



PATIENT PRESENTING CLINICAL SIGNS

Murray Gaffney PLE-ascites seen. Saturday presented for on/off vomiting and inappetence. Current meds: (All since Sat.) Prednisone 50mg- 1/2 tab bid, Metro 500mg bid, Clavamox 1000mg bid, Cerenia 60mg-2 tabs sid

SPECIES Abnormal PE/Chem/CBC/UA Results: Hct 57.48, TP 3.3, ALB 1.8, Glob 1.4,U/A n/a.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

BREED

Mix

SEX

Neutered Male

AGE

5 Years

WEIGHT

90 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	<1.6	28-40	40-100	<0.6
PATIENT			1.0	1.2	37.6	68.2	0.25
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	BELOW	BELOW	BELOW	BELOW
PATIENT	NM	1.5	1.1		3.5	4.0	

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reff, CVT

HOSPITAL NAME

AH of Sussex County

REFERRING VET

Dr. Ackernecht

INVOICE

37550

DATE

5/9/22

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). Trace PI on doppler. Mild to potential moderate volume subjectively anechoic pleural free fluid present without evidence of concurrent pericardial free fluid. No overt masses noted in the area of the cranial mediastinum, pericardium, or extracardiac regions.

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	No overt pathology in the area of the residual prostate.
Murray Gaffney	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 6.85 cm. The right kidney measured 6.7 cm.
Canine	
BREED	Adrenal Glands
Mix	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.2 cm length x 0.68 cm at the caudal pole. No overt pathology in the area of the right adrenal gland.
SEX	Spleen
Neutered Male	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.
AGE	
5 Years	
WEIGHT	Liver
90 Pounds	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The visualized caudal vena cava at the level of the liver and diaphragm was sonographically normal in volume. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
INTERPRETED BY	Gastrointestinal
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The stomach presented intact wall layering with a normal wall layer ratio. Minor retained non-shadowing ingesta/chyme present. Ventral gastric body wall measured 0.60 cm.
IMAGING PERFORMED BY	The small intestine presented intact wall layering with subjective propensity for mildly prominent duodenojejunal mucosa, exhibiting generalized mucosal speckling to fogging. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.
Shari Reff, CVT	
HOSPITAL NAME	Normal visible colon wall layers were present with apparent formed feces in lumen.
AH of Sussex County	Pancreas
REFERRING VET	The pancreas base and right pancreatic limb presented isoechoic to the adjacent omental fat. Mild capsule asymmetry noted. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.
Dr. Ackernecht	Free Abdomen
INVOICE	Regional peripancreatic and peri intestinal reactive mesentery noted.
37550	Potential for very scant primarily peri intestinal free fluid possible, although not definitive.
DATE	No evidence of omental lymphadenopathy or masses.
5/9/22	ULTRASONOGRAPHIC FINDINGS



PATIENT

Murray Gaffney

- Normal echocardiogram
- Pleural effusion – non-cardiogenic.
- Overtly normal stomach with minor retained ingesta/chyme

SPECIES

Canine

- Intact yet mildly prominent small intestinal wall layering exhibiting generalized mild duodenojejunal mucosal speckling/fogging – consistent with PLE pattern.

BREED

Mix

- Chronic active pancreatitis
- Peripancreatic to per intestinal reactive mesentery

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Neutered Male

The recent gastrointestinal signs in this patient may be owing to previous diagnosis of PLE with some contribution to chronic active pancreatitis or a combination. Continued gastrointestinal support and medical therapy for low-grade to chronic active pancreatitis would be reasonable.

AGE

5 Years

The non-cardiogenic pleural effusion may potentially be secondary to decreased hydrostatic pressure, given the hypoproteinemia. Potential for additional non-cardiogenic pleural effusion etiologies cannot be definitively excluded.

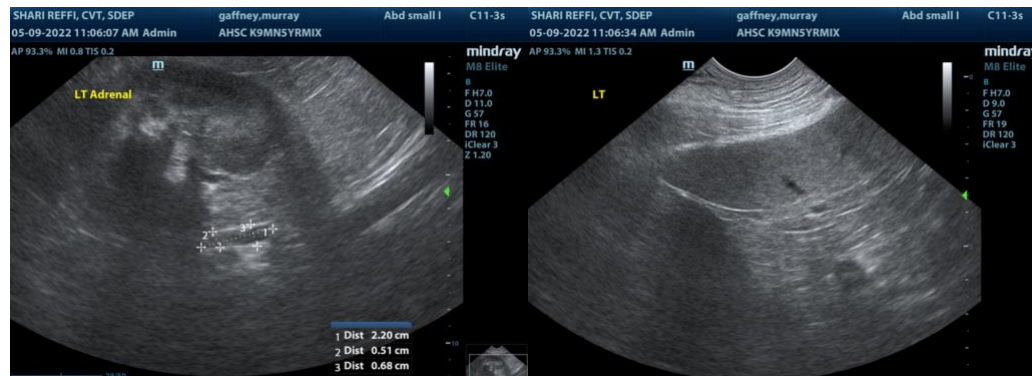
WEIGHT

90 Pounds

Plasma expanders, if IV fluid protocol is elected, would be reasonable, with radiographic or sonographic monitoring of the pleural effusion, as well as potential effusion analysis, cytology +/- culture and sensitivity if evidence of inflammatory cells are present.

