



PATIENT PRESENTING CLINICAL SIGNS

Zoey Abissi Trouble breathing and heptomegaly. No current meds.
Abnormal PE/Chem/CBC/UA Results: Bloods WNL.

SPECIES

Canine

BREED

Norfolk Terrier Mix

SEX

Spayed Female

AGE

11 years

WEIGHT

23 lbs

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. Trivial **mitral** valve insufficiency was noted in this patient. 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. Minor **pulmonic** insufficiency was noted in this patient. 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. Occasional arrhythmia was noted in this patient. However, this may be simple sinus arrhythmia.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

New Bridge VH

REFERRING VET

Dr. Glennon

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	30	62	0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	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	104	1.36	0.86	23 lbs	1.5	1.72	

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PATIENT

Zoey Abissi

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SPECIES

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Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

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Norfolk Terrier Mix

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Spayed Female

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.1 cm. The left kidney measured 3.89 cm with a slight hyperechoic cortical nodule noted on the left renal cortex.

AGE

11 years

Adrenal Glands

WEIGHT

23 lbs

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 right adrenal gland measured 1.35 x 0.51 cm at the caudal pole and 0.75 cm at the cranial pole. The left adrenal gland measured 1.5 x 0.47 cm at the caudal pole and 0.34 cm at the cranial pole.

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Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself. This is a positional variant and is not pathological. There was no evidence of significant disease.

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Liver

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The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder was slightly echogenic.

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Gastrointestinal

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Spastic upper **duodenum** was noted. Transit of chyme appeared to be normal. Minor retention of ingesta was noted in the stomach. The small intestines and colon were unremarkable.

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Pancreas

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The **pancreas** was hypoechoic and irregular with enhanced surrounding mesentery. The pancreatic changes were largely localized to the right limb. The pancreas measured 1.15 cm in width. Positive Murphy's sign noted upon the pancreas. A trace amount of free fluid was noted associated with the pancreas. This is likely owing to inflammation.

SPECIES

Canine

BREED

Norfolk Terrier Mix

ULTRASONOGRAPHIC FINDINGS

Trivial valvular disease. Otherwise, normal echocardiogram with occasional arrhythmia.

Spleen was folded upon itself and uniform.

SEX

Spayed Female

Extensive right limb pancreatitis.

Gastroenteritis.

Slightly echogenic gallbladder.

AGE

11 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

24 hour n.p.o., IV fluid support and broad spectrum antibiotics are indicated. 48-72 hour protocol is recommended. A recheck sonogram is recommended in a week or earlier if clinical signs persist. The respiratory signs may be pain related in this patient as there is no evidence of clinical cardiac disease. Digital subxiphoid palpation is recommended to assess for pain-solicited response. Pain management is also indicated.

