



PATIENT

Oscar Santangelo

SPECIES

Canine

BREED

Shih Tzu

SEX

MN

AGE

16 years

WEIGHT

13 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Marsh Hospital for
Animals

REFERRING VET

Dr. Milwicki

INVOICE

14111

DATE

6/16/22

PRESENTING CLINICAL SIGNS

Patient presents for likely mediastinal mass. Current med: Gabapentin.
Abnormal PE/Chem/CBC/UA Results: Alk. Phos. 594, UA: WNL, USG: 1.038.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC PARAMETERS	VMAX (m/s)	VMAX (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
PATIENT			1.0	1.1	35.4	68.3	0.2
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC PARAMETERS	(BPM)	VMAX (m/s)	MAX (m/s)	(kg)	2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	105	1.0	1.1		2.3	1.8	

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. No evidence of valvular prolapse. Doppler indicated 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 overt evidence of detectable cardiac infiltrative disease was visible. Hypochoic to mildly nonhomogeneous mass lesion was noted in the area of the cranial thorax and mediastinum, measuring approximately 2.5-3.0 cm in diameter.



PATIENT

Urinary System

Oscar Santangelo

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.

SPECIES

Canine

BREED

Shih Tzu

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.8 cm in diameter.

SEX

MN

The area of the aortic trifurcation was free of pathology.

AGE

16 years

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Previously noted areas of nonobstructive medullary calculi primarily in the lateral diverticuli of both kidneys were present. No evidence of pyelectasia was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.3 cm in length.

WEIGHT

13 lbs.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width at the caudal pole and 0.43 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 cm width at the caudal pole and 0.55 cm width at the cranial pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Kelly Vazquez

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic content containing mild gallbladder debris. The cystic and common bile ducts were normal.

HOSPITAL NAME

Marsh Hospital for
Animals

REFERRING VET

Dr. Milwicki

INVOICE

14111

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.

DATE

6/16/22

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.



PATIENT

Pancreas

Oscar Santangelo

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.

SPECIES

Canine

Free Abdomen

BREED

Shih Tzu

No omental masses, lymphadenopathy or peritoneal free fluid was present.

SEX

- Static chronic mitral valve disease (ACVIM B1)

MN

- Cranial thoracic / mediastinal mass lesion

AGE

16 years

- Mild vacuolar hepatopathy pattern

- Mild gallbladder debris (non-mucocele)

- Static chronic renal changes with nonobstructive medullary renolithiasis

WEIGHT

13 lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Although sampling is required for further clarification, the confirmed cranial thoracic / mediastinal mass is suggestive of neoplastic criteria.

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

No overt indication for cardiac medications was evident.

IMAGING PERFORMED BY

Largely geriatric abdomen without evidence of primary Intraabdominal pathology or neoplastic criteria as a potential source of cranial thoracic / mediastinal metastasis.

Kelly Vazquez

HOSPITAL NAME
Marsh Hospital for
Animals

REFERRING VET

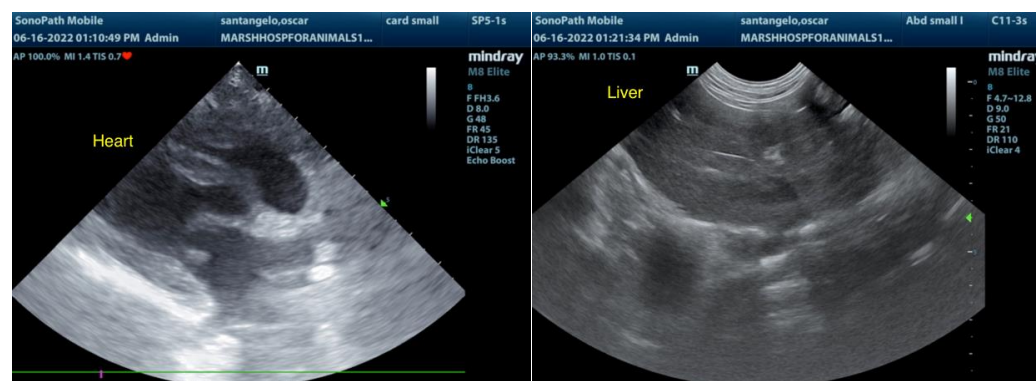
Dr. Milwicki

INVOICE

14111

DATE

6/16/22





PATIENT

Oscar Santangelo

SPECIES

Canine

BREED

Shih Tzu

SEX

MN

AGE

16 years

WEIGHT

13 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Marsh Hospital for
Animals

