



PATIENT PRESENTING CLINICAL SIGNS

Sadie Barry History: 1) New heart murmur and hypertension 2) ADR, cranial abdomen lack of detail and possible liver irregularity Current meds: Cytopoint, Gabapentin, Enalapril, Rimadyl

SPECIES Abnormal PE/Chem/CBC/UA Results: WNL *History oral FSA 7/21*

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART

BREED

Beagle

SEX

Sapayed female

AGE

9 years

WEIGHT

21.8 pounds

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		1.8	1.1	1.15	35.0	66.6	0.15
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	111	1.3	1.0		2.3	2.5	

INTERPRETED BY

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

IMAGING PERFORMED BY
Jessica Miller

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Casulli

INVOICE

10348ag

DATE

04/12/2022

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 subtle vegetative thickening which may indicate emerging endocardiosis with normal extension in systole, and union in diastole with normal kinesis. No overt MR on Doppler was present. 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. Trace AI 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 subjective mild thickening with normal kinesis. Mild TR was 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 exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild nondependent hyperechoic



PATIENT

Sadie Barry

sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SPECIES

Canine

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some mildly increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. A moderately sized thinly walled cranial cyst containing anechoic fluid measuring 1.5 cm in diameter was present in the left kidney. No evidence of pelvic dilation was present. The left kidney measured 5.6 cm in length. The right kidney measured 5.8 cm in length.

BREED

Beagle

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

SEX

Sapayed female

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.9 cm length and 0.72 cm width in the caudal pole. The right adrenal gland measured 2.0 cm length and 0.39 cm width in the caudal pole.

AGE

9 years

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.

WEIGHT

21.8 pounds

Liver

INTERPRETED BY

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

The liver exhibited generalized enlargement. A solitary spherical mildly expansive nonhomogeneous mass noted in the mid to left ventral liver measuring approximately 5 cm in diameter.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild luminal debris. The cystic and common bile ducts were normal.

IMAGING

PERFORMED BY

Jessica Miller

Gastrointestinal

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.

HOSPITAL NAME

ACC Flanders

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.

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

REFERRING VET

Dr. Casulli

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.

INVOICE

10348ag

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

DATE

04/12/2022

ULTRASONOGRAPHIC FINDINGS



PATIENT

Sadie Barry

- Overtly normal cardiac structure and function.
- Mild TR and trace AV insufficiency.
- Mild UB sediment.
- Mild chronic renal changes with left kidney cyst.
- Hepatomegaly with mid to left ventral mass.
- Mild GB debris (non-mucocele).

SPECIES

Canine

BREED

Beagle

SEX

Spayed female

AGE

9 years

WEIGHT

21.8 pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant structural or functional cardiomyopathy was present. An obvious source of the patient's new heart murmur was not definitively evident, without evidence of stenotic disease, significant valvular insufficiencies, LV systolic dysfunction or evidence of clinical pulmonary hypertension. Mild TR and AV insufficiency were present yet not suspected to be audible. Potential benign flow murmur or non-obvious flow abnormality not visualized is possible. The hemodynamic effects of the murmur are low. Cardiac medications are not indicated with conservative monitoring at this stage recommended.

The overall liver including the mass was nonspecific with multiple differentials possible such as hepatic lipogranuloma, hemangioma, adenoma, nodular hyperplasia, hematopoiesis or malignant/metastatic neoplasia. Correlation with pending FNA of the mass is recommended. Subjectively the mass may be amendable to surgical resection if clinically indicated. Oncology and surgical consultation could be considered pending cytology. No overt evidence of adrenal neoplastic criteria as a possible cause of hypertension.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

