


PATIENT

Bingo Sneyers

SPECIES

Canine

BREED

Labrador Retriever

SEX

MN

AGE

12yr

WEIGHT

98.1lb

PRESENTING CLINICAL SIGNS

History: Patient with history of soft tissue sarcoma (removed from right flank) presents due to vomiting and anemia. New growth at the area of previous lumpectomy site is present. Current med: metoclopramide 10 mgs BID.

Abnormal PE/Chem/CBC/UA Results: RBC 5.36, HCT 32.5 %, HGB 11.6, MCV 60.6.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART

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			1.0	1.34	31.8	63.5	0.45
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	90	1.1	0.7		4.85	4.4	

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

 Oakland Animal
 Hospital

REFERRING VET

Dr. Gordon

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08/19/2022

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 minor thickening with normal extension in systole, and union in diastole with normal kinesis. Mild centralized MR 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 borderline subnormal as 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 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 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 7.6 cm in length. The right kidney measured 6.3 cm in length.
Bingo Sneyers	
SPECIES	
Canine	The area of the aortic trifurcation was free of pathology. No overt pathology in the area of the residual prostate.
BREED	Adrenal Glands
Labrador Retriever	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.94 cm width at the caudal pole and 3.4 cm length. The right adrenal gland was not definitively visualized.
SEX	
MN	Spleen
AGE	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.
12yr	
WEIGHT	Liver
98.1lb	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.
INTERPRETED BY	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with moderate non-dependent to congealed hyperechoic luminal debris. The cystic and common bile ducts were normal.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	Gastrointestinal
Kelly Vazquez	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.
HOSPITAL NAME	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.
Oakland Animal Hospital	Normal visible colon wall layers were present with apparent formed feces in lumen.
REFERRING VET	Pancreas
Dr. Gordon	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.
INVOICE	Free Abdomen
11428ag	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
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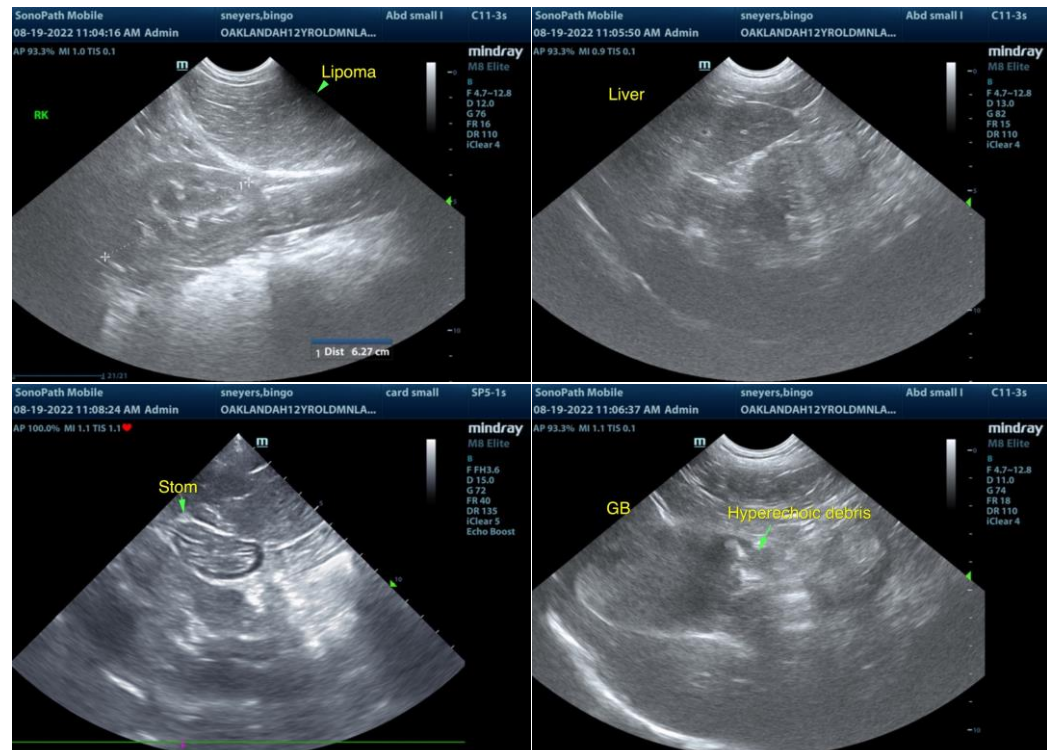
ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram with borderline subnormal LV contractility
- Mild centralized MR
- Hepatosplenic parenchyma remodeling-no evidence of neoplastic criteria
- Overtly normal GI tract
- Moderate non-dependent to inspissated hyperechoic gallbladder debris-possible early mucocele
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural or functional cardiomyopathy was present on this scan. The subnormal LV hypocontractility may be a patient or age-related variant possibly secondary to systemic disease or hypothyroidism. No indication for cardiac medications. Recheck echocardiogram suggested in 6 months, sooner if clinical signs of heart disease arise.

