


PATIENT PRESENTING CLINICAL SIGNS

Hunter Batras
 History: Stiff? Seems to be grunting/groaning when attempting to lay down. Seems to get up ok. Seems to struggle with getting comfortable. Metacam was not helpful and is now on Gabapentin.

SPECIES Abnormal PE/Chem/CBC/UA Results: Mild elevation in ALT in March/22.

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART**

BREED	CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
Labrador								
SEX	NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
AGE	PATIENT				1.4	47.7	79.1	0.40
	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)
9yr								
WEIGHT	NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
136.2lb	PATIENT	141	1.8	1.1		5.3	4.7	

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. 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 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.

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

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Halton Peel AH

REFERRING VET

Dr. Walters

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DATE

07/25/2022



PATIENT of pelvic dilation was present. The left kidney measured 6.8 cm in length. The right kidney measured 7.0 cm in length.

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The area of the aortic trifurcation was free of pathology.

SPECIES No evidence of pathology in the area of the residual prostate.

Canine

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.59 cm width at the caudal pole and 3.0 cm length. The right adrenal gland was indistinctly visualized owing to patient size and confirmation, no overt pathology noted.

BREED

Labrador

Spleen

SEX The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

MN

AGE

9yr

Liver

WEIGHT

136.2lb

The liver exhibited generalized enlargement and rounded contour with the ventrocaudal liver extending past the level of the gastric axis. Evidence of parenchymal remodeling with a moderately coarse echotexture were noted. No masses or nodules noted. 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 with mild congealed nonorganized debris. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild ingesta/chyme 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.

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

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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 was evident.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Normal echocardiogram
- Age related kidney changes
- Mild hepatomegaly exhibiting parenchymal remodeling
- Mild congealed gallbladder debris (non-mucocele)



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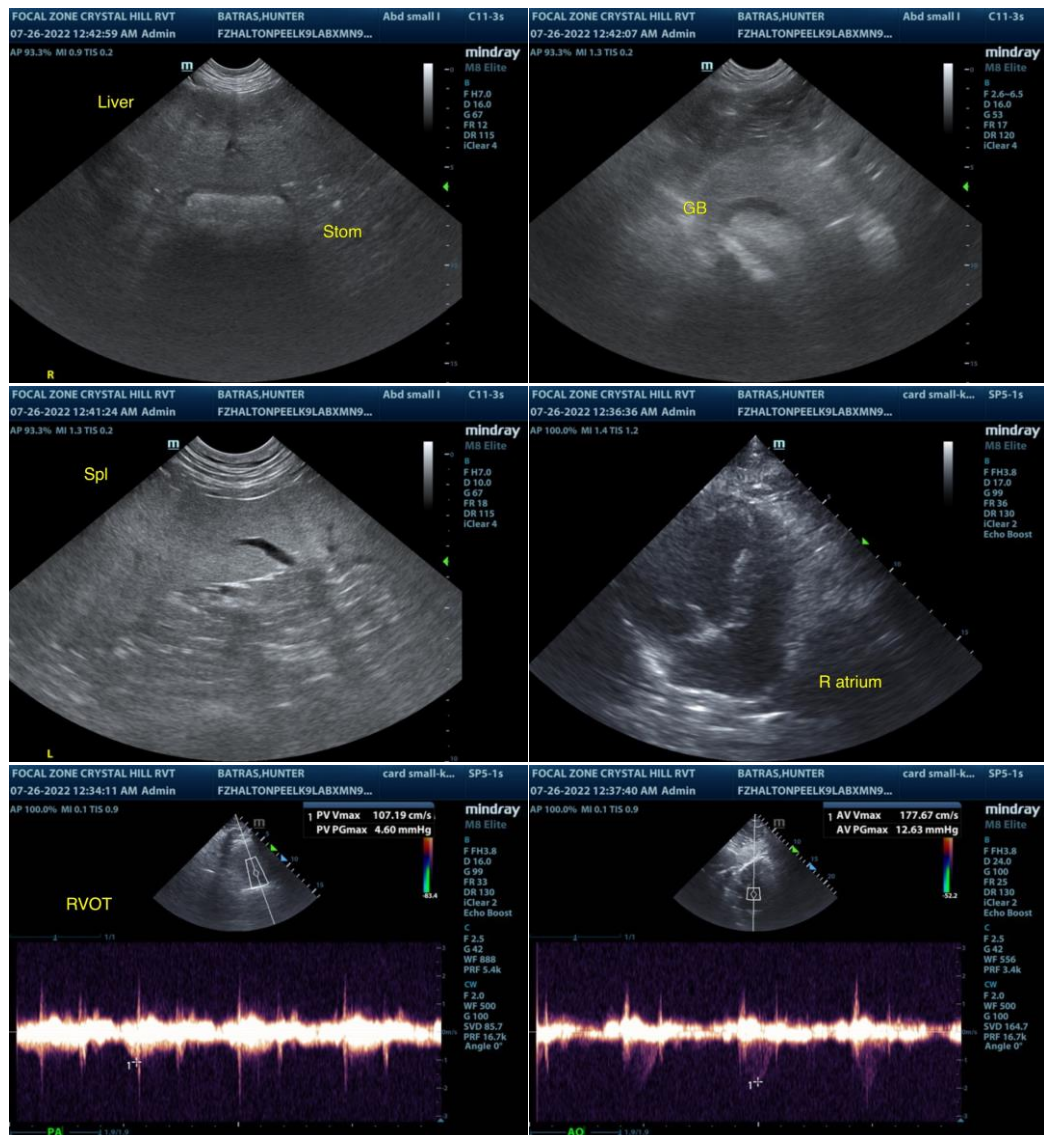
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall the appearance of the liver was nonspecific and consistent with benign likely chronic hepatopathy most likely with considerations including metabolic, reactive, vacuolar or inflammatory hepatopathy. An ultrasound guided FNA of the liver assuming normal clotting status and using a 25g needle could be considered for screening cytology primarily to ensure only benign changes are present. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

