



**PATIENT**

Sasha Sacks

**SPECIES**

Canine

**BREED**

Cocker Spaniel

**SEX**

FS

**AGE**

7 years

**WEIGHT**

20.6 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

New Bridge VP

**REFERRING VET**

Dr. Glennon

**INVOICE**

14749

**DATE**

8/2/23

**PRESENTING CLINICAL SIGNS**

Double cavity- abdominal respiration. Current meds Lasix IV

**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				1.0	36.4	69	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	131	1.5	0.9		2.3	2.3	

**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 overt evidence of cardiac tamponade or definitive right atrium / auricle 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** free fluid with moderate volume, mildly echogenic, plural effusion was noted. No overt masses in the area of the cranial **mediastinum, pericardial or extra-cardiac regions** in the visible window. Possible intermittent arrhythmia was noted.

**Urinary System**

The urinary bladder was normal in size and tone. Anechoic urine was present with no sediment, mineral, or calculi. Suspect focal dorsal urinary bladder mural lesion exhibiting hypoechoic



<b>PATIENT</b>	echogenicity was present measuring approximately 1.1 cm in diameter. The urethra exhibited normal structure and tone to a depth of 2.0 cm.
Sasha Sacks	
<b>SPECIES</b>	No evidence of medial Iliac or sublumbar lymphadenopathy/masses.
Canine	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 4.5 cm in length. The right kidney measured 5.1 cm in length.
<b>BREED</b>	
Cocker Spaniel	
<b>SEX</b>	<b>Adrenal Glands</b>
FS	The adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 2.0 cm length x 0.59 cm width at the caudal pole. The right adrenal gland measured 1.8 cm length x 0.58 cm width at the caudal pole.
<b>AGE</b>	<b>Spleen</b>
7 years	A moderately sized to expansive, hypoechoic mildly nonhomogeneous mass involving the spleen with secondary capsule expansion and disruption was present and measured approximately 7.0-8.0 cm in diameter without areas of cavitation. Concurrent, separate, expansive, similar-appearing, hypoechoic splenic nodules were noted in the mid to cranial spleen. The non-affected spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.
<b>WEIGHT</b>	<b>Liver/ Gallbladder</b>
20.6 lbs.	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.
<b>INTERPRETED BY</b>	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
<b>IMAGING PERFORMED BY</b>	
Jessica Miller	
<b>HOSPITAL NAME</b>	<b>Gastrointestinal</b>
New Bridge VP	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.
<b>REFERRING VET</b>	
Dr. Glennon	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.
<b>INVOICE</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
14749	<b>Pancreas</b>
<b>DATE</b>	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.
8/2/23	



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**Free Abdomen**

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Moderate volume mildly echogenic peritoneal effusion was present. Generalized nonhomogeneous to nodular omentum was noted primarily around the spleen.

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**ULTRASONOGRAPHIC FINDINGS**

- Overtly normal cardiac structure and function with possible intermittent arrhythmia
- Infiltrative spleen with large mass and expansive nodules
- Generalized nonuniform / nodular omentum
- Suspect focal dorsal urinary bladder mural lesion
- Bicavitary effusion - noncardiogenic

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Unfortunately, the splenic mass and concurrent expansive splenic nodules are consistent with neoplastic criteria such as sarcoma, round cell neoplasia, or other. Given noncardiogenic bicavitary effusion, strong concern for multicentric neoplasia involving the generalized abdominal, as well as thoracic, cavity, i.e., lymphomatosis, or similar, is considered likely.

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There is no overt evidence of cardiac metastasis, although early cardiac metastasis may at times be sonographically undetectable. Regardless, without evidence of cardiomyopathy as a contributing factor, and in the face of splenic neoplasia and bicavitary noncardiogenic effusion, surgical options appear to be precluded. An unfavorable prognosis is indicated.

