



PATIENT PRESENTING CLINICAL SIGNS

Wylie Parillo Newly diagnosed dermal MCT on thorax; also newly ausculted 2/6 left systolic murmur. Hx of preputial licking and epilepsy. On phenobarbital.
Abnormal PE/Chem/CBC/UA Results: wnl

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Miniature Schnauzer

SEX

Neutered male

AGE

9 years

WEIGHT

13.9 lbs

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable insufficiency. 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 or chamber overload. Trivial **tricuspid** insufficiency was noted at 2.0 m/sec. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** 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. No echographically detectable evidence of infiltrative disease was visible. The cranial **mediastinum** and **pericardial regions** were free of masses in the visible window.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden, RVT

HOSPITAL NAME

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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	6.2	2.0	1.0	1.2	40	73	0.1
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	85	1.6	0.9	13.9 lbs	2.56	2.71	



PATIENT **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Wylie Parillo

Urinary System

SPECIES

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A trace amount of sand with minimal acoustic shadowing was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

Canine

BREED

Miniature Schnauzer

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight, non-obstructive mineralization was noted. The left kidney measured 4.03 cm. The right kidney measured 4.34 cm.

SEX

Neutered male

AGE

9 years

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.61 x 0.42 cm at the caudal pole and 0.46 cm at the cranial pole. The right adrenal gland measured 1.89 x 0.93 cm at the caudal pole and 0.47 cm at the cranial pole.

WEIGHT

13.9 lbs

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Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

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Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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Gastrointestinal

The stomach revealed a shadowing structure that measured 1.2 cm. This may represent medications. However, foreign body is possible depending on when the patient was given any oral medications. The structure was present in multiple view. The small intestines and colon were unremarkable.



PATIENT *Pancreas*

Wylie Parillo The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

Stage B1 valvular disease with trivial tricuspid insufficiency.

Miniature Schnauzer

Age related renal changes and slight mineralization. Bladder sand. The patient is likely passing sand from the kidneys to the bladder periodically.

SEX

Shadowing structure in the stomach, possible medication versus foreign body.

Neutered male

Vacuolar hepatopathy pattern.

AGE

9 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

13.9 lbs

B1: The heart is stable without clinical disease. No overt contraindication for anesthesia of brief to moderate duration. I suggest Torbutrol premed, Propofol induction, Isoflurane maintenance or similar protocol if anesthesia is desired. Blood pressure recommended if not already performed and target white coat negative systolic pressure of < 160 mmHg. If higher than this ACE-inhibitor is suggested to reach this level. Recheck echocardiogram is recommended in 6 months, earlier if murmur grade increases or clinical signs initiate.

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There was no structural disease that would be related to mast cell.