WEIGHT

23 lbs

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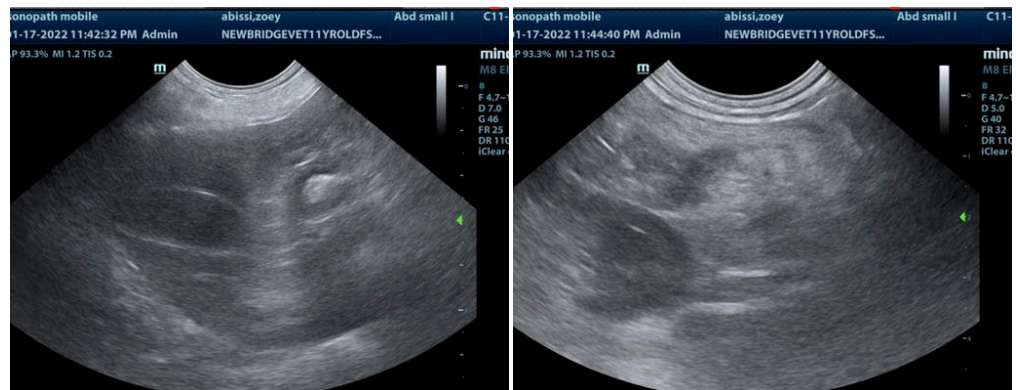
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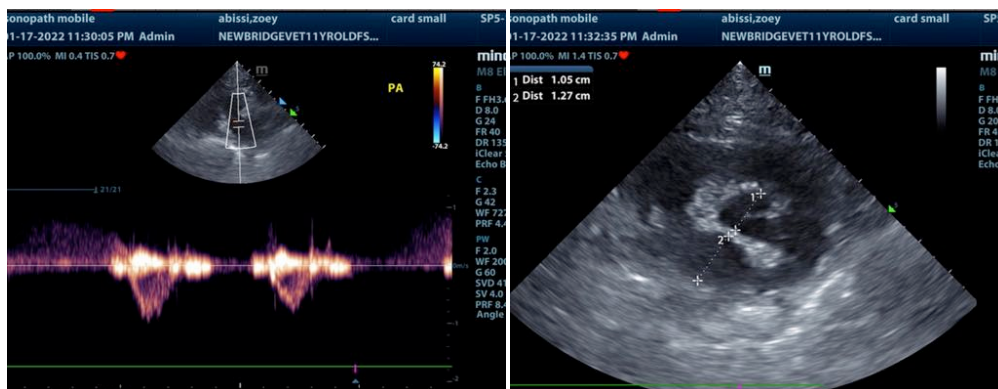
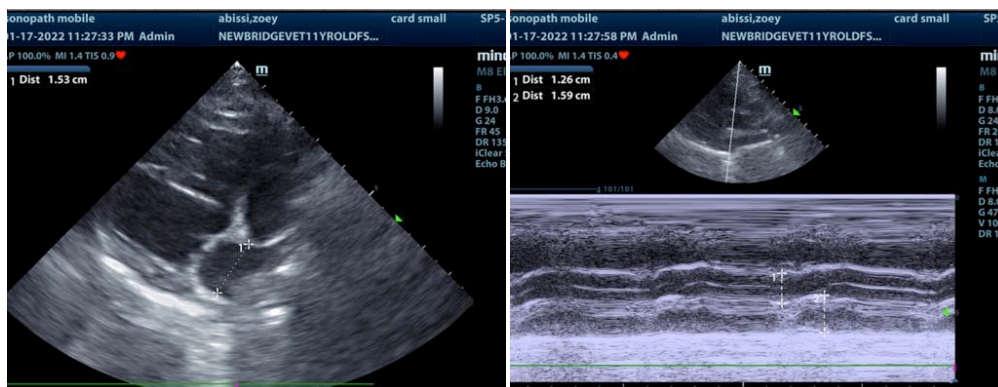
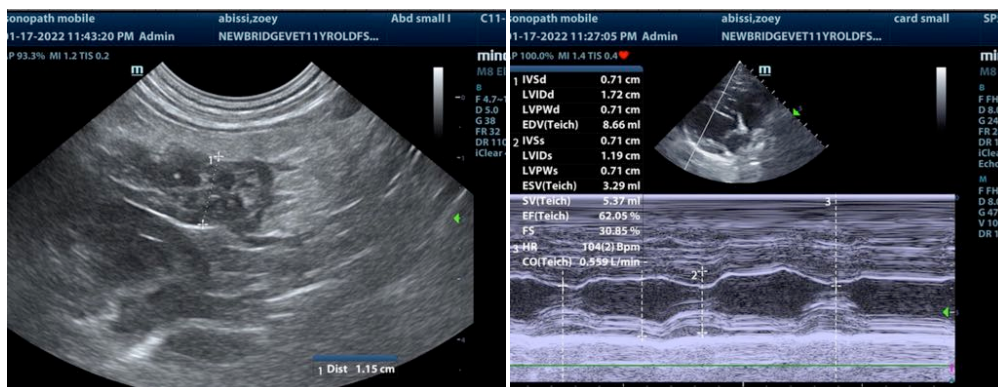
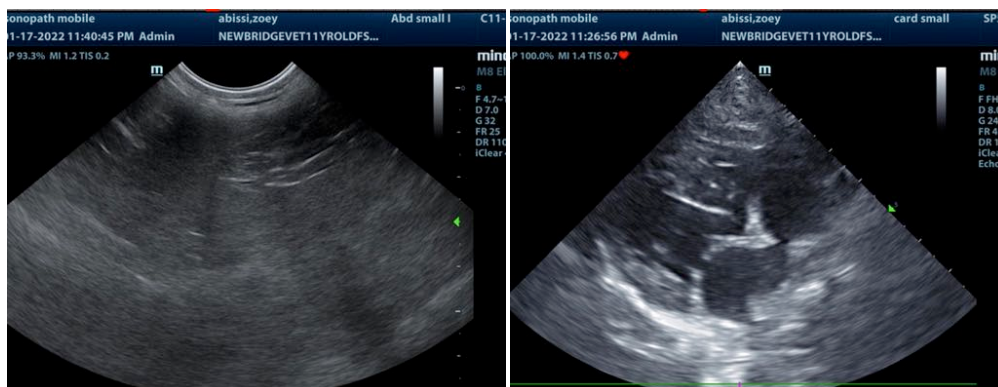
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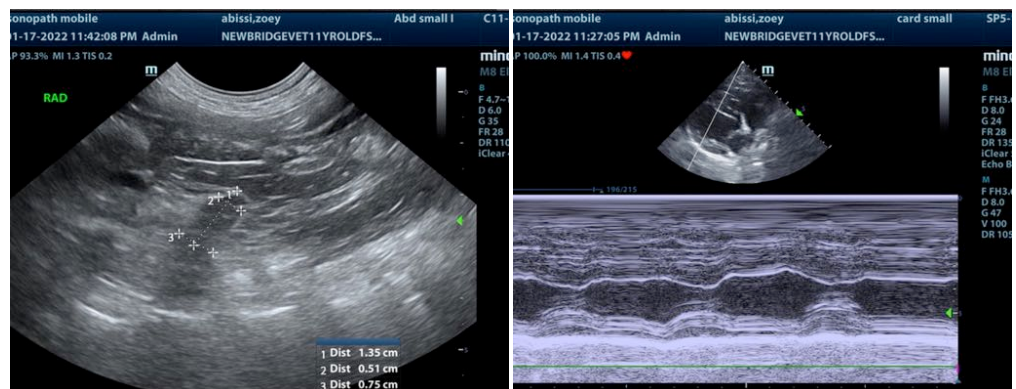
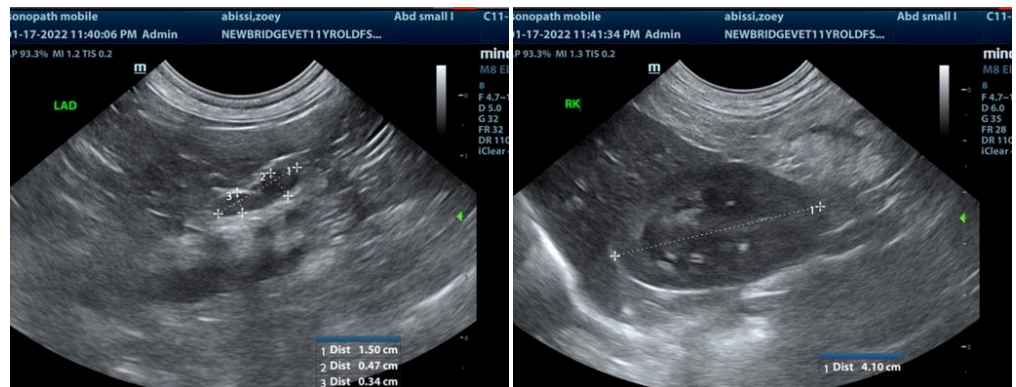
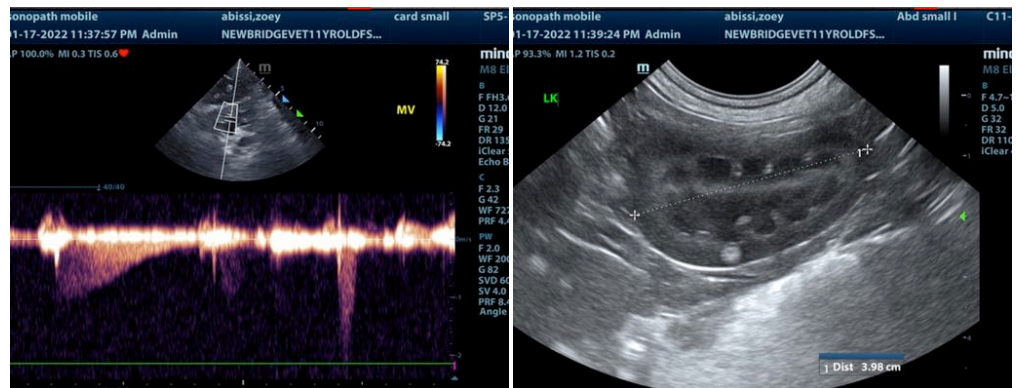
