



PATIENT PRESENTING CLINICAL SIGNS

Bilbo Polchinski History: pancreatitis vomiting

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

Canine

BREED

Basset Hound

SEX

Neutered Male

AGE

9 Years

WEIGHT

42 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	--	<2.0	NM	1.0	28.2	58.5	0.5
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	1.0	0.7	--	3.9	3.9	--

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 mildly subnormal as 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. Trace aortic insufficiency was present on doppler. 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 was 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. 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 were noted. Aortic trifurcation was normal.

No overt pathology in the area of the residual prostate.

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	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 right kidney revealed incidental small cortical cysts. The left kidney measured 6.5 cm in length. The right kidney measured 6.5 cm in length.
Bilbo Polchinski	
SPECIES	
Canine	Adrenal Glands
BREED	The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 cm width at the caudal pole and 0.46 cm width at the cranial pole.
Basset Hound	No overt pathology in the area of the left 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	Liver
9 Years	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.
WEIGHT	The gallbladder was mildly distended in size with hyperechoic gallbladder walls with potential for mineralized debris along the inner luminal. Anechoic content was noted primarily in the gallbladder. No evidence of peripheral gallbladder inflammation. The cystic and common bile ducts were normal.
42 Pounds	Gastrointestinal
INTERPRETED BY	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 gastric body wall measured 0.47 cm.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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. The small intestinal wall measured 0.35 cm.
IMAGING PERFORMED BY	Pancreas
Jenn	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.
HOSPITAL NAME	Free Abdomen
Rockaway AH	Focal to intermittent mesenteric root lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 4.7 cm x 1.2 cm.
REFERRING VET	No effusion noted.
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ULTRASONOGRAPHIC FINDINGS

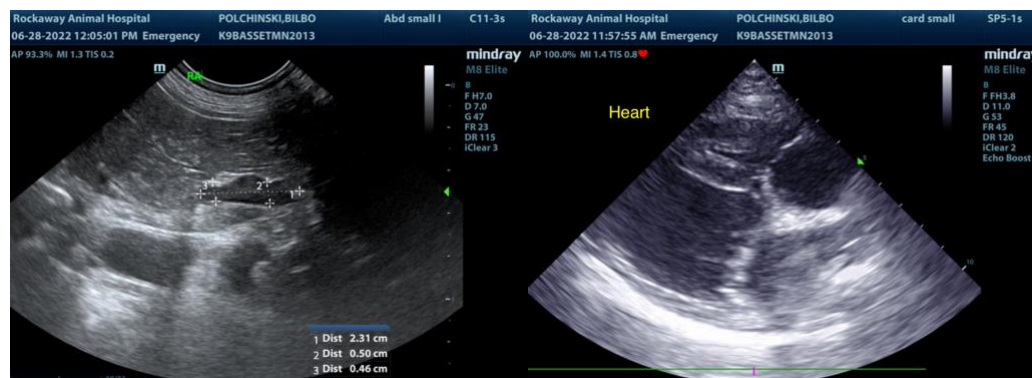
- Normal echocardiogram with mild LV hypocontractility
- Mild TR- estimated pulmonary gradient not consistent with clinical pulmonary hypertension
- Trace aortic insufficiency
- Suspect mesenteric root lymphadenitis, possibly secondary to inflammatory bowel episode
- Overtly normal pancreas
- Possible chronic cholecystitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural cardiomyopathy with mild LV hypocontractility present. This is a nonspecific finding and could indicate age-related variant, potentially secondary to systemic disease, hypothyroidism, less likely athletic state given the breed. DCM criteria was not met. No overt indication for cardiac medications, unless clinical signs consistent with cardiac disease, i.e., exercise intolerance, etc. are present. Assessment of T4 levels and electrolytes could be considered, if not done.

Assessment of hepatic enzymes is suggested if not already done. If no evidence of hepatobiliary inflammation, the gallbladder appearance is likely incidental. Ursodiol therapy may be considered, if evidence of cholestasis. Minor potential for emerging neoplastic mesenteric root lymphadenopathy cannot be definitively excluded. If accessible, ultrasound guided FNA of an enlarged mesenteric root lymph node for screening cytology would be warranted. The possibility of low grade to chronic pancreatitis could be present yet sonographically normal, however, no evidence of significant pancreatic pathology.

Continued as needed gastrointestinal support and therapy for possible low grade pancreatitis, which may include Zithromax, metronidazole combination given the suspected lymphadenitis may prove beneficial.



