


PATIENT PRESENTING CLINICAL SIGNS

Thor Dodd Lethargy, increased resp rate and effort, seizures, large distended abd
 Current Medications Epiphen 150mg BID (started 5d ago)

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: RBC 5.34; Hematocrit 0.333; MCHC 396; NEU 11.86;
 MONO 1.75; ALT 184; USG 1.011, 12WBC/hpf; 14RBC/hpf HR 90/RR 47/ 179/114 (MAP 135)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART
BREED

Mastiff

SEX

MI

AGE

7yr

WEIGHT

69.5kg

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				1.9	28	52	1.0
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		1.4	0.82		7.5	7.3	

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Yates VH

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04/05/2023

Cardiac Presentation

Mildly thickened mitral valve leaflets were present without evidence of valvular prolapse. Moderate centralized to eccentric MR was present on Doppler with moderate LA dilation and mild bulbous LA appearance. Dilated LV diameter was present with mildly decreased myocardial function and increased sphericity of the LV. The tricuspid valve appears mildly thickened without overt TR on Doppler. Mild right heart dilation was present. The pulmonic and aortic valves were normal in appearance. Normal measured LVOT/RVOT velocities were noted. No overt aortic or pulmonic insufficiency was present. No obvious pericardial effusion without overt evidence of pleural effusion. No cardiac tumors. Subjective tachycardia and potential tachyarrhythmia were present.

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 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.

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 was present. The left kidney measured 8.5 cm in length. The right kidney measured 8.6 cm in length.

The area of the aortic trifurcation was free of pathology.



PATIENT

Thor Dodd

The prostate was moderately enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 6.7 cm x 6.5 cm. Anechoic, thinly walled parenchyma cysts were present.

SPECIES

Adrenal Glands

Canine

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

BREED

Spleen

Mastiff

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.

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Liver/Gallbladder

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The liver presented enlarged in size with symmetrical yet swollen contour. The parenchyma exhibited conserved uniform parenchyma with normal echogenicity isoechoic to the spleen and falciform fat. The hepatic vasculature was dilated in appearance, most notable at the level of the hepatic vein / caudal vena cava junction, without evidence of thrombosis. The gallbladder was non-distended in size with primarily anechoic luminal content. Potential for discrete gallbladder wall edema possible although not definitive. The cystic and common bile ducts were normal.

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Gastrointestinal

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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.

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

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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.

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Free Abdomen

No omental masses or overt lymphadenopathy was present.

Mild volume anechoic peritoneal free fluid was present.

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ULTRASONOGRAPHIC FINDINGS

- Moderate LA/LV enlargement with decreased LV contractility.
- Mildly enlarged RA/RV.
- Centralized to eccentric MR.
- Subjective tachycardia with potential tachyarrhythmia.
- Congestive hepatomegaly.
- Mild volume ascites.

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PATIENT Secondary

- Thor Dodd
- Benign prostatic hyperplasia with intraparenchymal cysts.
 - Mild age related renal changes.

SPECIES INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Canine Considerations for the cardiomyopathy in this patient may include primary cardiomyopathy i.e., DCM or secondary to contributing factors such as taurine deficiency, hypothyroidism, myocarditis, tachycardia induced cardiomyopathy with potential for infiltrative disease such as lymphoma. While structural disease predisposes to left sided congestion, tachycardia with possible unspecified tachyarrhythmia may predispose to right sided congestion as indicated by the hepatic congestion and concurrent ascites. An ECG assessment is highly recommended for further clarification.

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Hospitalization with IV diuretic and rate control therapy pending ECG is recommended. Lasix/spironolactone combo both 1-2 mg/kg PO BID, Pimobendan 0.3 mg/kg PO BID as well as rate control medication is indicated. Monitoring of heart rate and systemic BP with target HR ~ 140 bpm is advised. If persistent BP >130 ACE inhibitor medication is suggested. Long term prognosis is guarded pending clinical response to medical therapy referral to local cardiologist would likely be ideal.

