



PATIENT

Jingles Burke

SPECIES

Canine

BREED

Beagle

SEX

FS

AGE

12 years

WEIGHT

20 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional
Veterinary Hospital

REFERRING VET

Dr. Goldman

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DATE

7/20/22

PRESENTING CLINICAL SIGNS

Lethargy, not eating, dyspnea, dehydrated, pulmonary edema on radiographs.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

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		1.1	41.7	76	0.2
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	106	1.0	0.85		3.1	2.4	

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 systolic flow with overall normal subjective structural integrity. Mild to moderate aortic insufficiency measuring 3.3 m/s was present on doppler. The **right atrium** and auricle revealed overtly normal size, structure and content. No evidence of masses in the area of the right atrium or auricle 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). Moderate volume pleural free fluid was present. No evidence of concurrent pericardial free fluid was noted. Moderately sized, nonhomogeneous mass was present in the thoracic cavity subjectively adjacent to the right ventricle and right atrium / auricle extending into the area of the cranial thorax. The mass measured approximately 6.5 - 7.0 cm in diameter.



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Urinary System

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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.

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No overt pathology was noted in the area of the aortic trifurcation or uterine remnant.

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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 left kidney measured 4.3 cm in length. The right kidney measured 4.7 cm in length.

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Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width at the caudal pole and 0.5 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 0.46 cm width at the caudal pole and 0.45 cm width at the cranial pole.

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Spleen

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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.

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Liver/ Gallbladder

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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 hepatic vascular congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Transdiaphragmatic view revealed a mild comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. This finding may indicate alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation, or other thoracopulmonary pathology.

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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.

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

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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.

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Free Abdomen

Beagle

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

SEX

ULTRASONOGRAPHIC FINDINGS

FS

Primary Findings

AGE

- Overtly normal cardiac structure and function
- Mild to moderate aortic insufficiency
- Minor TR
- Thoracic mass with concurrent moderate volume noncardiogenic pleural free fluid
- Transdiaphragmatic comet tail artifact

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Secondary Findings

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- Age-related kidneys

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Although sampling is required for further assessment, the thoracic mass is suspected to be of pulmonary origin with non-pulmonary origin possible yet thought less likely. Neoplastic criteria is favored with non-neoplastic etiology i.e., consolidation, granuloma, infection, necrosis, or other possible yet thought less likely.

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Assuming normal clotting status and if accessible, ultrasound-guided FNA of the thoracic mass along with concurrent pleural effusion analysis, cytology, +/- C/S if clinically indicated is recommended. Thoracic CT could also be considered for further assessment if possible. However, a likely unfavorable prognosis is unfortunately indicated.

