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Clinical Sonography & Telecytology
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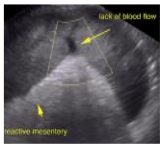
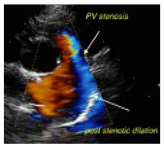
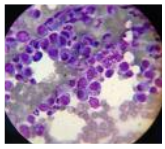
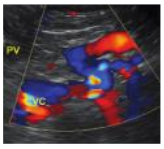




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Kiara Iannelli

SPECIES

Canine

BREED

Labrador Retriever

SEX

Female (S)

AGE

8 years

WEIGHT

80

INTERPRETED BY

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

IMAGING PERFORMED BY

Nicole Gotfredson

HOSPITAL NAME

Buffalo VC

REFERRING VET

Dr. Bessler

INVOICE

13759

DATE

4/28/22

PRESENTING CLINICAL SIGNS

Owner reported seizure like activity on Tuesday 4/26, very lethargic and hiding. Not eating well
Abnormal PE/Chem/CBC/UA Results: CBC/Chem =WNL HCT: 45.2

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

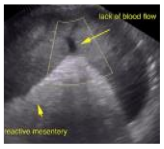
CANINE CARDIAC PARAMETERS	**MR VMAX** (m/s)	**TR VMAX** (m/s)	**LA/AO** (Boon method)	**LA/AO** (Heart Base; Swe)	**FS** (%)	**EF** (%)	**EPSS** (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
PATIENT				1.2	43.2	77.8	0.35
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (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	1.2	1.0		4.1	3.7	

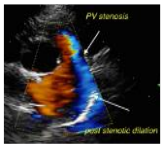
Cardiac Presentation

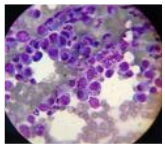
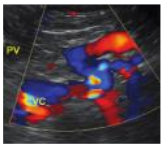
The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. The **left ventricle** presented 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. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. 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.





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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 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 in length. The right kidney measured 6.9 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm width at the caudal pole and 0.44 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

Spleen

The discernable spleen exhibited primarily symmetrical capsule contour and maintained a finely textured homogeneous parenchyma with normal subjective splenic vascularity.

Liver/ Gallbladder

The visualized liver exhibited subjective normal size and contour with normal hepatic parenchyma echogenicity exhibiting mild coarse echotexture. No overt sonographic evidence of hepatic intraparenchymal nodules or overt masses. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach was indistinctly visualized owing to patient size and regional perigastric omental artifact. No overt pathology associated with the stomach or evidence of gastric distention with retained Ingesta, fluid or foreign material was evident.

The visualized segments of small intestine exhibited intact wall layering and maintained a 1:3 muscularis/mucosa ratio and without evidence of small intestinal mechanical / metabolic ileus.

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

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

An ill-defined nonhomogeneous mass was present in the cranial abdomen primarily in the area the cranial spleen measuring potentially 8.0-1.0 cm in diameter. Regional variably hyperechoic mesentery was noted in the cranial abdomen primarily around the mass, along with mild volume peritoneal free fluid exhibiting mild echogenic changes suggestive of a cellular component. No overt lymphadenopathy was noted.

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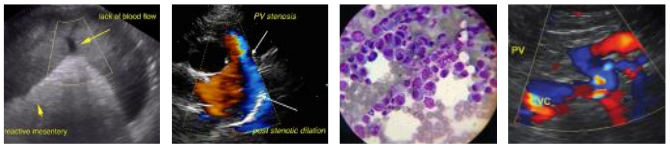

