SonoPath
Clinical Sonography & Telecytology
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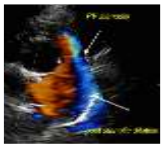
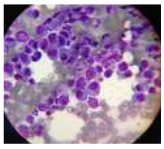
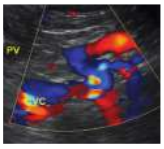




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Boris Spameni

SPECIES

Canine

BREED

Chow Chow

SEX

MN

AGE

11 years 6 months

WEIGHT

91 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Summers

INVOICE

12286

DATE

9/23/21

PRESENTING CLINICAL SIGNS

Ascites-determine cause. Current meds: Rimadyl, Gabapentin, Dasuquin
Abnormal PE/Chem/CBC/UA Results: Mild neutrophilia and monocytosis, ALT 160, Amylase 1614

ULTRASONOGRAPHIC EXAMINATION OF HEART & THE ABDOMEN

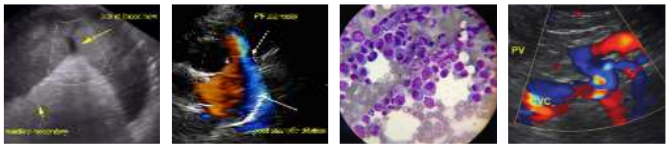
CANINE CARDIAC PARAMETERS	**MR VMAX** (m/s)	**TR VMAX** (m/s)	**LA/AO** (Boon method)	**LA/AO** (Heart Base; Swe)	**FS** (%)	**EF** (%)	**EPSS** (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT			1.2	1.2	33.3	63.2	0.4
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV 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	BELOW	BELOW	BELOW	BELOW
PATIENT	167	1.3	1.0		3.5	3.5	

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size and structure. Chamber volume and blood echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented minor irregular age-related changes that are not clinically significant at this time with adequate extension in systole and union in diastole. Minor mitral valve insufficiency was noted on doppler assessment. The **left ventricle** presented normal free wall and septal thicknesses with linear contour. The **myocardium** presented some echogenic remodeling consistent with expected age-related change. **Contractility** of the ventricular walls was mildly subnormal yet subjectively adequate as evidenced by the fractional shortening measurement in the graph. The **left ventricular outflow** tract demonstrated normal laminar flow with subjectively unremarkable structure. Subjective assessment of the **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated expected findings for this age patient. Mild tricuspid valve insufficiency was noted on doppler assessment. The **right ventricle** was of normal size (1/3 diameter of LV), echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No dilation due to heartworm disease, cuor pulmonale, stenosis, or pulmonic hypertension was noted. No visible **pericardial** or free pleural fluid was noted. The **mediastinum** was free of masses in the visible window.

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or



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sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were 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 6.7 cm in length. The right kidney measured 8.0 cm in length.

Adrenal Glands

No evidence of pathology was noted in the area of the left or right adrenal glands.

Spleen

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.

Liver/ Gallbladder

The liver exhibited generalized enlargement with mild generalized hepatic parenchymal remodeling. A large cystic mass to potential masses was noted in both the left and mid to right liver lobes extending into the area of the porta hepatic and potentially into the area of the cranial abdominal caudal vena cava. The mass measured approximately 15.0 cm x 13. cm. The mass exhibited nonhomogeneous, variably echogenic parenchyma with generalized cystic changes. The gallbladder did not appear to be involved within the large cystic liver mass.

Gastrointestinal

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.

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 were evident.

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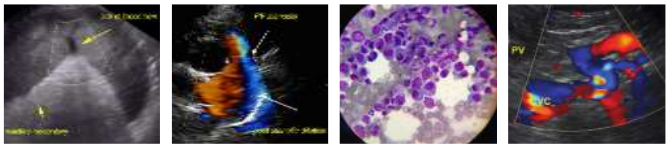

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Free Abdomen

Moderate peritoneal free fluid and generalized reactive mesentery were noted. No overt evidence of lymphadenopathy was present.