REFERRING VET

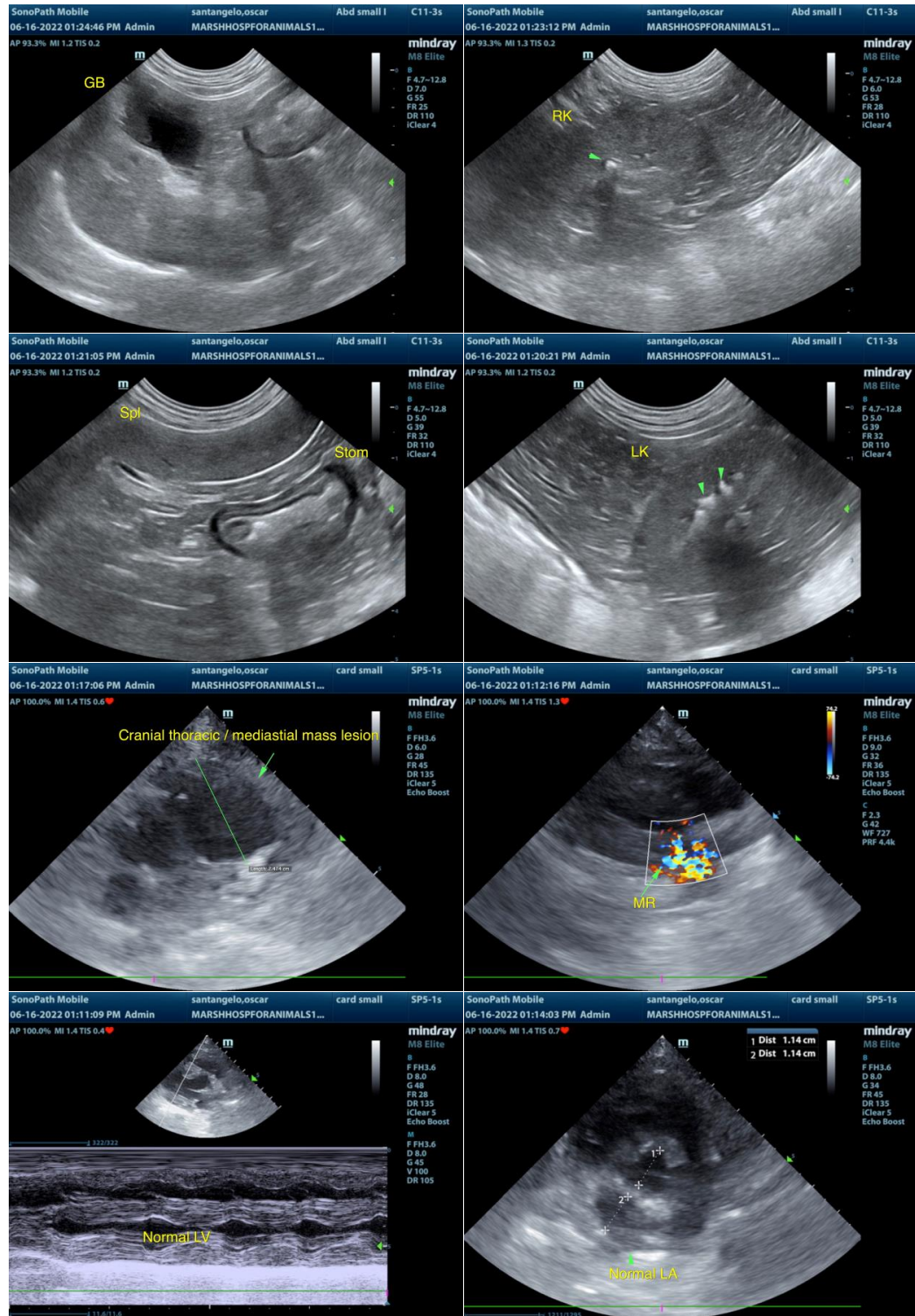
Dr. Milwicki

INVOICE

14111

DATE

6/16/22





PATIENT

Oscar Santangelo

SPECIES

Canine

BREED

Shih Tzu

SEX

MN

AGE

16 years

WEIGHT

13 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Marsh Hospital for
Animals

REFERRING VET

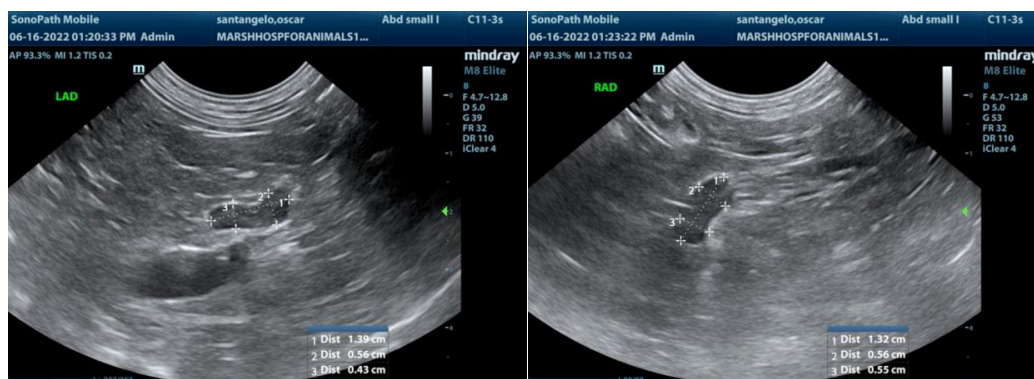
Dr. Milwicki

INVOICE

14111

DATE

6/16/22



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