

PATIENT PRESENTING CLINICAL SIGNS

Francis Crouch

Being managed for >1yr with Benazepril for PLN. Uses Gabapentin as needed for anxiety/noise phobia. Dx with arrhythmogenic right ventricular cardiomyopathy (ARVC) on 6/30/23 after arrhythmia heard on routine exam. (ECG was normal a year ago). Screening for possible systemic causes of ventricular arrhythmias (i.e. masses of the liver/spleen). Patient had Sonopath/Animal Sounds NW come in and do echocardiogram today. ECG was sent to Idexx for comparison today - after last ECG on 6/30/23 - now that patient started Sotalol.

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

Abnormal PE/Chem/CBC/UA Results: 6/30/23 senior labwork - Protienuria 0.5 currently (was 1.1 last year before starting benazepril) Struvite crystalluria Mild lymphocytosis Mildly elevated PSL BUN 17 6-31 mg/dL Creatinine 1.2 0.5-1.6 mg/dL _ SDMA 17.2 (HIGH) <14.0 UG/dL Sinus with VPCs in singlets and a couplet.

AGE

9 yr

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.

WEIGHT

66 lb

INTERPRETED BY

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

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 6.2 cm in length. Potential mild left kidney size underestimation. The right kidney measured 7.6 cm in length.

IMAGING PERFORMED BY

Dr. Lantz

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

HOSPITAL NAME

Eastgate Veterinary
Clinic

Spleen

The spleen is subjective normal size with a maintained symmetrical capsule contour. Primarily a finely textured subtly heterogeneous parenchyma. A solitary non-disruptive subtly hypoechoic splenic nodule measuring 1.0 cm in diameter mid to caudal spleen. No splenic masses. 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.

REFERRING VET

Dr. Lantz

INVOICE

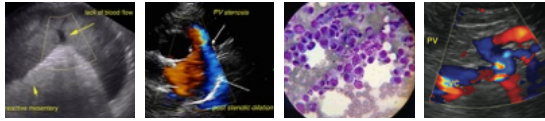
10371

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

DATE

7/21/2023



PATIENT *Gastrointestinal*

Francis Crouch 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.

SPECIES
Canine 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.

BREED
Boxer Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

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.

Free Abdomen

No omental masses, lymphadenopathy, or peritoneal effusion was present. No evidence of medial, iliac, or sub lumbar lymphadenopathy.

SEX

Spayed Female

AGE

9 yr

WEIGHT

66 lb

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild non-specific renal changes
- Subtle non-disruptive splenic nodule
- Normal liver/gallbladder
- Normal gastrointestinal tract

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lantz

HOSPITAL NAME

Eastgate Veterinary
Clinic

REFERRING VET

Dr. Lantz

INVOICE

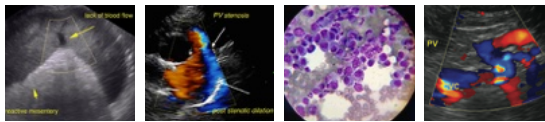
10371

DATE

7/21/2023

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically no evidence of significant visceral pathology i.e. gastrointestinal disease or intraabdominal neoplasia. Non-disruptive subtle splenic nodules tend to trend benign with subtle incidental hyperplasia, hematopoiesis, or similar likely. Given arrhythmia and to ensure only benign changes are present screening FNA cytology using a 25-gauge needle could be considered assuming normal clotting status. Continued as-needed therapy for protein-losing nephropathy with periodic monitoring of UPC level is recommended.