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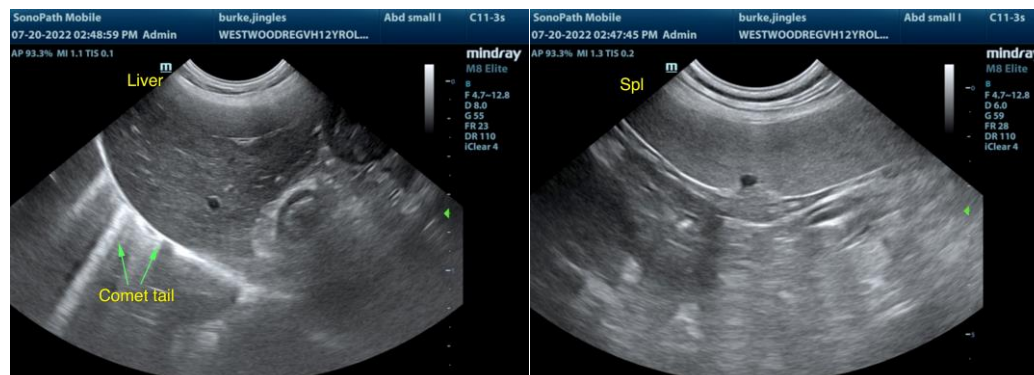
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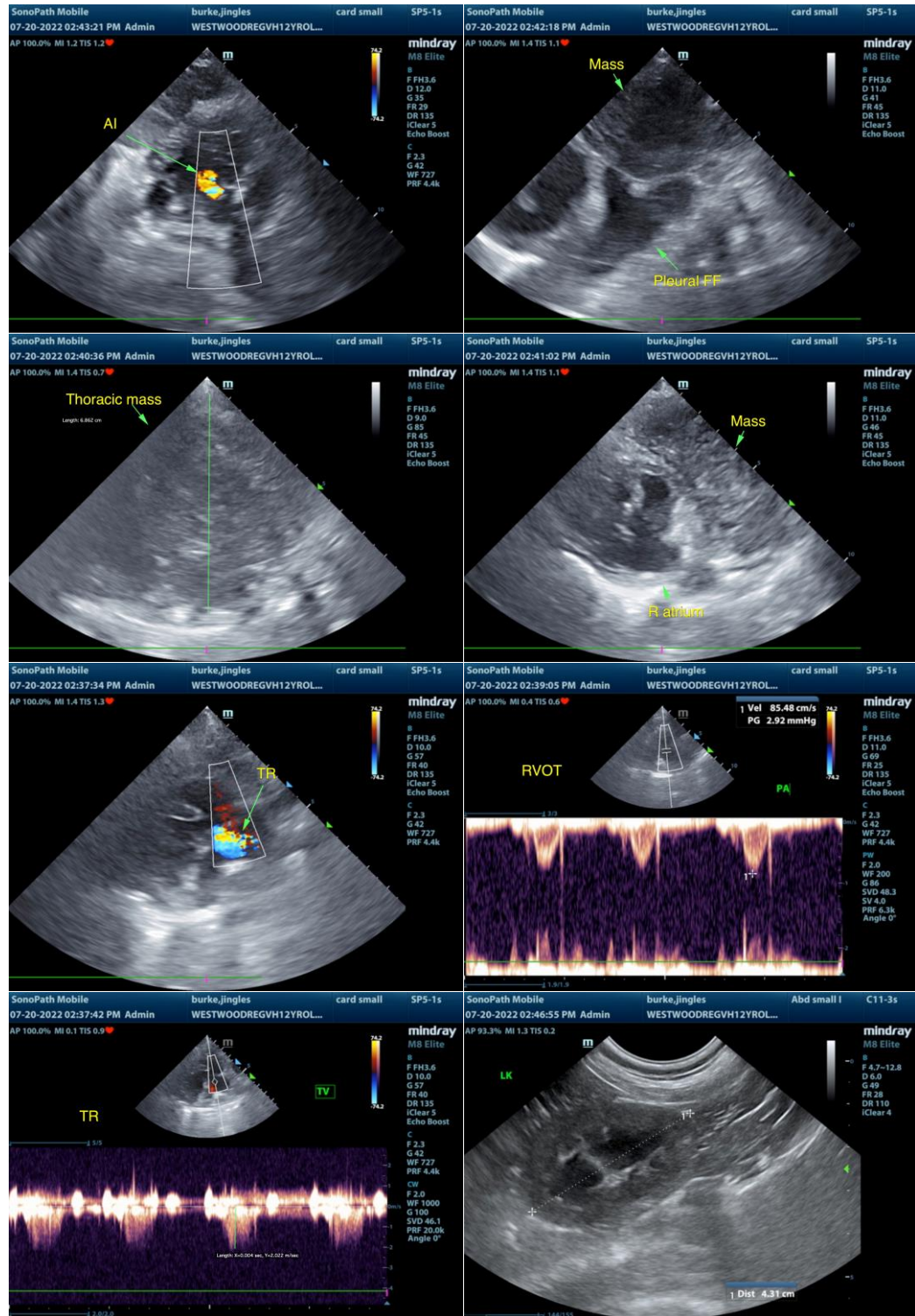
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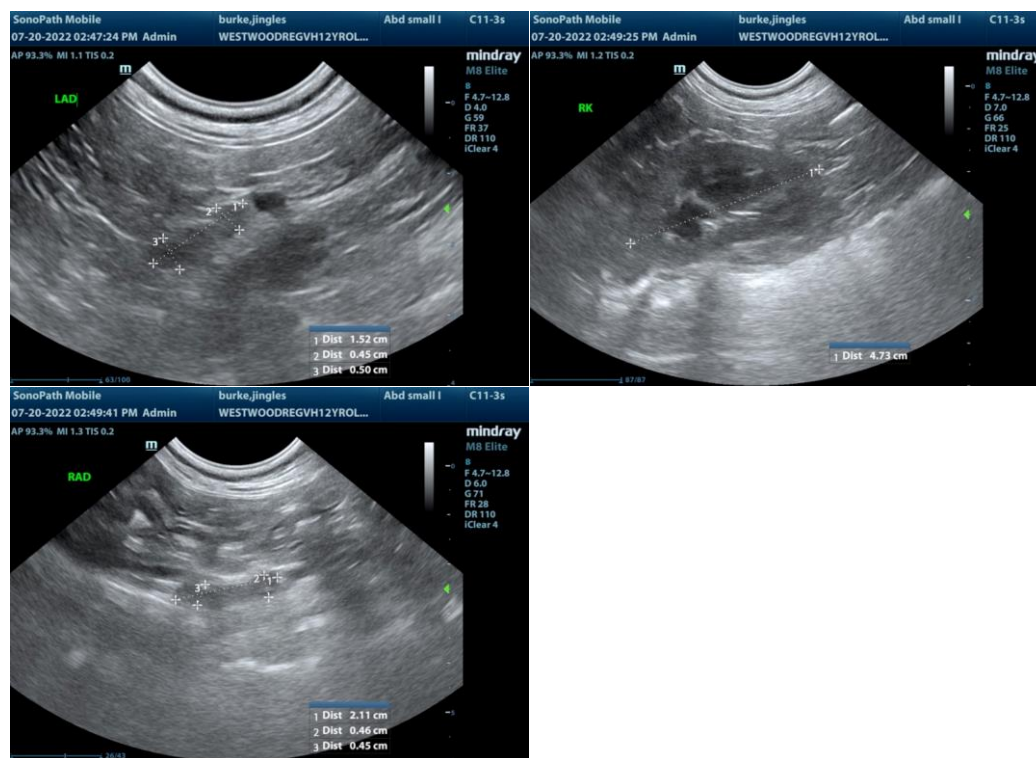
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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