ACC Flanders

REFERRING VET

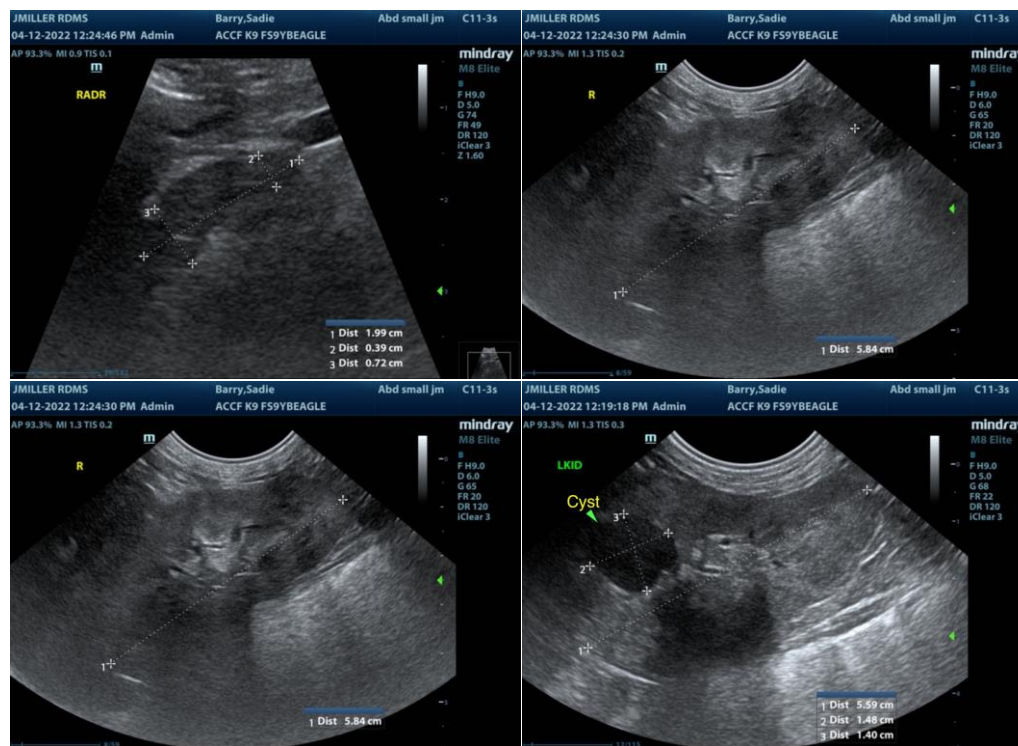
Dr. Casulli

INVOICE

10348ag

DATE

04/12/2022





PATIENT

Sadie Barry

SPECIES

Canine

BREED

Beagle

SEX

Spyed female

AGE

9 years

WEIGHT

21.8 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

ACC Flanders

REFERRING VET

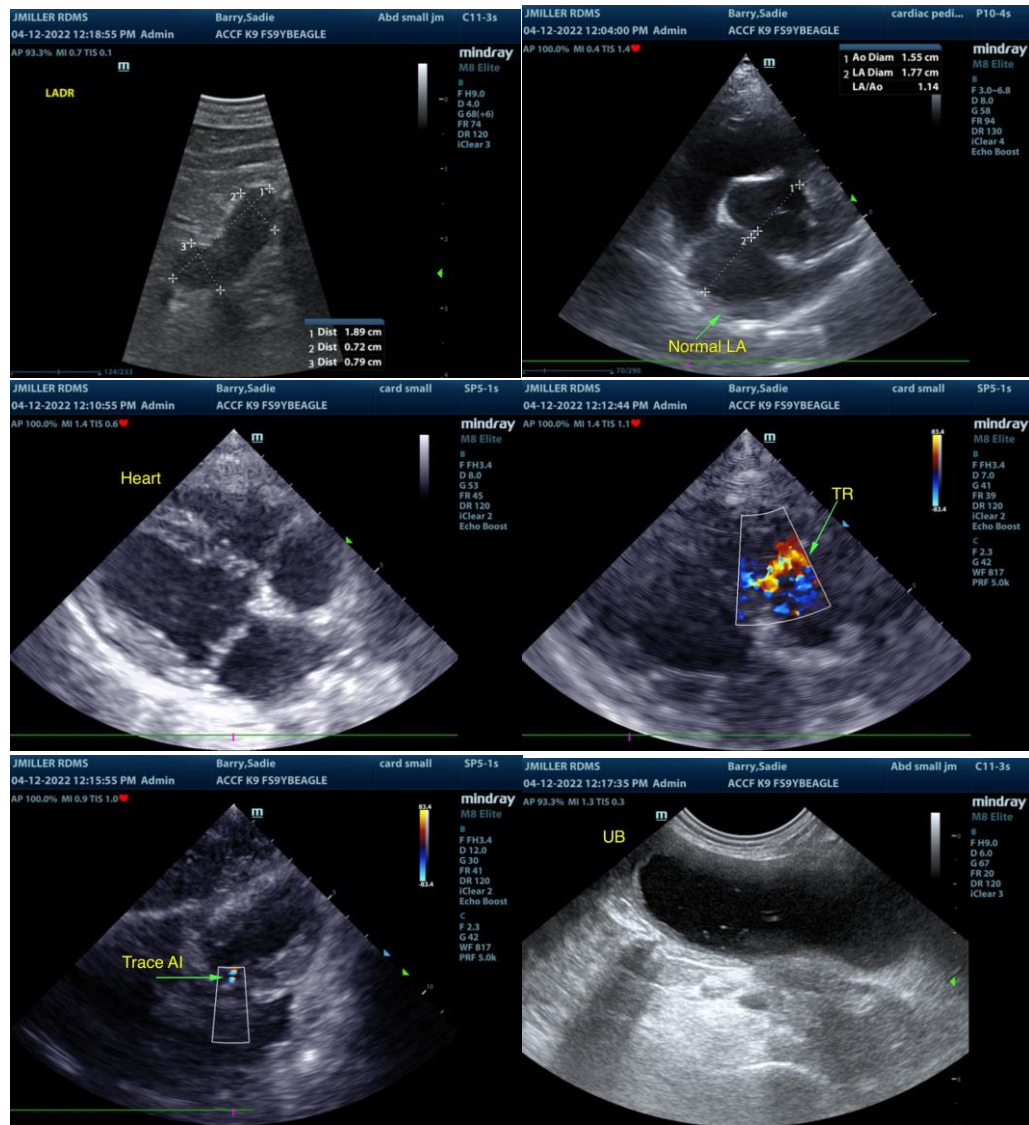
Dr. Casulli

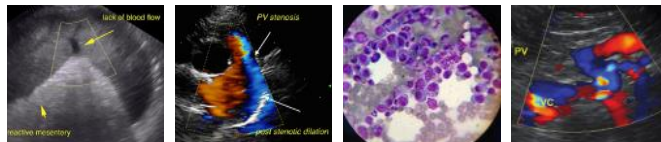
INVOICE