**IMAGING PERFORMED BY**

Jessica Miller

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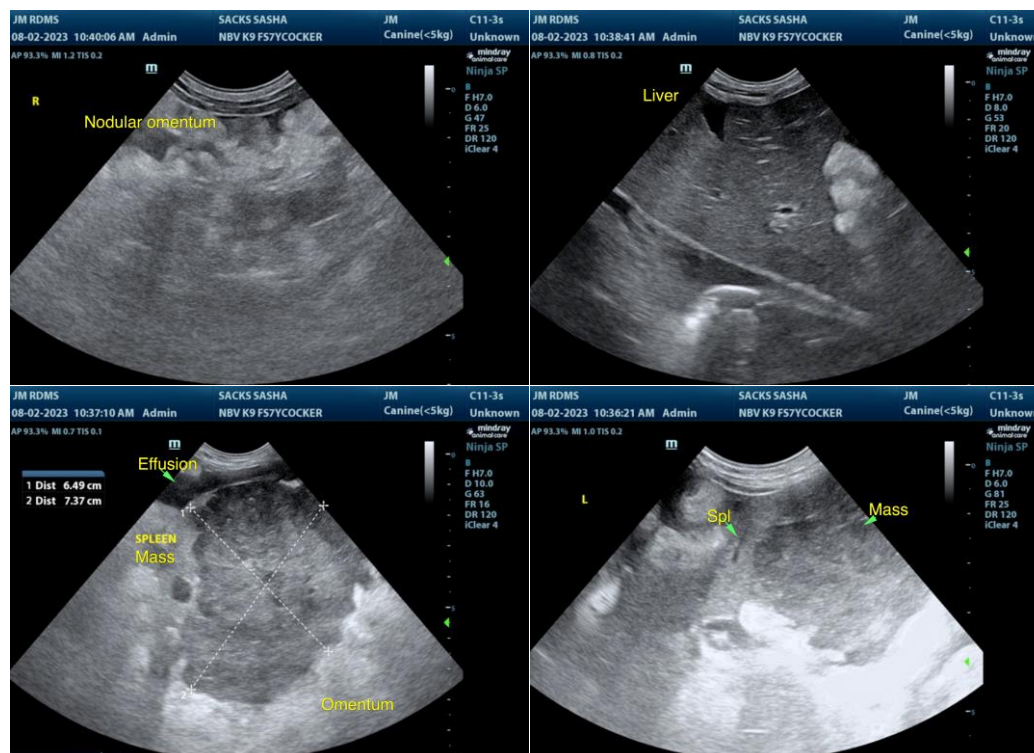
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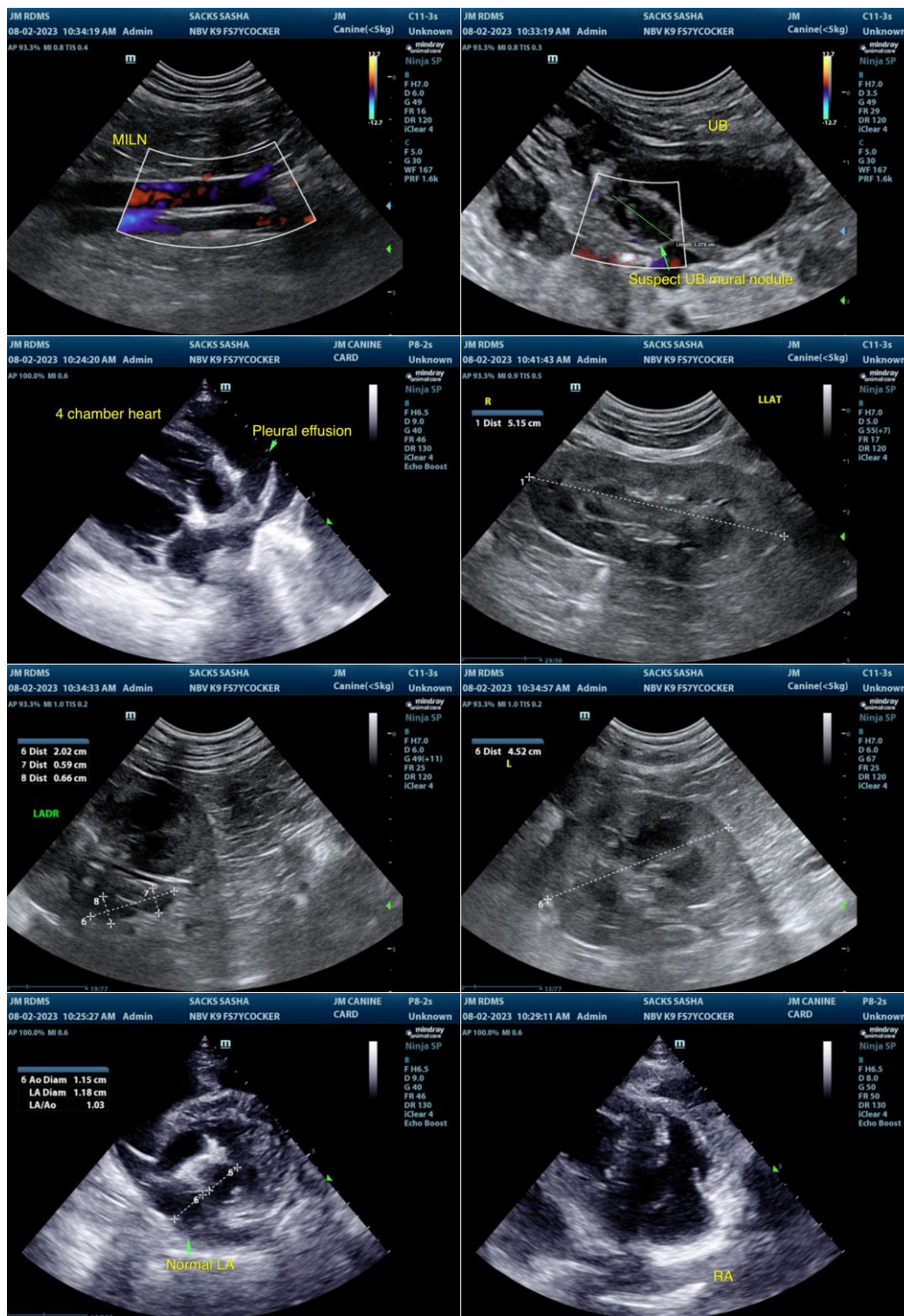
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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