INTERPRETED BY

R. McKenzie Daniel,
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(Canine and Feline)

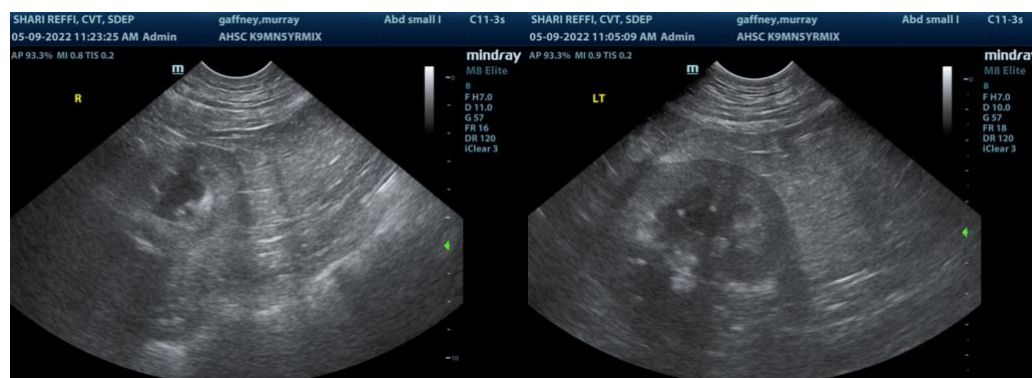


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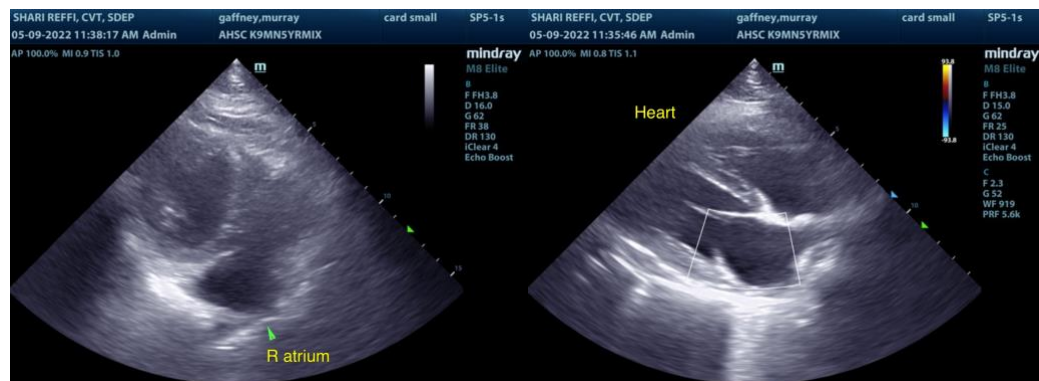
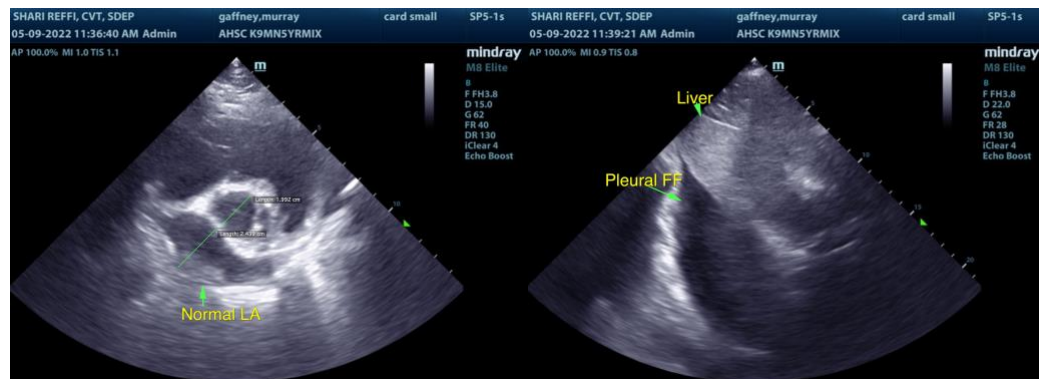
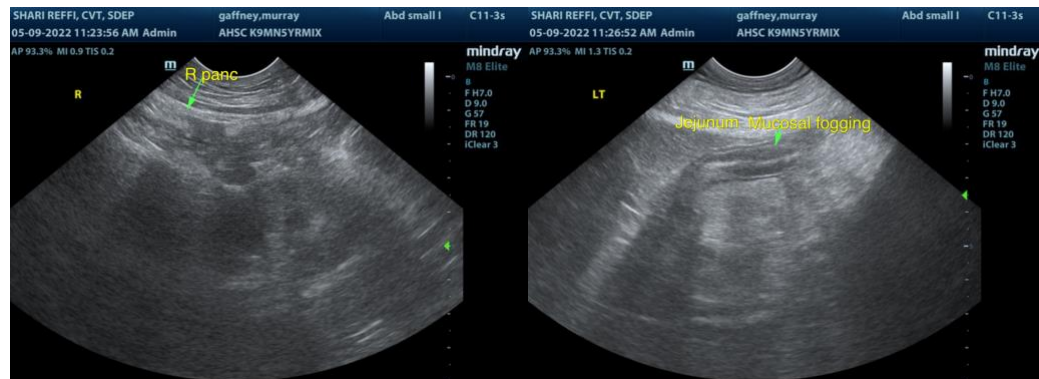
Dr. Ackernecht

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PATIENT

Murray Gaffney

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.

SPECIES

Canine

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)

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