A resting cortisol level as well as a T4 level to rule out hyperthyroidism is recommended. No evidence of intra-abdominal or cardiac neoplastic criteria was noted.





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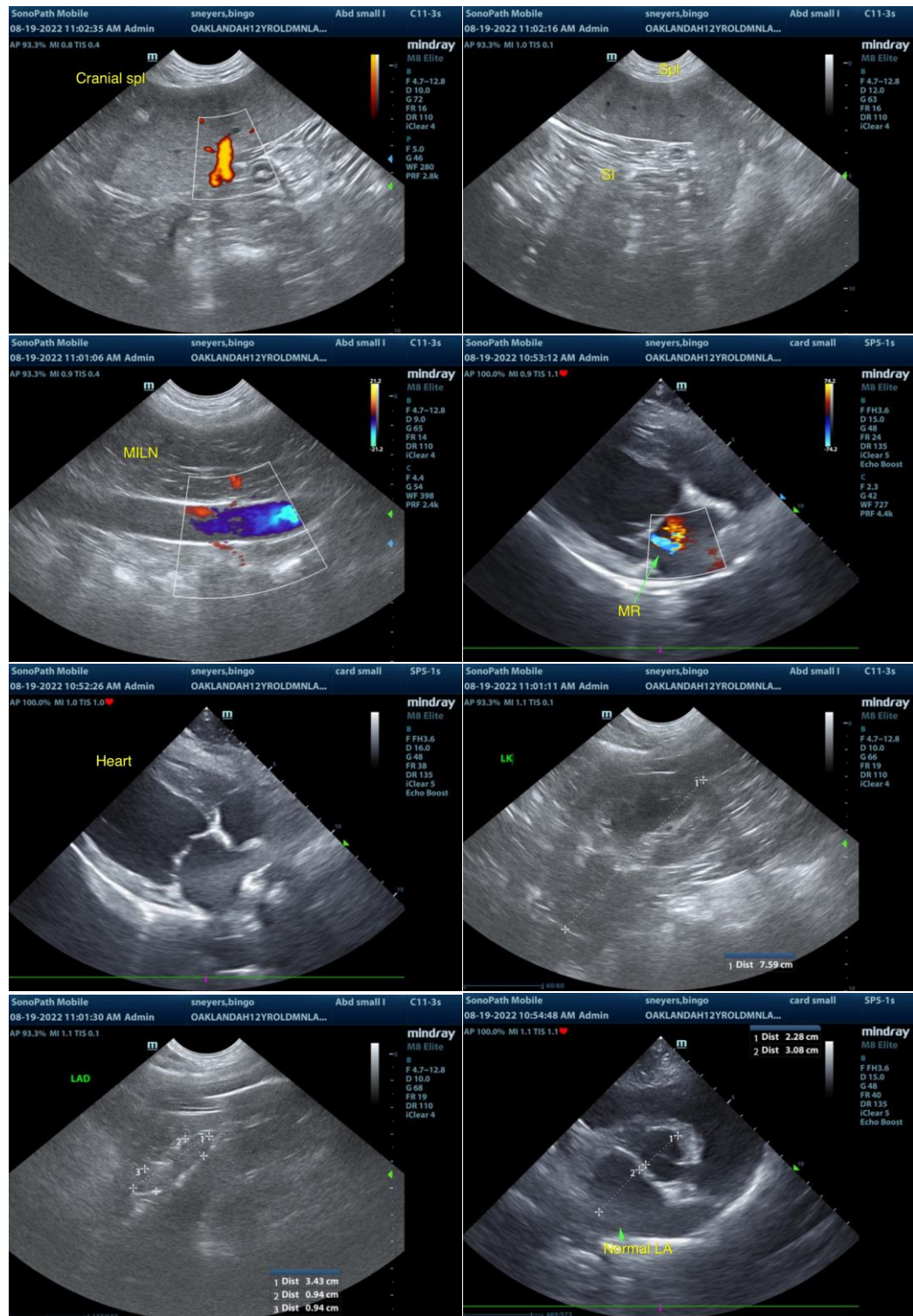
Dr. Gordon

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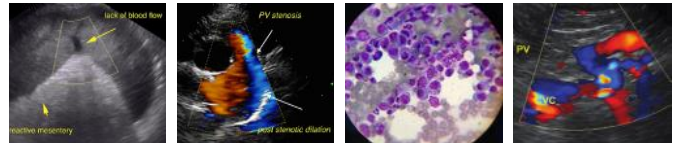
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

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info@SonoPath.com

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