



PATIENT

Sally Picard

SPECIES

Canine

BREED

Golden Doodle

SEX

Spayed Female

AGE

9

WEIGHT

15.8 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Alastair Westcott,
DVM

HOSPITAL NAME

Dr. Alastair Westcott,
DVM

REFERRING VET

Dr. Alastair Westcott,
DVM

INVOICE

10326

DATE

7/14/2023

PRESENTING CLINICAL SIGNS

Presented today for an abdominal ultrasound in order to investigate a potential systemic etiology causing the supraventricular arrhythmia noted. Previous cardiac evaluation did not suggest primary heart disease as a cause. There was a subjectively thickened left ventricular myocardium and perhaps some mild fibrosis but otherwise good systolic function and no defined heart disease. The cardiac troponin was elevated which can sometimes suggest myocyte damage.

Abnormal PE/Chem/CBC/UA Results: Arrhythmia with the occasional pulse deficit previously diagnosis of supraventricular arrhythmia with no obvious cardiac cause Mild dental disease lower incisors with some looseness Small spherical growth on the upper right eyelid Blood work taken 3 weeks ago demonstrated a mild neutrophilia, a mild elevation in ALT and a mild hyperalbuminemia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained and minor loss of corticomedullary demarcation. 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 6.5 cm in length. The right kidney measured 5.0 cm in length. Possible mild under estimation of right kidney size.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm width at the caudal pole and 0.39 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 0.41 cm in width at the caudal pole.

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.

Liver/ Gallbladder

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 gallbladder was non distended in size with primarily anechoic content with mild congealed, gallbladder debris, primarily along the intraluminal wall. No evidence of gallbladder or peripheral gallbladder inflammatory criteria. The cystic duct and common bile ducts were normal without evidence of dilation.

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.

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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 pancreas was normal in size and contour with mild isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Sonographically unremarkable liver / consistent with low grade benign hepatopathy
- Mild gallbladder sediment (non-mucocele)
- Mild pancreatic remodeling
- Sonographically normal spleen

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R. McKenzie Daniel,
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and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of visceral pathology as an obvious cause of arrhythmogenic disease. Hepatic supportive medications including Denamarin or ursodiol may prove beneficial. Screening hepatic FNA cytology could be considered assuming normal clotting status. Primarily to assess for inflammatory criteria if progressive ALT elevation.