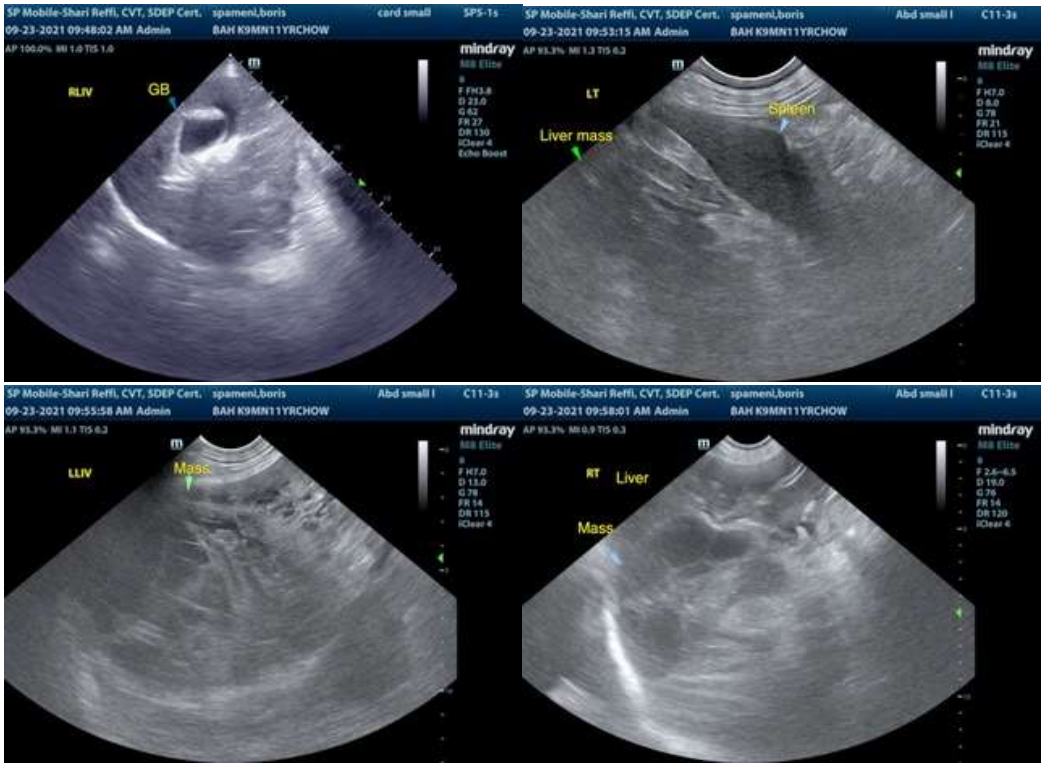
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Overtly normal cardiac structure and function
- Minor mitral and tricuspid valve insufficiency
- Large, nonhomogeneous to cystic liver mass extending into the area of the porta hepatic and potential caudal vena cava
- Moderate to marked peritoneal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the peritoneal effusion in this patient is owing to the large nonhomogeneous to cystic liver mass and suspect secondary portal hypertension with potential for decreased venous return owing to associated compromise of the cranial abdominal caudal vena cava. Neoplasia is likely, with considerations including cystic, hepatic, or hepatobiliary adenocarcinoma or other. This mass did not appear to be amendable to surgical resection based on size and location adjacent to the porta hepatis. CT assessment of the liver mass could be considered for further clarification. However, a likely unfavorable long-term prognosis is Indicated.



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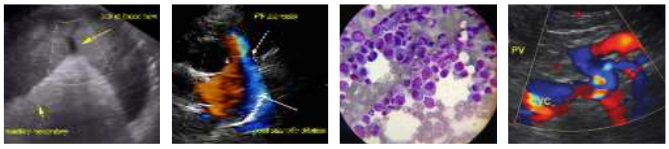

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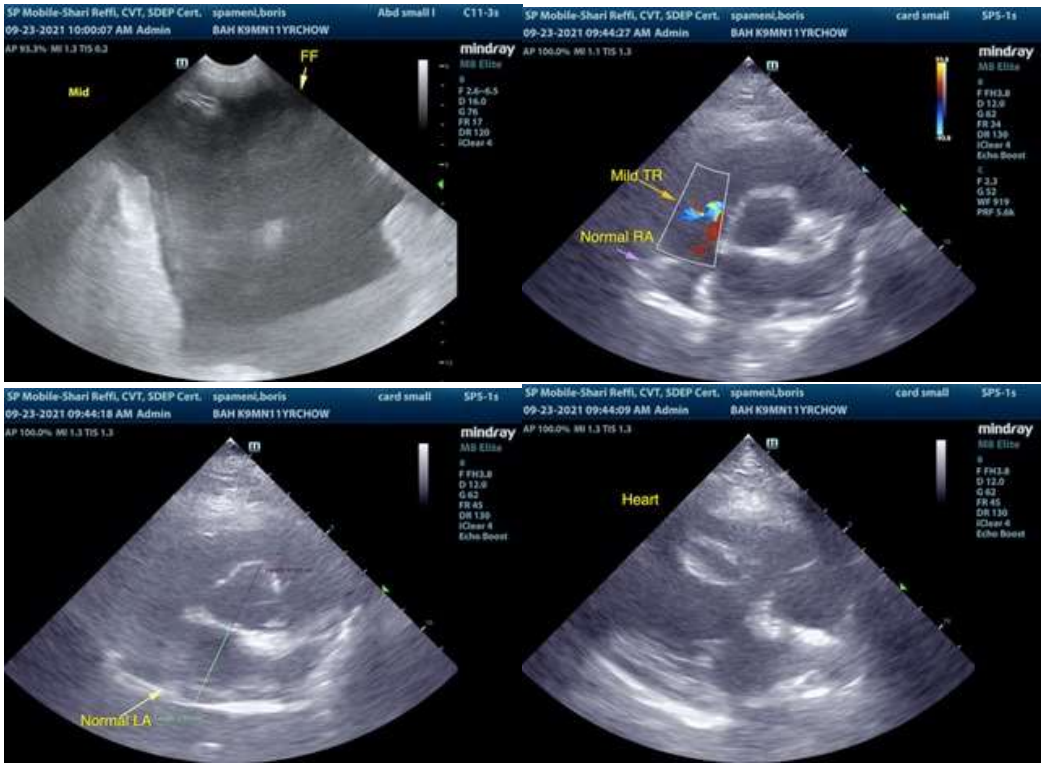

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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