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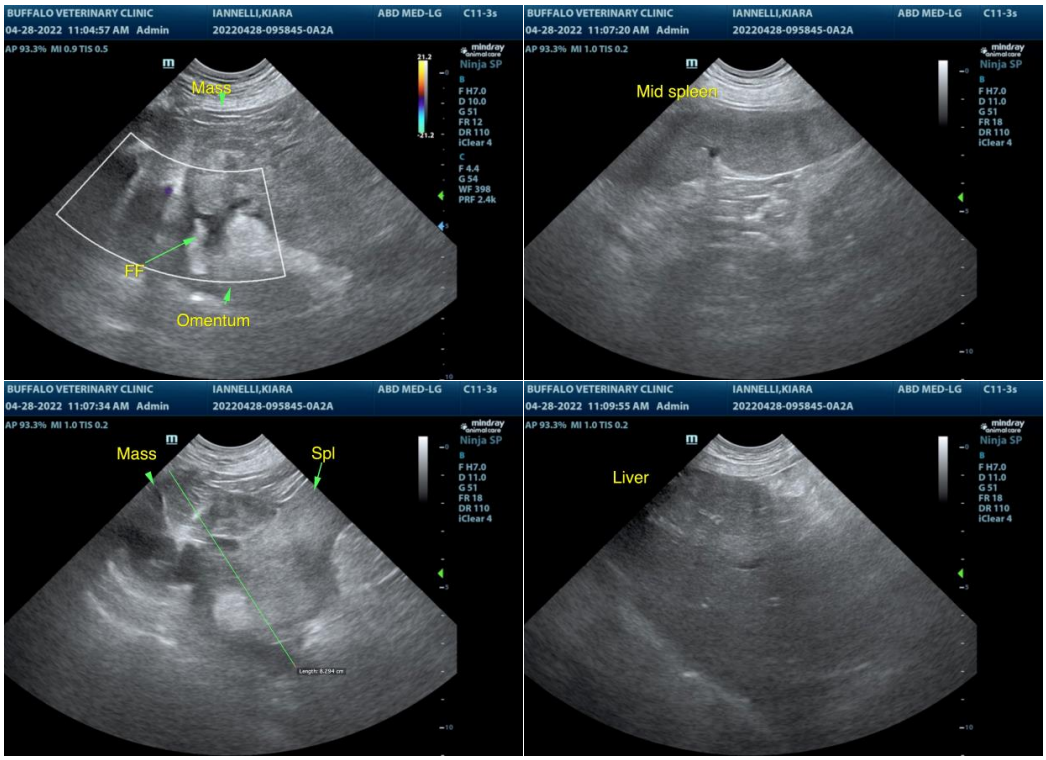
ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram
- Ill-defined nonhomogeneous cranial abdominal mass primarily in the area of the cranial spleen
- Regional cranial abdominal variably hyperechoic mesentery
- Mild volume peritoneal free fluid exhibiting subjective cellular component

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The nonhomogeneous mass in the area of the cranial spleen is most likely of splenic origin, although the possibility of nonpelvic origin with impingement or possible invasion of the cranial spleen cannot be definitively excluded. Hyperplasia, hematopoiesis, granuloma, splenitis, hemangioma / hepatoma, or malignant neoplasia, sarcoma, round cell neoplasia, or others are possible. Overt evidence of major organ metastatic disease was not definitively evident. Potential for possible regional omental seeding around the mass and/or adhesions could be present.

Without evidence of cardiac metastasis and assuming no evidence of pathology on three view chest radiographs, laparotomy with gross inspection of the mass and expectation toward likely splenectomy +/- adjacent mesentery and with gross inspection of the liver could be considered. ECG and assessment of BP is suggested prior to anesthetic considerations.



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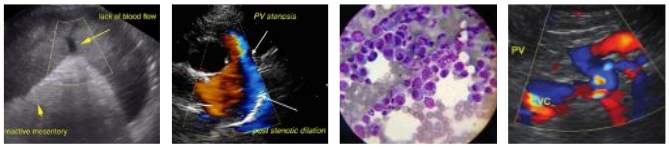