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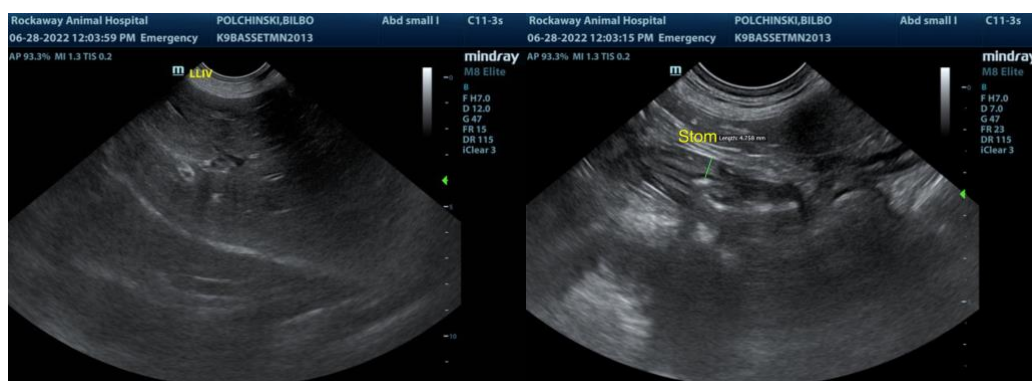
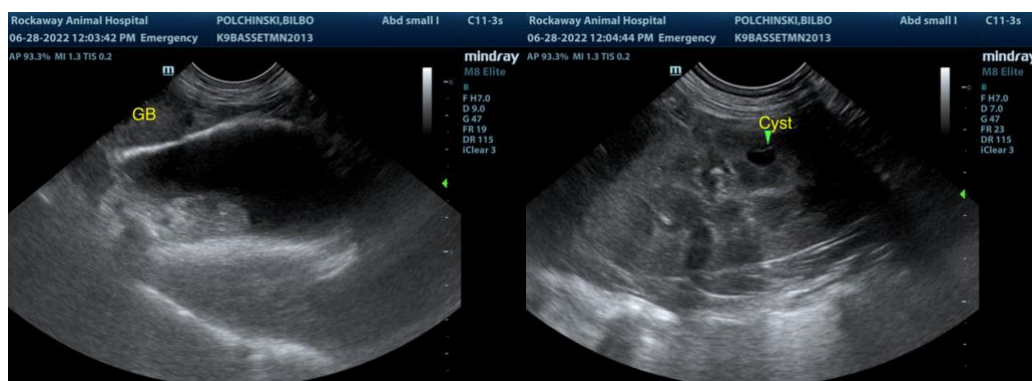
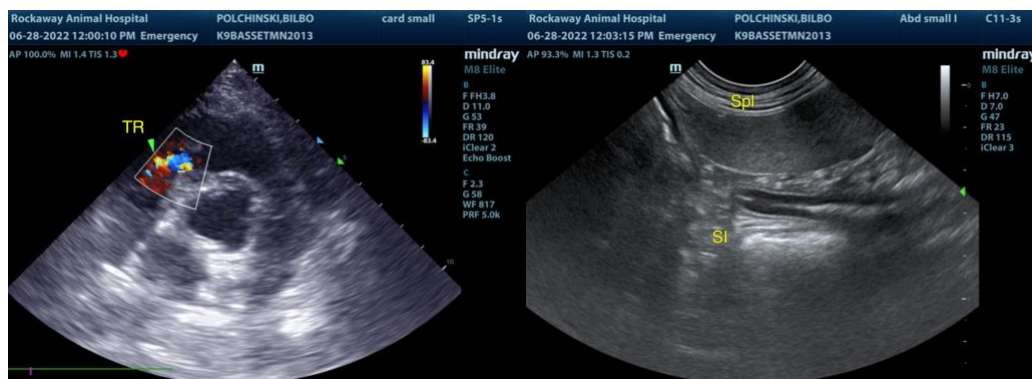
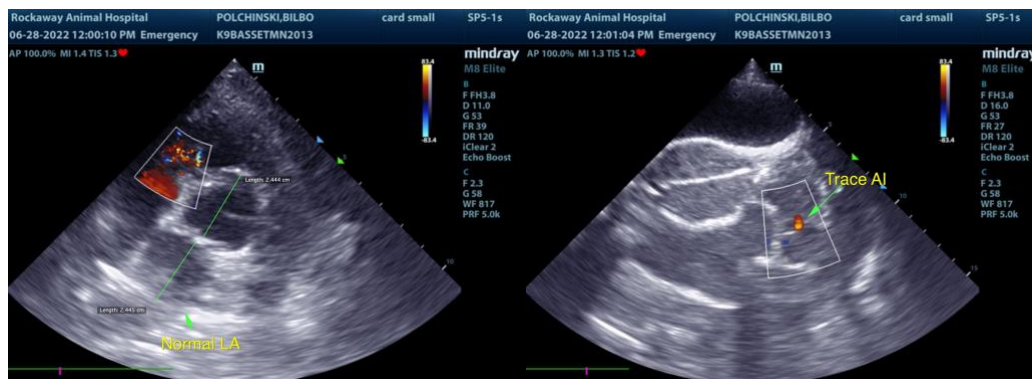
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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