



PATIENT PRESENTING CLINICAL SIGNS

Koko Isaza History: seizure activity, CNS lesion, toxicity

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

Canine

BREED

French Bulldog

SEX

Neutered Male

AGE

7 Years

WEIGHT

21 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	--	1.0	NM	1.4	54	88.8	0.18
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	NM	1.0	--	2.8	2.5	--

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. Mild TR 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. A spherical appearing mildly nonhomogeneous mass was present in the area of the heart base, subjectively adjacent to the aorta and left atrium, measuring approximately 4.0 cm in diameter. Potential for impingement or possible invasion into the left atrial lumen is possible.

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

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PATIENT	sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
Koko Isaza	No overt pathology in the area of the residual prostate.
SPECIES	Normal size and margination was 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 4.9 cm in length. The right kidney measured 5.0 cm in length.
Canine	
BREED	Adrenal Glands
French Bulldog	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.1 cm in length x 0.55 cm width at the caudal pole.
SEX	The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.3 cm in length x 0.61 cm width at the caudal pole.
Neutered Male	
AGE	Spleen
7 Years	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	Liver
21 Pounds	The liver exhibited potential for borderline subnormal size yet maintained symmetrical capsule contour and normal hepatic architecture. Subjective normal hepatic vascular volume was present. No masses or nodules were noted.
INTERPRETED BY	The gallbladder was non distended in size with primarily anechoic content with mild nondependent yet mobile mildly hyperechoic debris. The cystic duct and common bile ducts were normal without evidence of dilation. No evidence of gallbladder or peripheral gallbladder inflammation.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Gastrointestinal
IMAGING PERFORMED BY	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained nonshadowing chyme.
Jenn	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.
HOSPITAL NAME	Normal visible colon wall layers were present with apparent formed feces in lumen.
Rockaway AH	Pancreas
REFERRING VET	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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PATIENT

No evidence of medial iliac or sublumbar lymphadenopathy in the area of the iliac trifurcation or sublumbar space.

Koko Isaza

ULTRASONOGRAPHIC FINDINGS

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- Potential borderline subnormal liver size- nonspecific
- Mild gallbladder debris- likely incidental, not consistent with gallbladder mucocele
- Heart base mass- aortic body tumor, sarcoma, lymphoma or other possible

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The subjective potential for borderline subnormal liver size is nonspecific and may be a normal patient variant. Correlation with hepatic enzyme assessment is suggested. No overt evidence of a portosystemic shunt given the subjective normal hepatic vascular volume and lack of additional abnormalities, such as renal or cystic calculi. If evidence of hepatic enzyme elevation, fasting and postprandial bile acids could be considered if clinically indicated.

AGE

7 Years

The primary finding of the bicavitory study is the heart base mass. This is most consistent with neoplastic criteria. Sampling of the mass is required for further assessment. Thoracic CT, if possible, is likely ideal, given this presentation for further assessment. Three-view chest radiographs are also suggested, if not done.

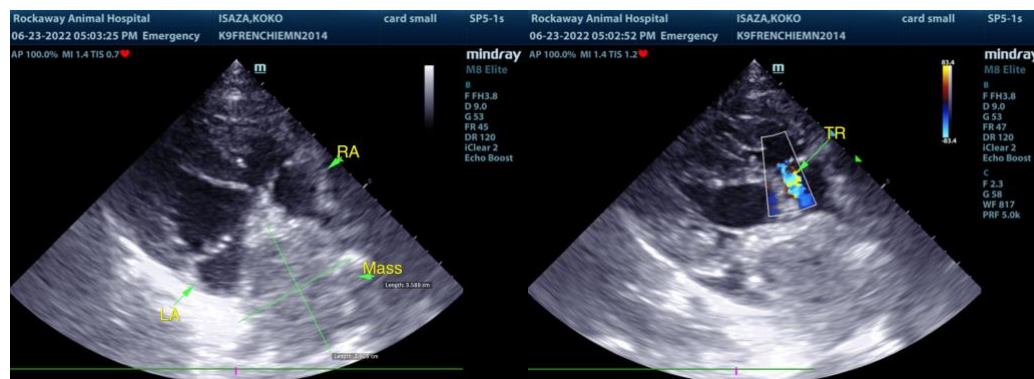
WEIGHT

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Referral for additional work up is likely in this patients best interest.