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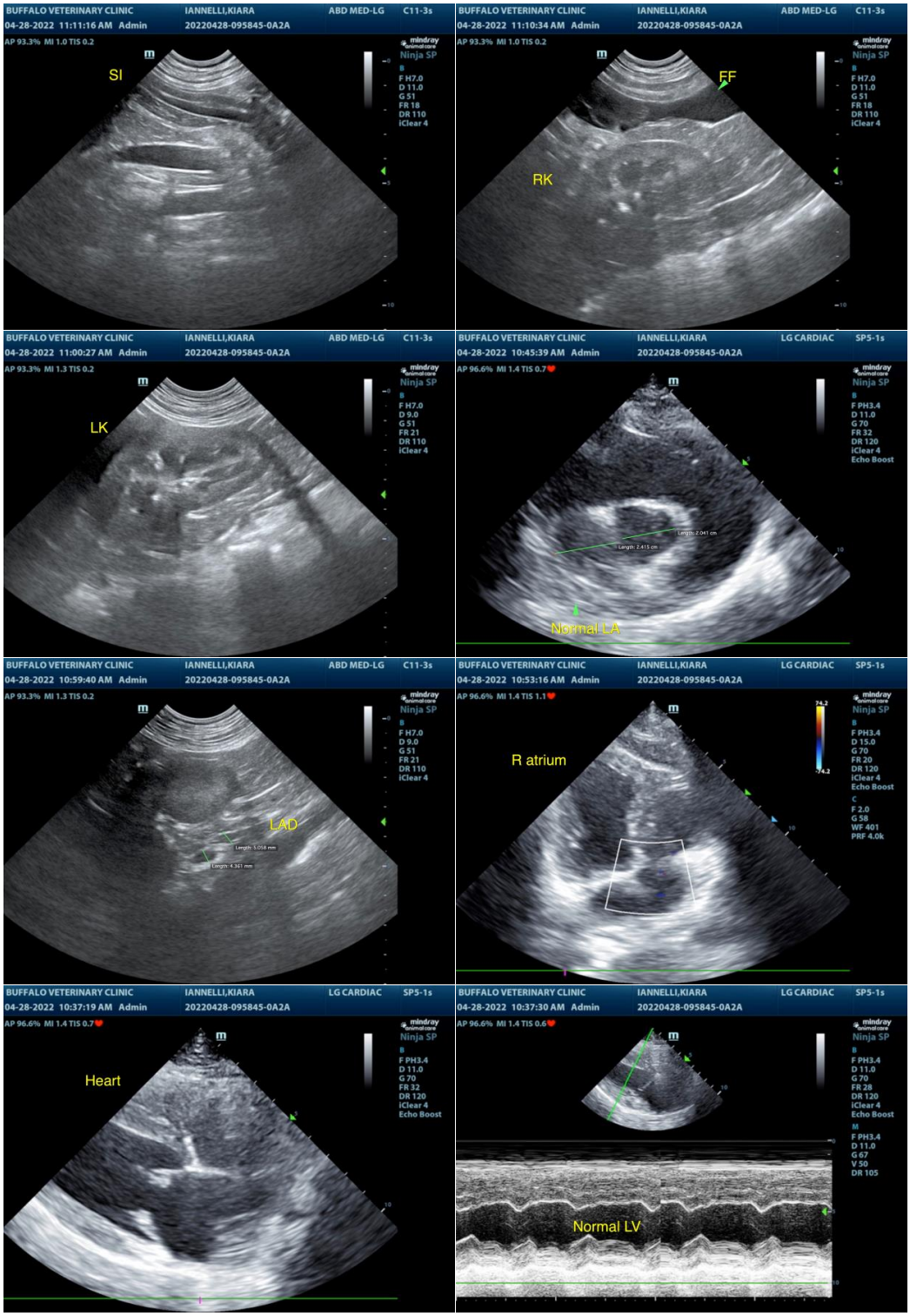

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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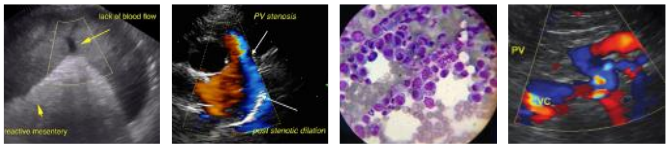

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com