10348ag

DATE

04/12/2022





PATIENT

Sadie Barry

SPECIES

Canine

BREED

Beagle

SEX

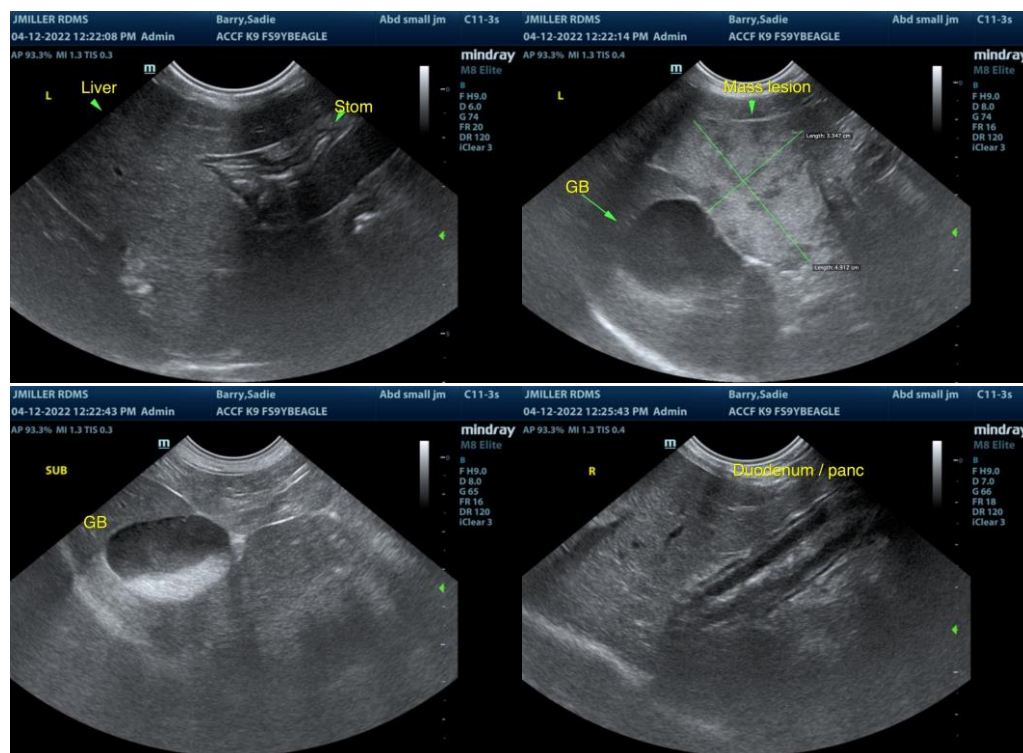
Spayed female

AGE

9 years

WEIGHT

21.8 pounds



INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Casulli

INVOICE

10348ag

DATE

04/12/2022

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.

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

info@SonoPath.com