel

Urinary System
INVOICE

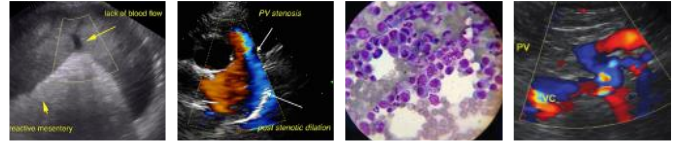
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The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

DATE

04/10/2023

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



| | |
|--|--|
| PATIENT | moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.7 cm in length. The right kidney measured 7.3 cm in length. |
| Tucker Galione | |
| SPECIES | The area of the aortic trifurcation was free of pathology. |
| Canine | The area of the residual prostate appeared normal and free of pathology. |
| | Adrenal Glands |
| BREED | Bilateral symmetrical adrenal gland enlargement with subtle non-homogenous parenchyma was present. No evidence of parenchymal mineralization. The left adrenal gland measured 1.0 cm width at the caudal pole and 3.5 cm length. The right adrenal gland measured 1.0 cm width at the caudal pole and 3.0 cm length. |
| Cockapoo | |
| SEX | Spleen |
| MN | The spleen exhibited overall normal size with areas of capsule asymmetry and subtle generalized parenchyma heterogeneity. A solitary mildly expansive mixed echogenic nodule was present in the cranial spleen measuring 2.8 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. |
| AGE | |
| 14yr | Liver/Gallbladder |
| WEIGHT | The liver presented 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. The gallbladder was non-distended in size with primarily anechoic luminal content and mild non-organized debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal. |
| 56lb | |
| INTERPRETED BY | Gastrointestinal |
| R. McKenzie Daniel, DVM, DABVP (Canine and Feline) | 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. |
| | 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. |
| IMAGING PERFORMED BY | Normal visible colon wall layers were present with apparent formed feces in lumen. |
| Jessica Miller | Pancreas |
| HOSPITAL NAME | 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. |
| North Jersey AH | Free Abdomen |
| REFERRING VET | No omental masses, overt lymphadenopathy or peritoneal effusion was present. |
| Dr. Riedel | |
| INVOICE | ULTRASONOGRAPHIC FINDINGS |
| 13435ag | <ul style="list-style-type: none"> • Chronic mitral valve disease (ACVIM B1-early B2). • Benign hepatopathy-sonographically suggestive of vacuolar hepatopathy pattern. • Gallbladder debris (non-mucocele). |
| DATE | |
| 04/10/2023 | |



PATIENT

Tucker Gallone

- Mildly enlarged subtly non-homogenous bilateral adrenal glands-no evidence of adrenal neoplastic criteria.
- Solitary mildly expansive mixed echogenic splenic nodule-hyperplasia, hematopoiesis, focal splenitis, myelolipoma, neoplasia (less likely) possible.
- Moderate age related renal changes.

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

Cockapoo

The lack of overt LA enlargement indicates that the risk of complication secondary to MR are low. In an assumed non-clinical patient without evidence of overt chamber enlargement, no indication for cardiac medications warranted at this stage. Prognosis is highly variable and serial sonographic monitoring is required for further assessment. Recheck echocardiogram recommended in 6-8 months, sooner if clinical signs arise.

SEX

MN

A full urinary workup including UA, C/S and baseline UPC level if evidence of proteinuria is suggested if not done. If decreased USG and in conjunction with bilateral adrenal gland presentation, a full adrenal work up with LDDST is warranted. A screening BP is advised to assess for evidence of hypertension.

AGE

14yr

Sonographically the splenic nodule was not obviously consistent with neoplastic criteria although this potential cannot be excluded. Sonographic monitoring of the splenic nodule for evidence of progression is recommended. Assuming normal clotting status and using a 25g needle, a splenic FNA for screening cytology could be considered for further assessment.