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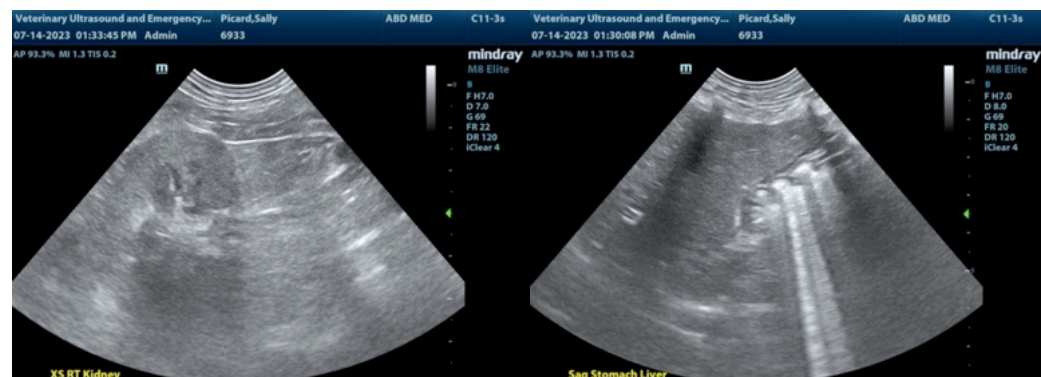
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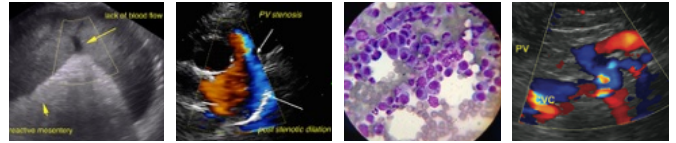
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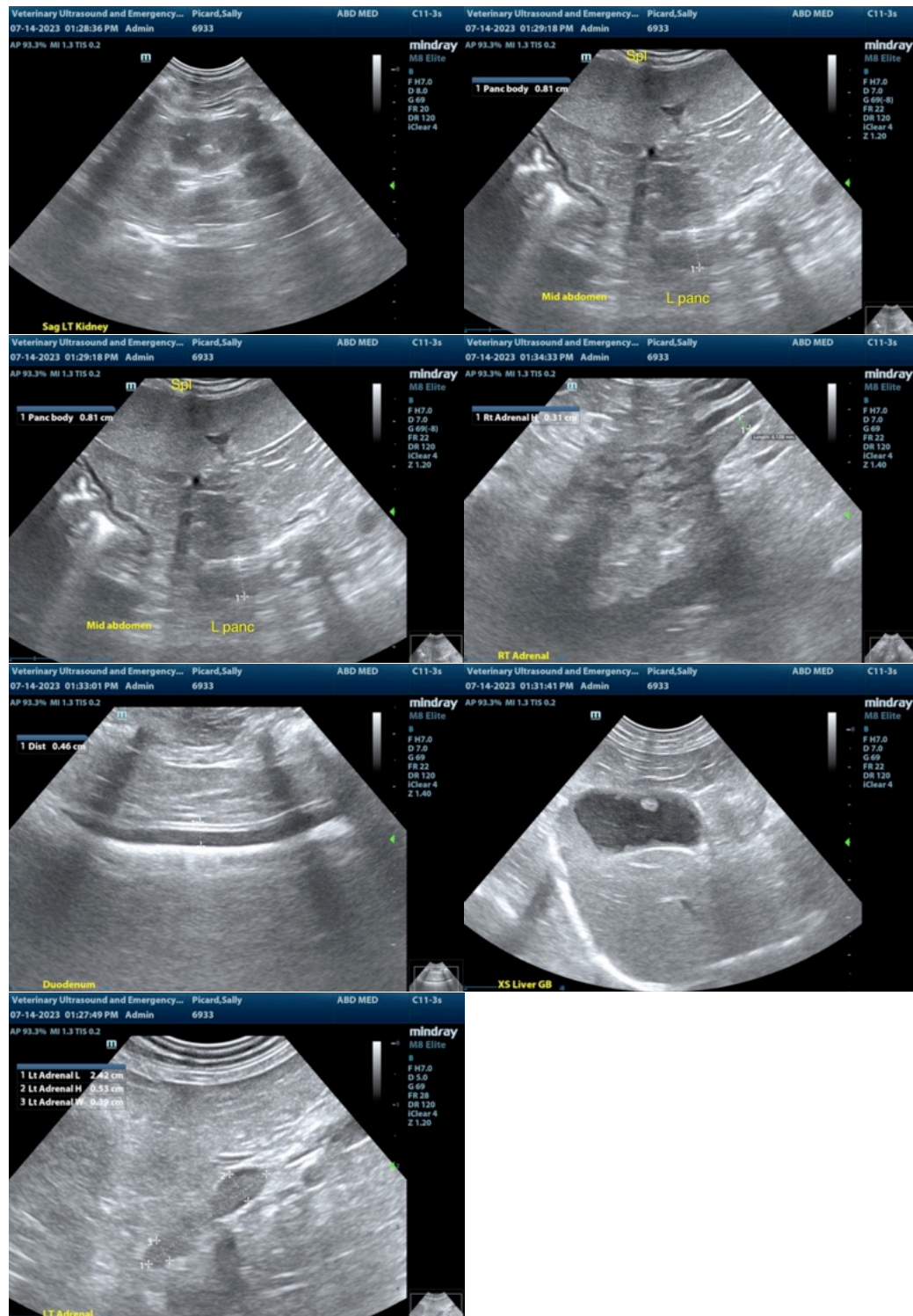
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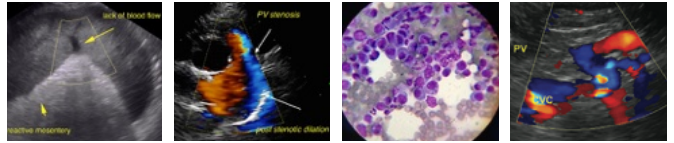
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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