



PATIENT PRESENTING CLINICAL SIGNS

Misty Cha follow up echocardiogram . p has been coughing recently when p lays down during the night time. 1/12 /2022: visit tvc for vaccine and annual check . nothing is done . grade3 heart murmur detected. 1/14/2022: coughing got worse and xray and regular blood work with probnp is done : bp: 170 and cardiomegaly on xray . lasix and vetmedicine are prescribed .bnp: normal . liver enzymes(alt/alkp/ ast) elevated . 1/20/2022- coughing is not improved and her breathing is rustic and crackle sound are detected during auscultation .cardiomegaly/ pulmonary edema signs but not classic pulmonary edema sign. i think that is from pulmonary hypertension. hydrocodon, sildenafil and enalapril are prescribed. 1/21/2022 spoke with the owner after the medicine and o mentioned coughing got improved . 1/25 /2022: p visits us for echocardiogram . coughing is not improved per the owner. pericardiac effusion and mass effect is detected . pleural effusion?

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Spayed Female ****24 still abdominal images with 4 videos were submitted**

AGE Urinary System

14 years 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.

WEIGHT 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. The right kidney measured 4.0 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

IMAGING PERFORMED BY

Dr. Barnea

he right **adrenal gland** was uniform and measured 0.6 cm. The left adrenal gland measured 0.7 cm and was mildly swollen.

HOSPITAL NAME

Tenaflly VC

Spleen

The **spleen** was mildly enlarged and folded upon itself. The spleen was uniform with no evidence of pathology.

REFERRING VET

Dr. Han

Liver

INVOICE

95563

Exam of the cranial abdomen demonstrated excessive **liver** size and swollen contour. Mild, coarse architecture was noted with increased portal markings and minor parenchymal remodeling is suggestive of an inflammatory component. Increased portal markings were noted with coarse architecture. The gallbladder and common bile duct were unremarkable.

DATE

1/26/22



PATIENT

Gastrointestinal

Misty Cha

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

SPECIES

Canine

BREED

Dachshund

Pancreas

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.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

Benign abdominal changes.

AGE

14 years

Benign hepatopathy and minor hypersplenism.

WEIGHT

18.4 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of visceral disease that would be responsible for the clinical history. An echocardiogram is recommended to assess cardiac volume and function.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Dr. Barnea

HOSPITAL NAME

Tenaflly VC

REFERRING VET

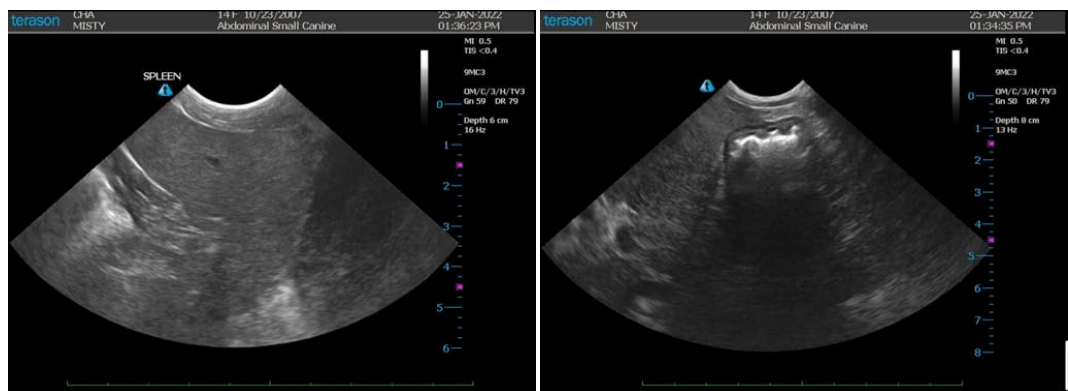
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PATIENT

Misty Cha

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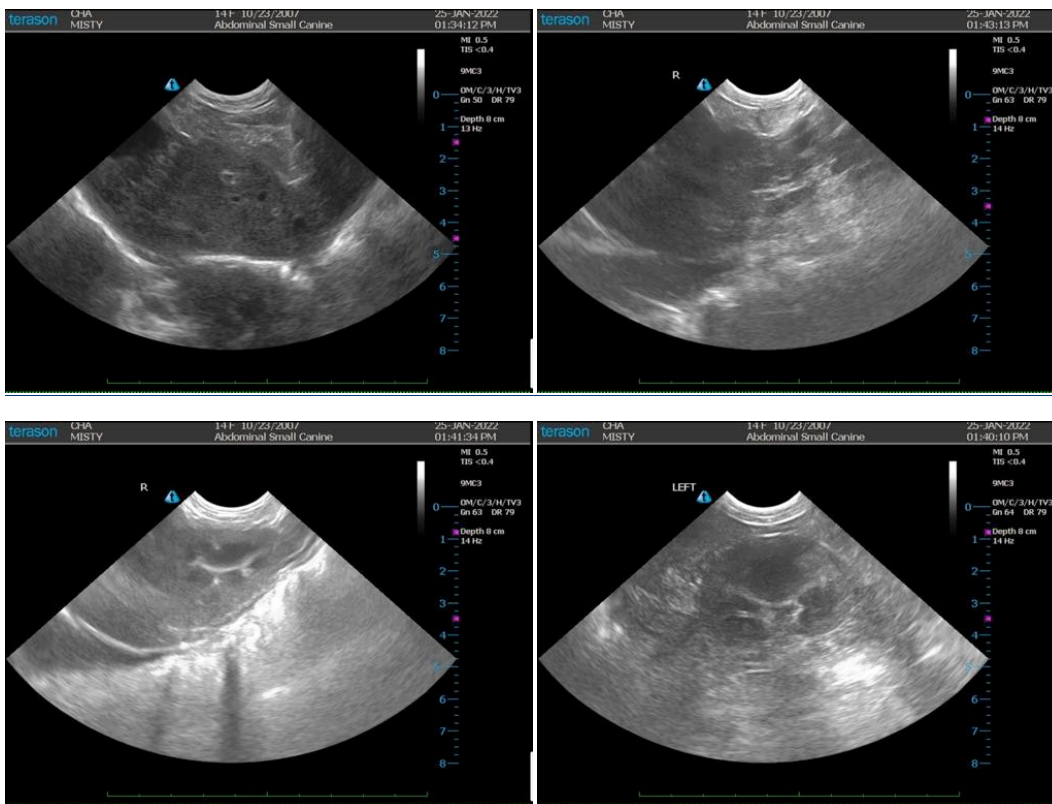
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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