WEIGHT

56lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

North Jersey AH

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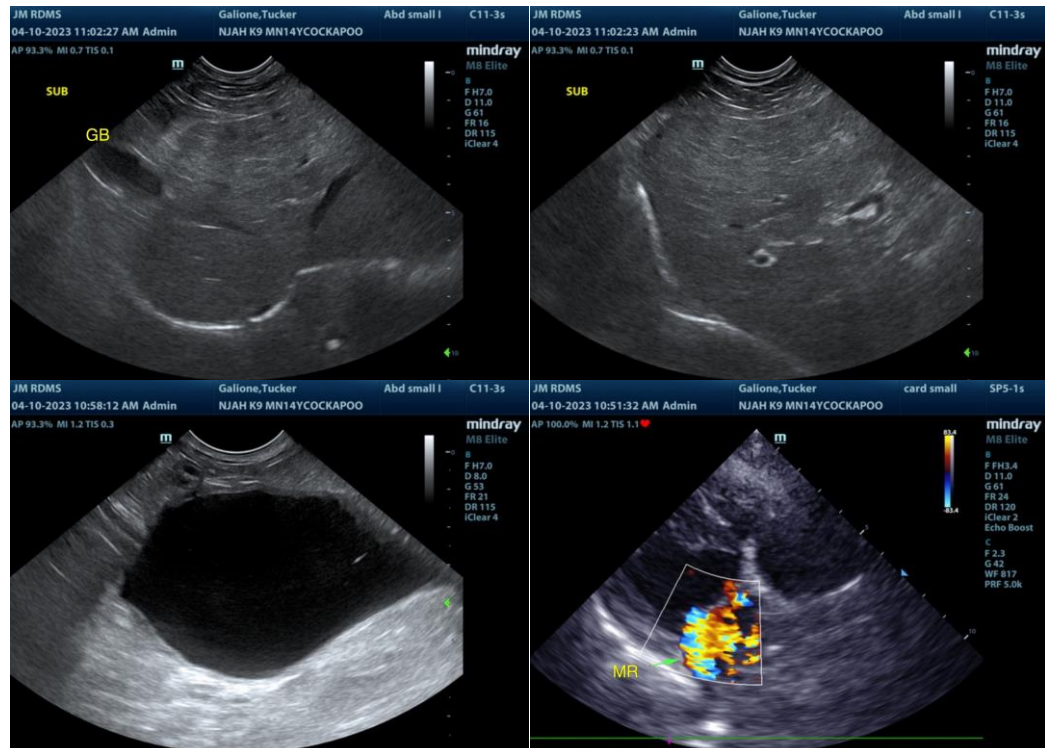
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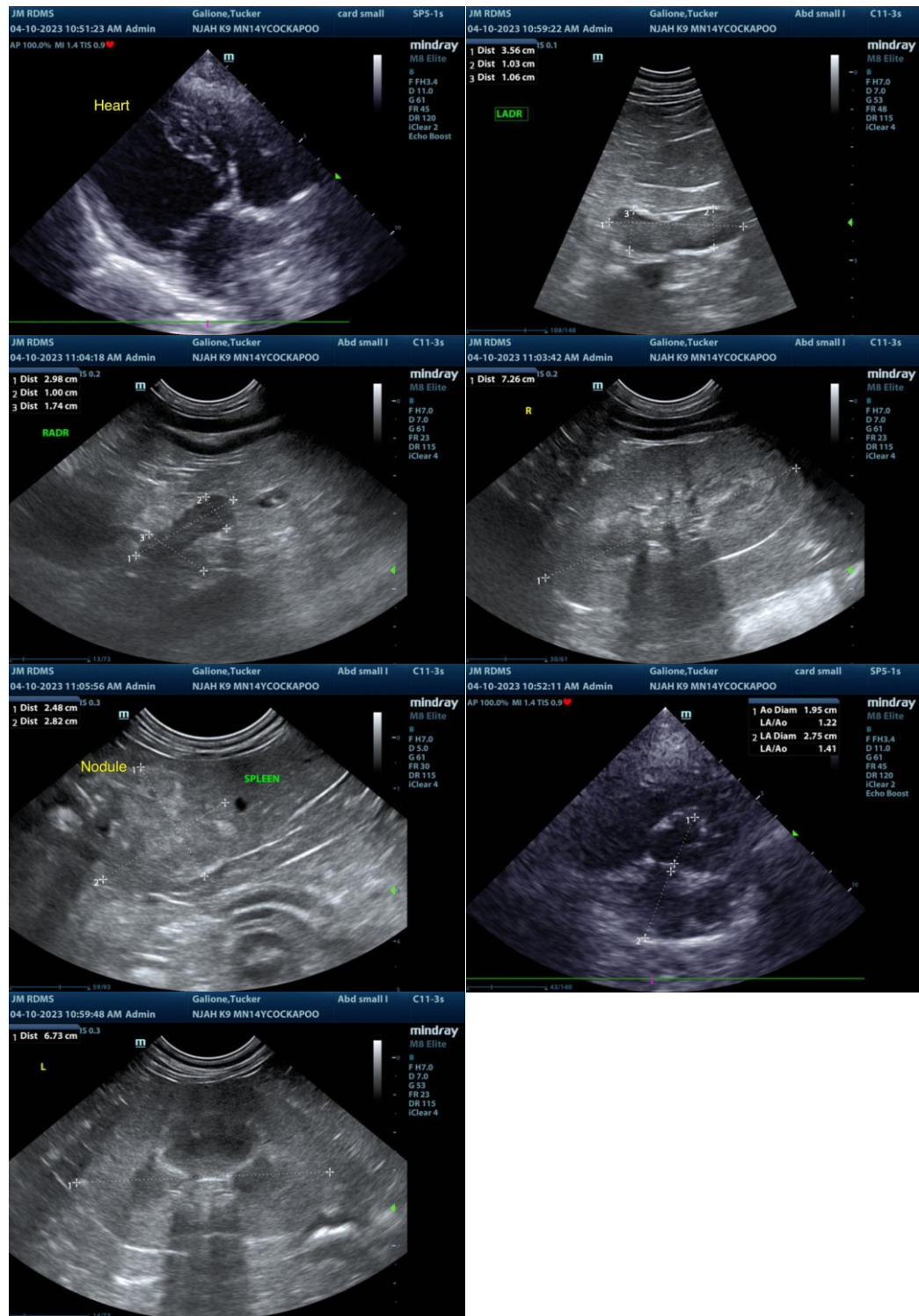
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



PATIENT

can be of any further assistance, please contact me.

Tucker Galione

SPECIES

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

mac.daniel@sonopath.com

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