


PATIENT

Bear Rhodes

PRESENTING CLINICAL SIGNS

History: Dramatic eosinophilia and weight loss. Eating normal and no lethargy.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: 6/11/22- WBC 21.2, Platelet count 65, Neu 49, lymph 7, Abs Eos 8692, Alk Phos 250, Precision PSL 196 Urine SG: 1.004

ULTRASONOGRAPHIC EXAMINATION OF THE HEART AND ABDOMEN
BREED

Rottweiler

SEX

MN

AGE

8 yr

WEIGHT

149 lb

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		1.6	1.2	1.3	34	66.4	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		1.3	0.7		5.5	5.0	

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Hallihan

INVOICE

11039ag

DATE

07/05/2022

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. Trace MR was present on Doppler. 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 within low normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions of the myocardium. No evidence of DCM criteria was noted. The left ventricular outflow tract demonstrated normal laminar flow and subjective potential for mild dilation of the proximal aorta measuring approximately 5 cm in diameter just distal to the aortic valve. Mild aortic insufficiency measuring 2.1 m/s was noted on color Doppler. The right atrium and auricle revealed normal size, structure and content. No evidence of masses or heartworms was noted. Tricuspid valvular assessment demonstrated adequate linear morphology and kinesis. Minor 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 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.



PATIENT	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. 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 9.0 cm in length. The right kidney measured 8.8 cm in length.
Bear Rhodes	
SPECIES	
Canine	The area of the aortic trifurcation was free of pathology. No overt pathology in the area of the residual prostate.
BREED	
Rottweiler	
SEX	
MN	
AGE	
8 yr	
WEIGHT	
149 lb	
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	
Jessica Miller	
HOSPITAL NAME	
ACC Flanders	
REFERRING VET	
Dr. Hallihan	
INVOICE	
11039ag	
DATE	
07/05/2022	

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.66 cm width at the caudal pole and 2.8 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.80 cm width at the caudal pole and 3.3 cm length.

Spleen

The spleen exhibited overall normal size and contour with subtle parenchymal heterogeneity. An indistinct nonhomogeneous nonexpansive mid splenic nodule was noted measuring 2.7 cm in diameter. A separate smaller nonexpansive similar appearing nodule was noted in the splenic tail measuring 1.7 cm in diameter.

Liver

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild hyperechoic nonshadowing ingesta with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.42 cm in width.

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 0.47 cm in width.

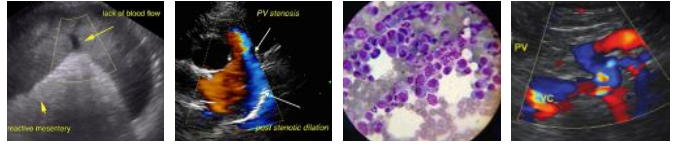
Normal visible colon wall layers were present with apparent formed feces in lumen.

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 was evident.

Free Abdomen

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



PATIENT

Bear Rhodes

SPECIES

Canine

BREED

Rottweiler

SEX

MN

AGE

8 yr

WEIGHT

149 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Hallihan

INVOICE

11039ag

DATE

07/05/2022

ULTRASONOGRAPHIC FINDINGS

- Normal LA/LV with adequate LV function
- Normal RA/RV/PA-no evidence of heartworms
- Subjective mild dilation of the proximal aorta-nonspecific
- Mild aortic insufficiency
- Minor TR-no evidence of clinical hypertension
- Subtle nonhomogeneous nonexpansive splenic nodules-hyperplasia, hematopoiesis, splenitis, small emerging hemangiomas while the possibility of emerging neoplasia cannot be excluded
- Sonographically unremarkable GI tract with minor gastric ingesta
- Mild vacuolar hepatopathy pattern-benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of significant structural or functional cardiomyopathy was noted on this scan. The subjective mild dilation of the proximal aorta is nonspecific yet potentially may indicate mild annuloaortic ectasia in light of the aortic insufficiency which is a rare disorder and not definitive. Assessment of screening BP is recommended for evidence of hypertension as a contributing factor to the aortic insufficiency. Monitoring of this finding for evidence of progression with initial recheck in 6 months sooner if clinical signs suggestive of heart disease arise. No indication for cardiac medications.

If confirmed or persistent eosinophilia is present, prophylactic deworming with fenbendazole and heartworm testing if not recently done could be considered. Given the lack of clinical signs as well as sonographically unremarkable bilateral adrenal glands, occult Addison's disease would be considered an unlikely differential diagnosis. A resting cortisol could be considered for further assessment.