Overall no overt evidence of significant cardiac or intra-abdominal pathology was present in this scan.





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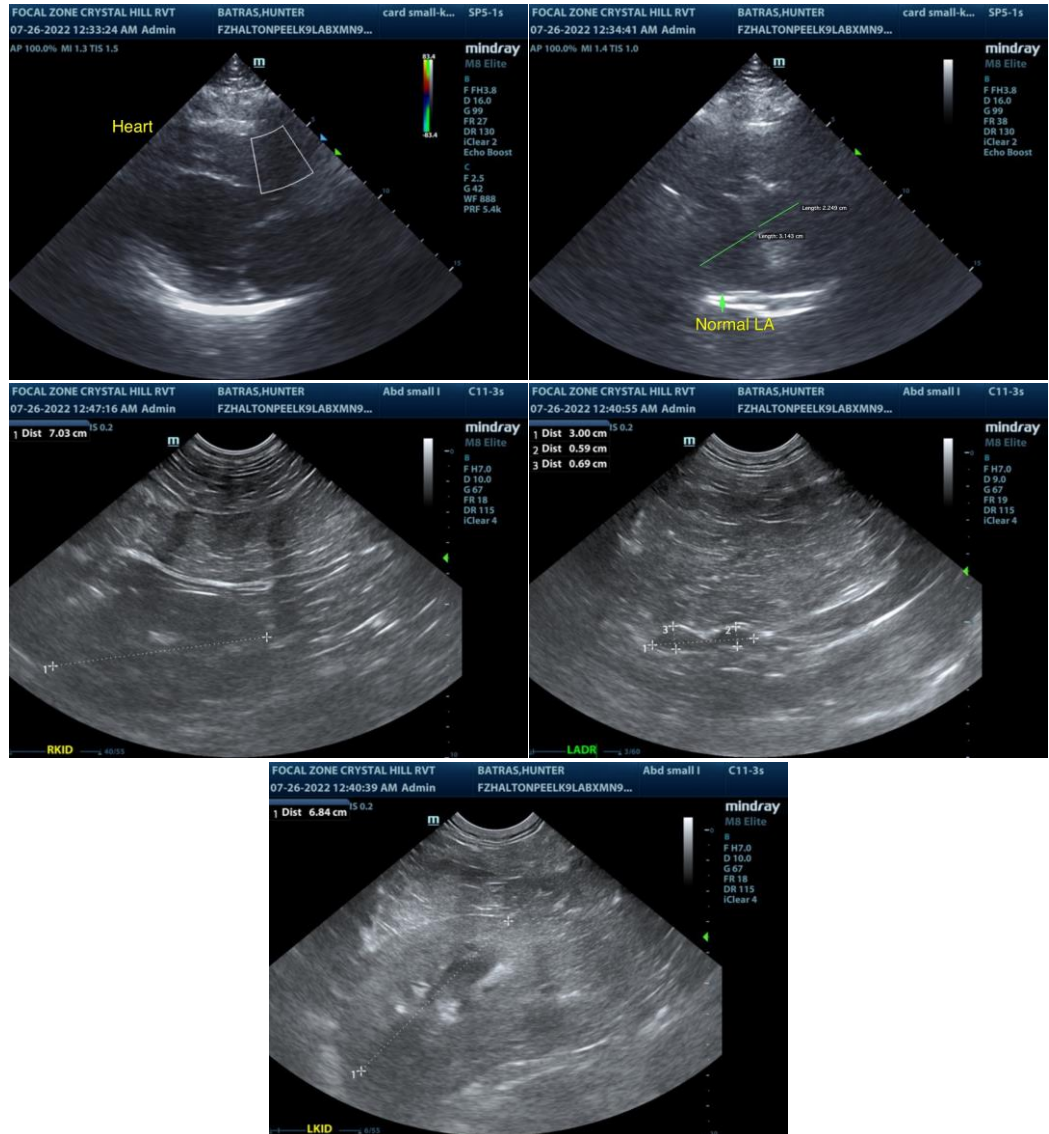
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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