PATIENT

Francis Crouch

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

AGE

9 yr

WEIGHT

66 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lantz

HOSPITAL NAME

Eastgate Veterinary
Clinic

REFERRING VET

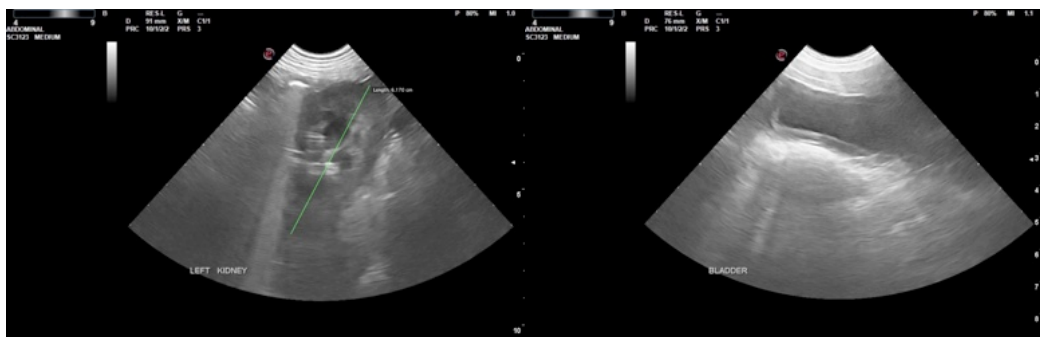
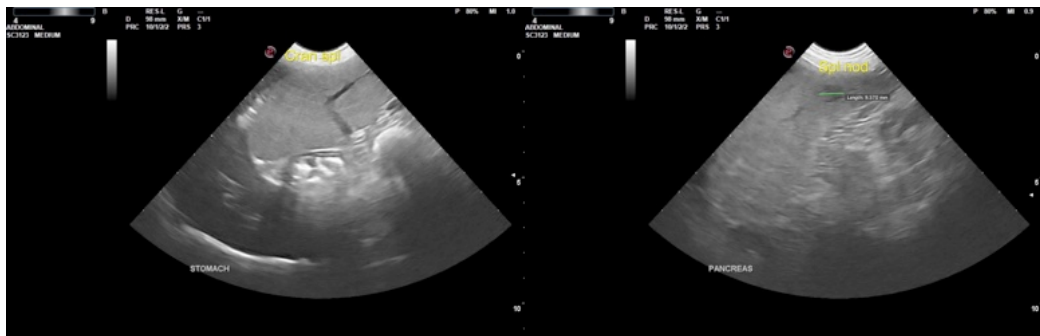
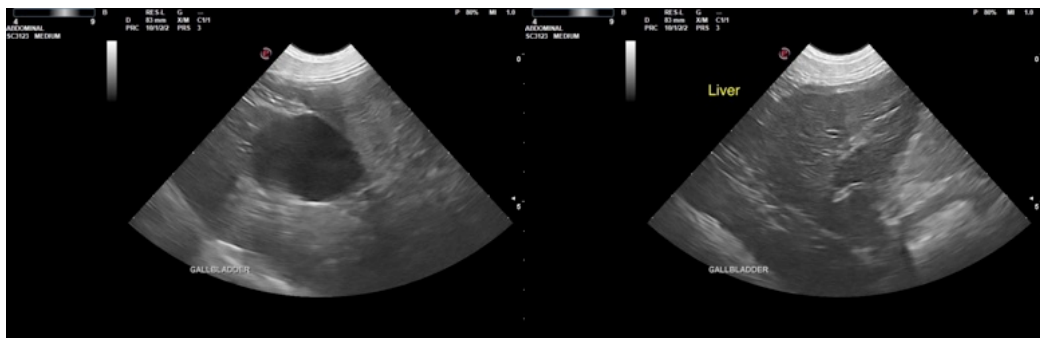
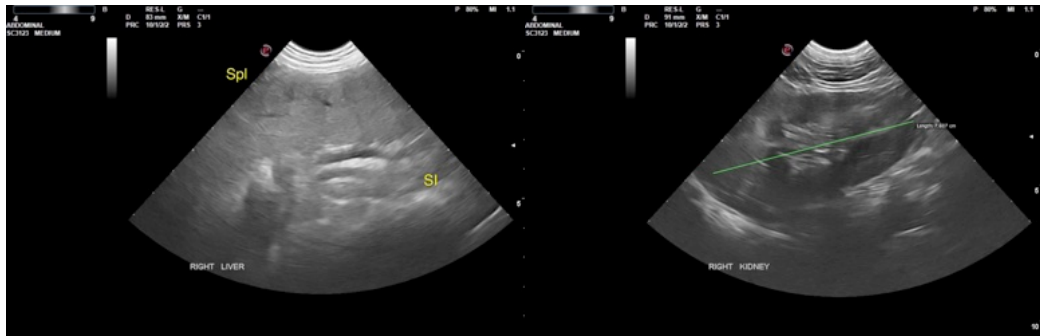
Dr. Lantz

INVOICE

10371

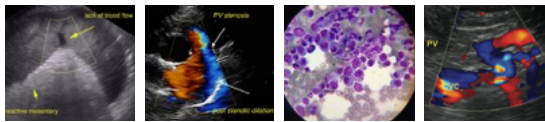
DATE

7/21/2023



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



PATIENT

Francis Crouch

can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

AGE

9 yr

WEIGHT

66 lb

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Lantz

HOSPITAL NAME

Eastgate Veterinary
Clinic

REFERRING VET

Dr. Lantz

INVOICE

10371

DATE

7/21/2023