Assuming normal clotting status, a FNA of the splenic nodules using a 25g needle is warranted. Sonographic monitoring for evidence of progression of the nodules would be a more conservative approach.



PATIENT

Bear Rhodes

SPECIES

Canine

BREED

Rottweiler

SEX

MN

AGE

8 yr

WEIGHT

149 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

ACC Flanders

REFERRING VET

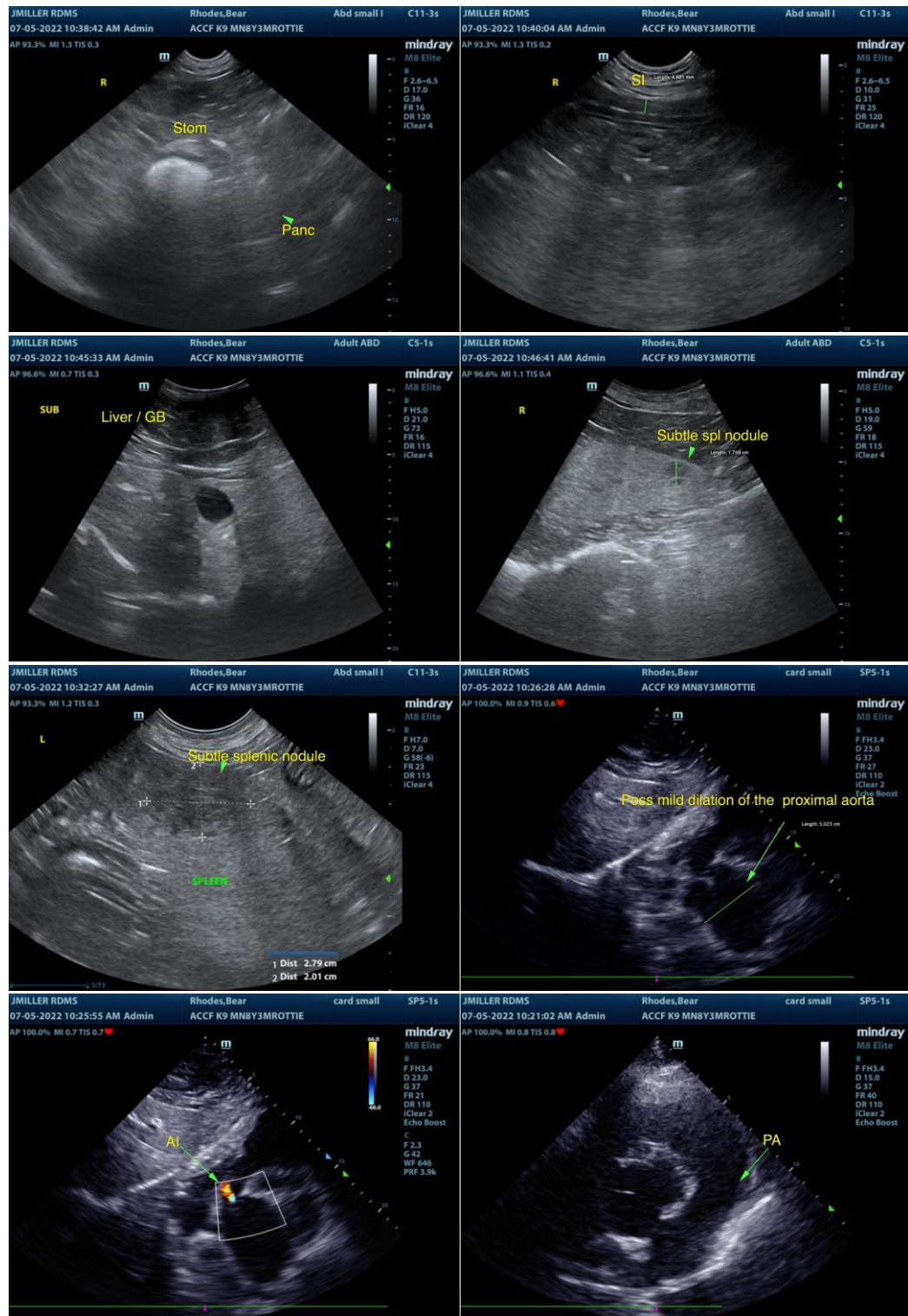
Dr. Hallihan

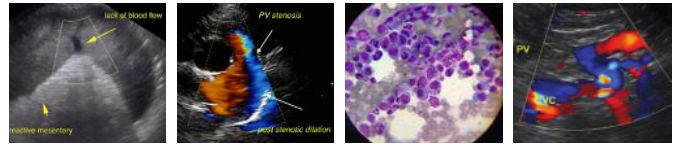