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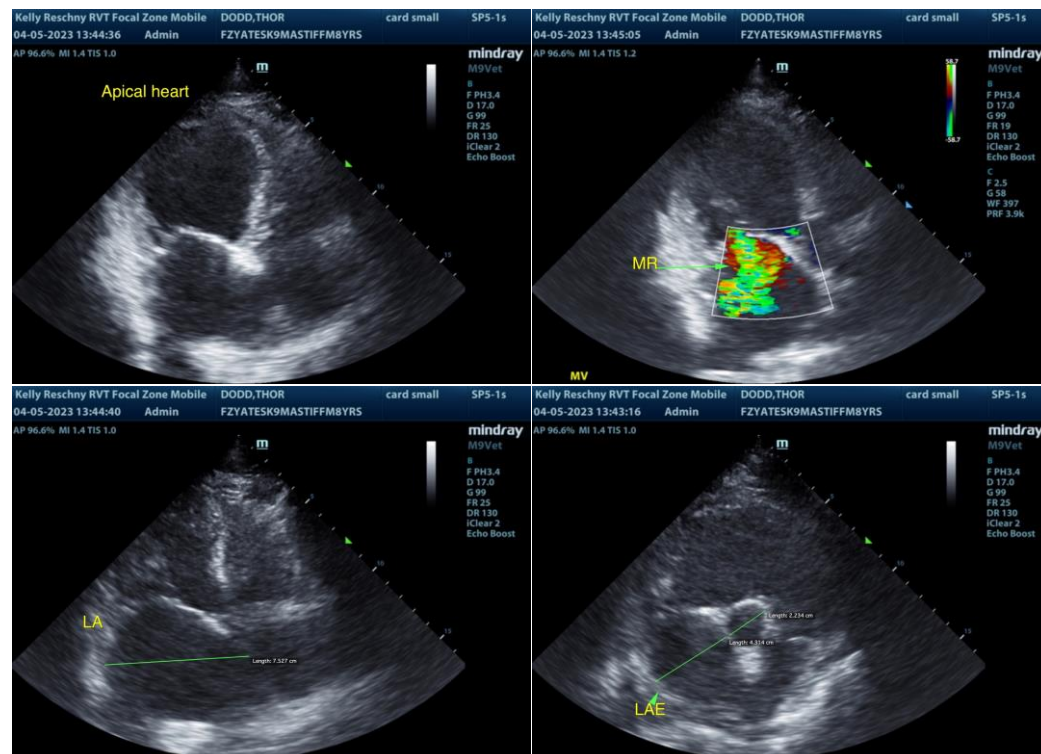
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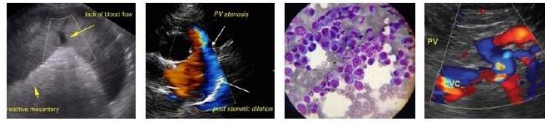
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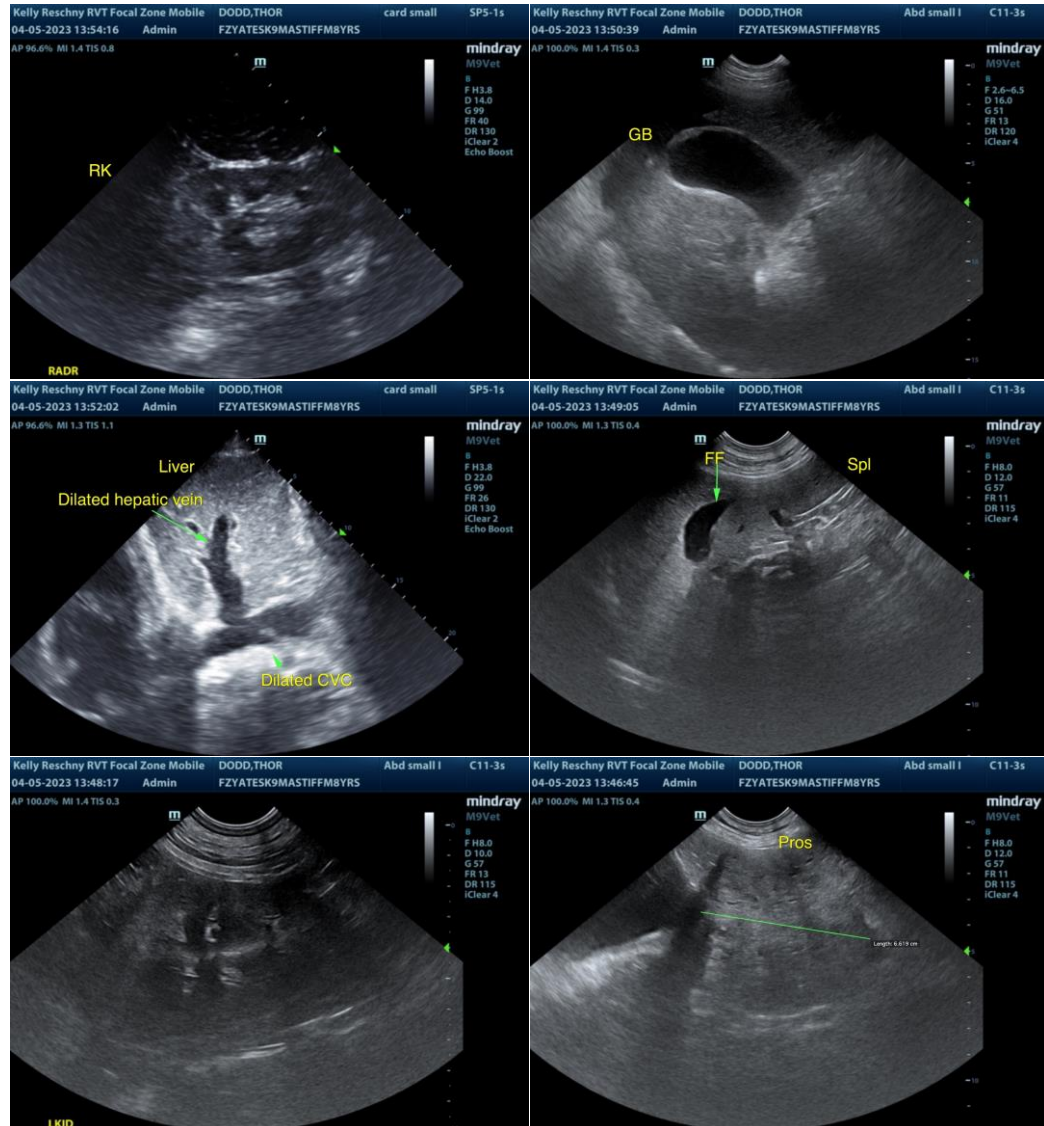
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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