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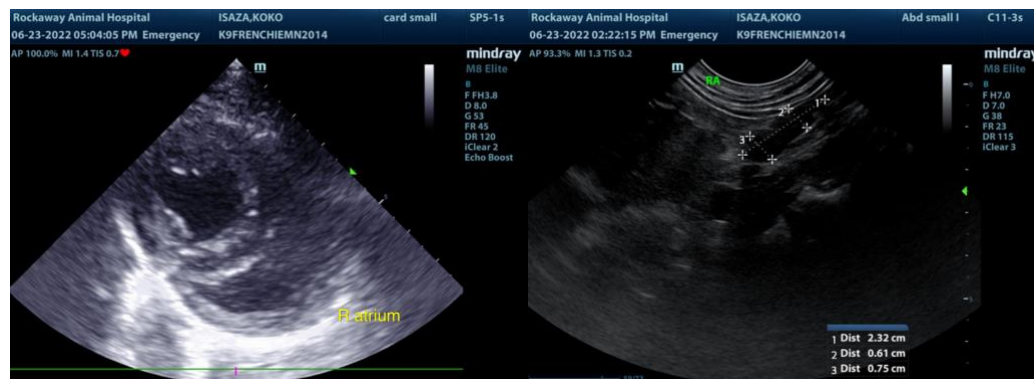


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Jenn

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Rockway AH



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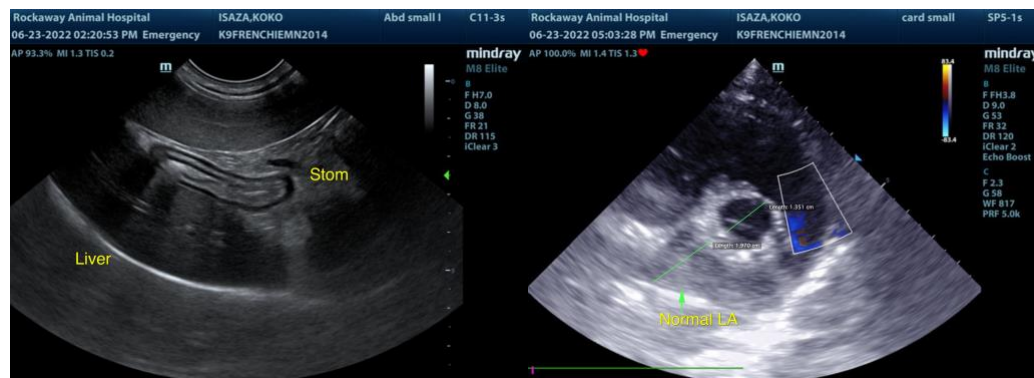
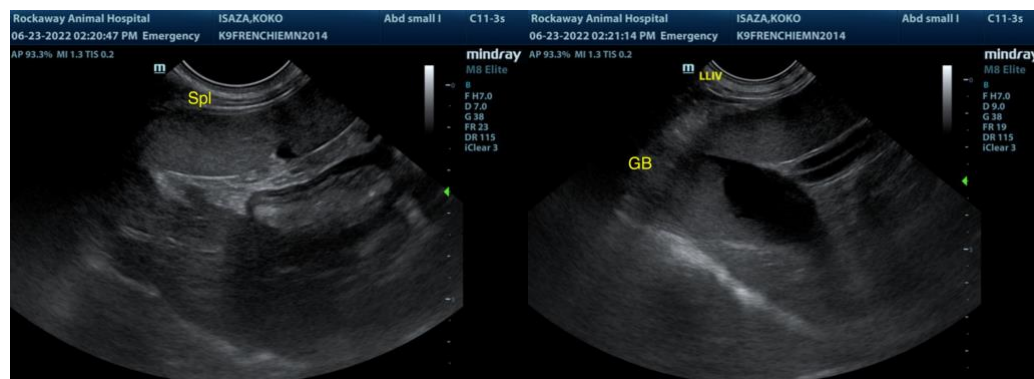
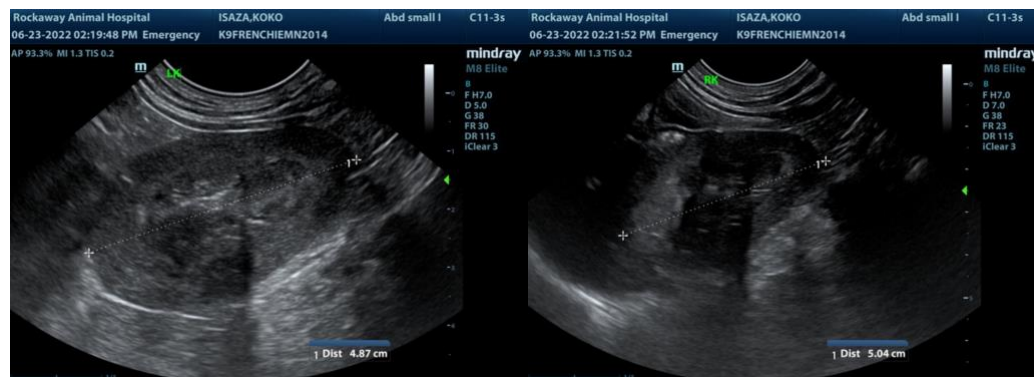
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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