


PATIENT

Nala Villa

PRESENTING CLINICAL SIGNS

History: Pericardial effusion +/- heart base tumor

SPECIES

Canine

BREED

Hound Mix

SEX

FS

AGE

6yr

WEIGHT

55lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

 Westwood Regional
 VH

REFERRING VET

Dr. Silver

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DATE

08/08/2022

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			1.2	1.1	42.2	74.1	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	103	1.8	1.3		3.78	3.7	

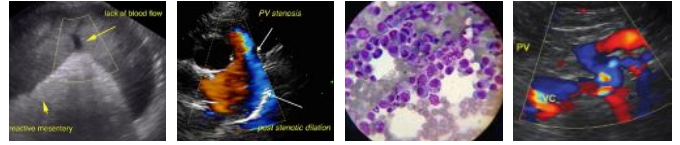
Cardiac Presentation

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 to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor nondependent particulate 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 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 6.8 cm in length. The right kidney measured 7.7 cm in length.



PATIENT The area of the aortic trifurcation was free of pathology.

Nala Villa **Adrenal Glands**

SPECIES The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm width at the caudal pole and 2.6 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 cm width at the caudal pole and 2.4 cm width at the cranial pole.

BREED **Spleen**

Hound Mix The spleen was normal in size and contour with a 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

SEX

FS **Liver**

AGE 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.

6yr

Gastrointestinal

WEIGHT

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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.

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.

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

Pancreas

The left limb and base of the pancreas presented mild prominent size with subtle areas of capsule asymmetric and heterogeneous parenchyma exhibiting multipole variably sized cysts to hypoechoic nodules. No evidence of peripancreatic reactive mesentery was present.

IMAGING PERFORMED BY

Jessica Miller

Free Abdomen

HOSPITAL NAME

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

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ULTRASONOGRAPHIC FINDINGS

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- Normal echocardiogram
- Mild heterogeneous spleen
- Prominent heterogeneous cystic left pancreas
- Minor urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Overtly normal cardiac structure and function without evidence of heart base or right atrial tumors. No evidence of pericardial effusion was present in this scan.

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The mild heterogeneous spleen is nonspecific yet not overtly consistent with splenic pathology or neoplastic criteria. This may indicate patient variant, incidental hematopoiesis, hyperplasia or splenitis.



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Assuming normal clotting status a screening splenic FNA using a 25 g needle for cytology could be considered if clinically indicated. Potential for mild chronic pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation or if previous history of pancreatitis. Correlation with a spec cPL could be considered.