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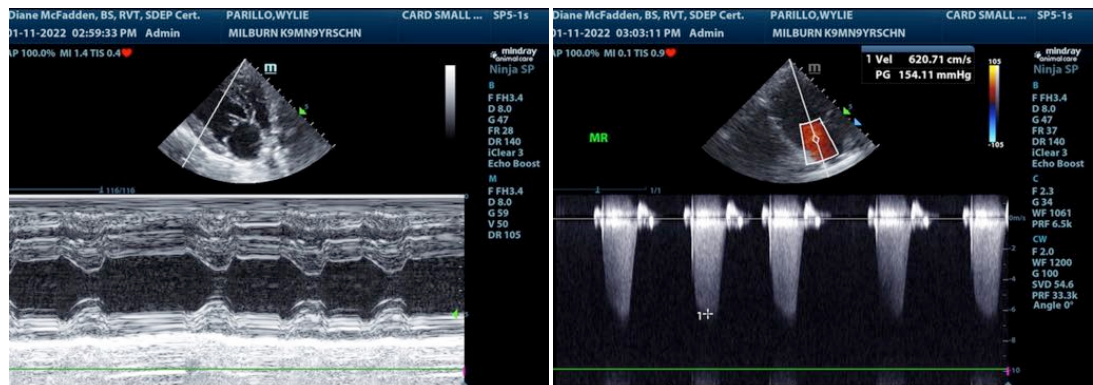
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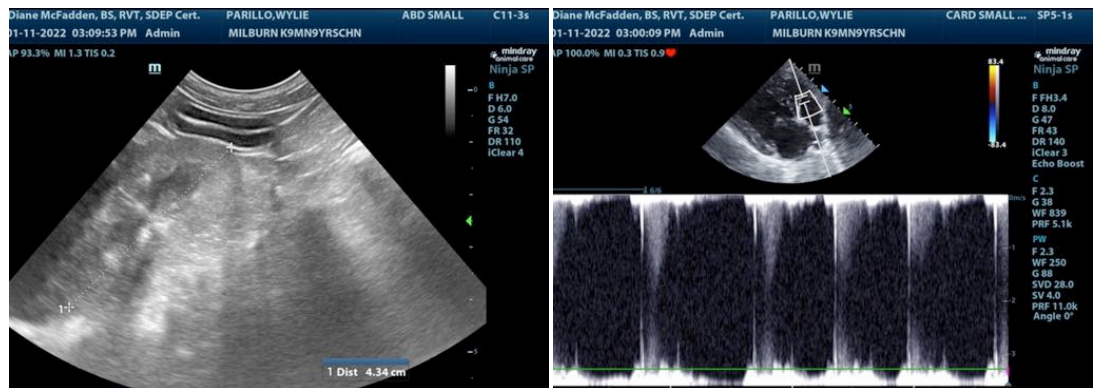
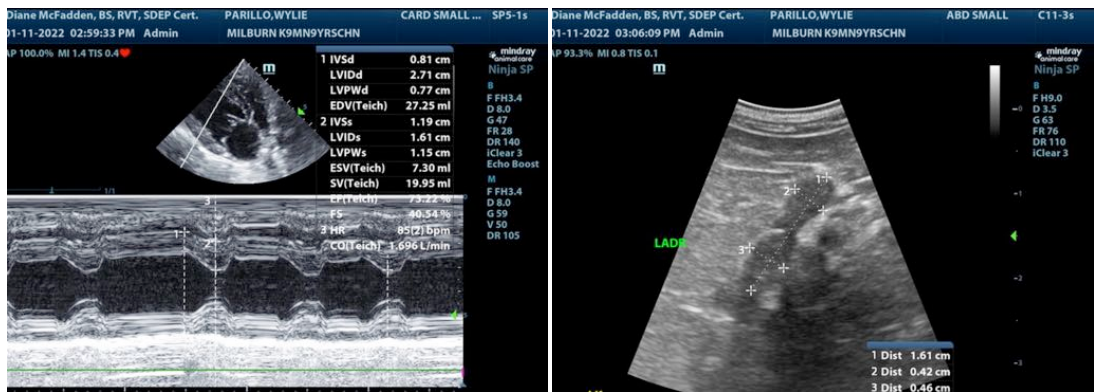
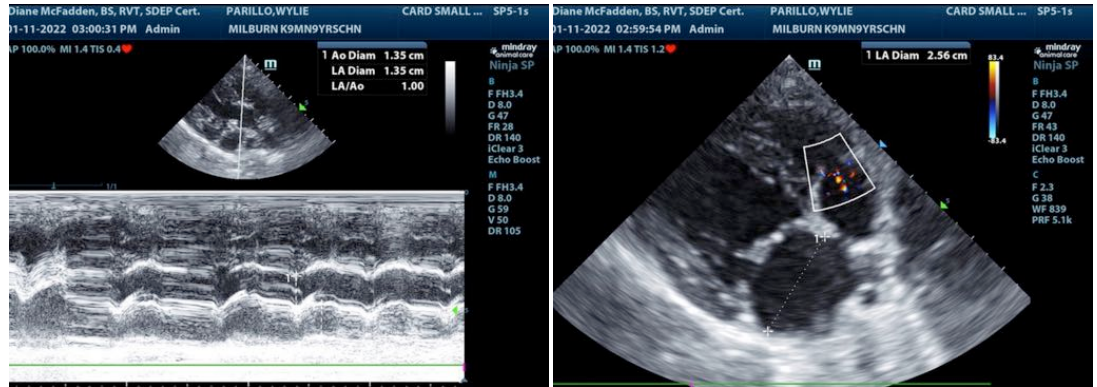
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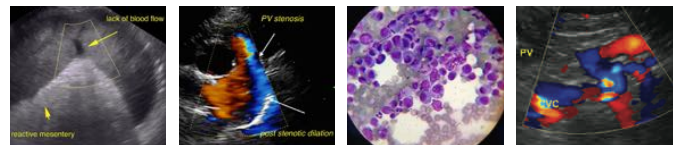
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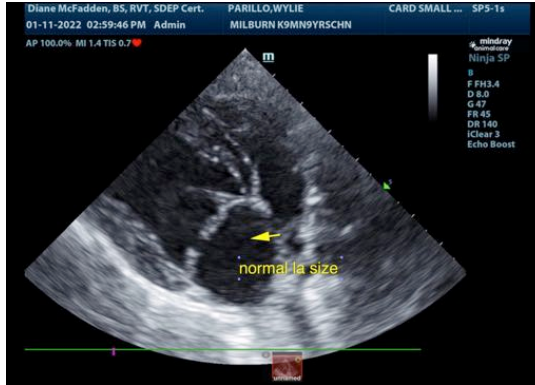
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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