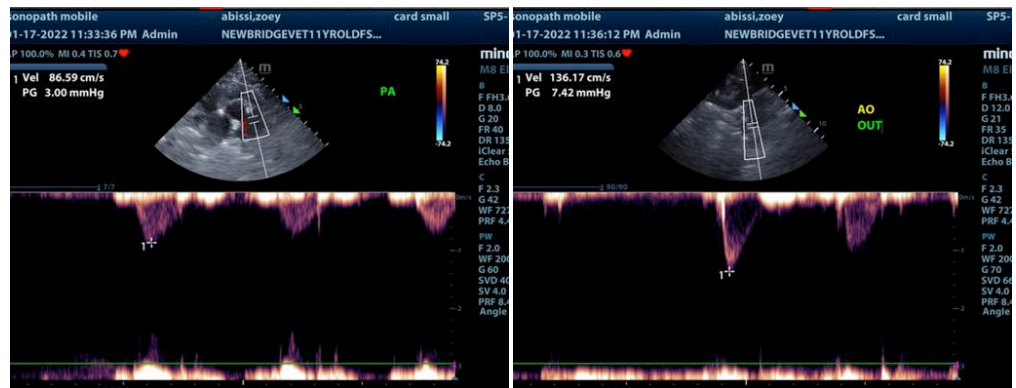
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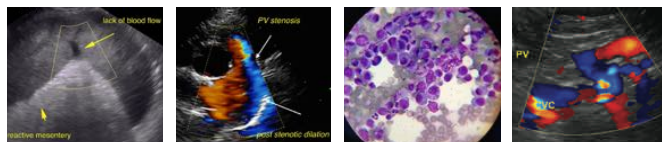
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The information and recommendations provided are based on the images presented by the referring



PATIENT

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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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info@SonoPath.com

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