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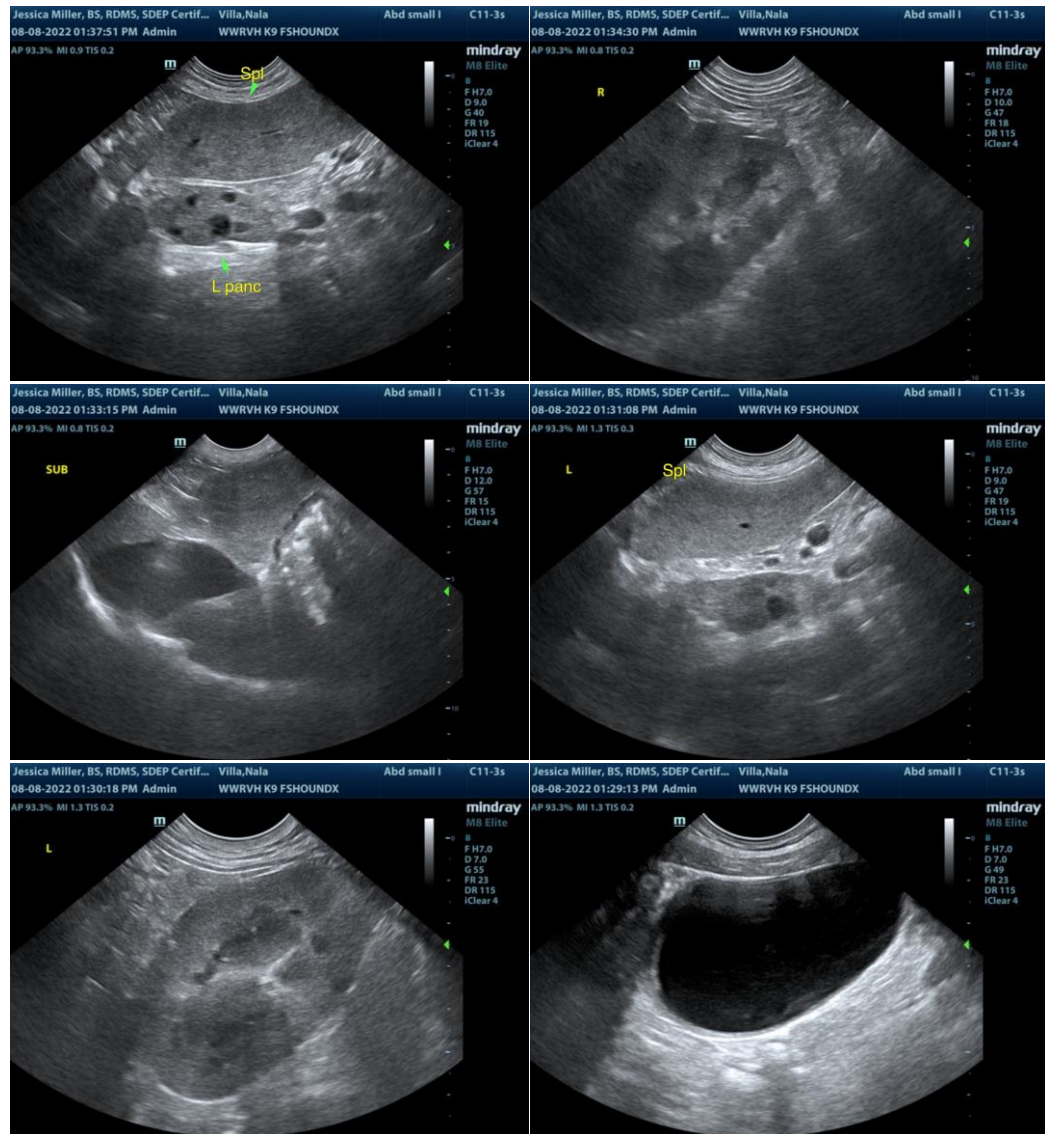
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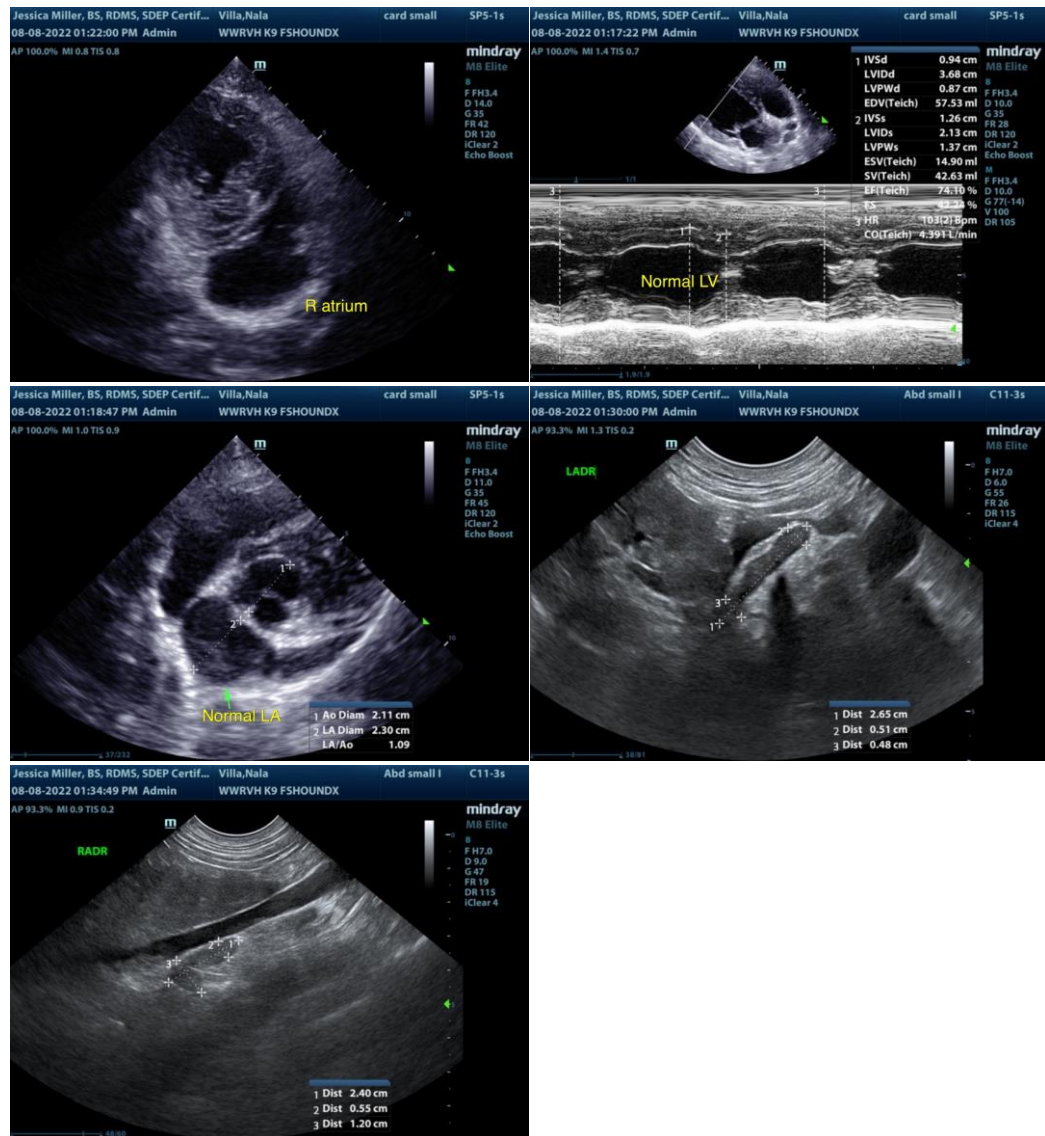
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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