INVOICE

11039ag

DATE

07/05/2022





PATIENT

Bear Rhodes

SPECIES

Canine

BREED

Rottweiler

SEX

MN

AGE

8 yr

WEIGHT

149 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

ACC Flanders

REFERRING VET

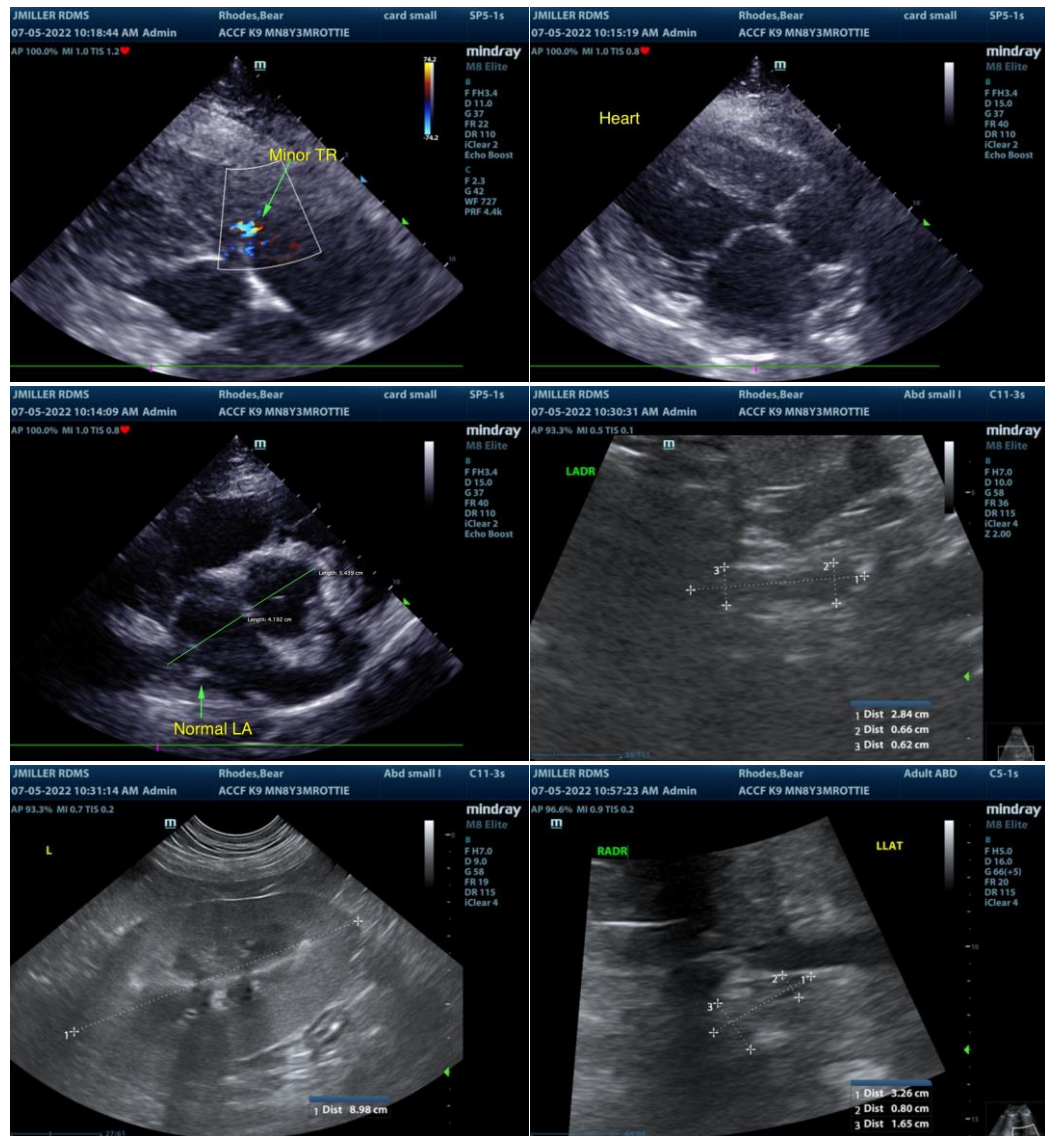
Dr. Hallihan

INVOICE

11039ag

DATE

07/05/2022



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.

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

info@SonoPath.com