



**PATIENT PRESENTING CLINICAL SIGNS**

Coco Horgan

History: Patient presents for vomiting, diarrhea, and inappetance for 7 days. (Did accidentally get into Spaghettios last night), not eating this morning. Grade 4/6 systolic murmur, rapidly progressing. Currently hospitalized on IVF, Maropitant, mirtazapine, and metronidazole.

**SPECIES**

Abnormal PE/Chem/CBC/UA Results: CBC/Chem: WNL (mild neutrophilia 13k, dehydration, HCT 56%).

Canine

**BREED**

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

Standard Poodle

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. Minor subnormal **contractility**, yet this is normal for this breed. 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. Minor **tricuspid** insufficiency was noted. This is largely physiological. 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.

**SEX**

Intact female

**AGE**

1 year

**WEIGHT**

37.2 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Ramapo Valley AH

**REFERRING VET**

Dr. Katara

**INVOICE**

92712

**DATE**

10/26/21

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
<b>CARDIAC PARAMETERS</b>	<b>VMAX</b> (m/s)	<b>VMAX</b> (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
<b>PATIENT</b>			1.1	1.1	23	46	0.29
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
<b>CARDIAC PARAMETERS</b>	(BPM)	<b>VMAX</b> (m/s)	<b>MAX</b> (m/s)		2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	Avg; 2D and m-mode short axis (cm)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6				
<b>PATIENT</b>		1.18	0.9	37.2 lbs	2.5	3.37	



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**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**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.

The right ovary was uniform and measured 1.66 x 1.06 cm. The uterus was uniform and measured 0.89 cm.

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 5.46 cm. The left kidney measured 5.38 cm.

**Adrenal Glands**

Both **adrenal glands** appeared flattened. The left adrenal gland measured 2.16 x 0.29 cm at the caudal pole and 0.28 cm at the cranial pole.

**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.

**Liver**

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 presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**Gastrointestinal**

The **stomach** revealed fluid accumulation and minor mucosal hypertrophy. There was no loss of curvilinear detail or foreign matter. The intestines were 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. Soft stool was noted in the colon. The cecum was gas filled. The mesenteric lymph nodes were reactive.



**PATIENT**

**Pancreas**

Coco Horgan

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**

Standard Poodle

Minor tricuspid insufficiency, no evidence of significant cardiac disease. Minor form of tricuspid dysplasia may be present if the murmur has been present throughout the life of this patient, but this is not clinically an issue.

**SEX**

Gastritis/gastroenteritis presentation.

Intact female

Flattened adrenal glands.

**AGE**

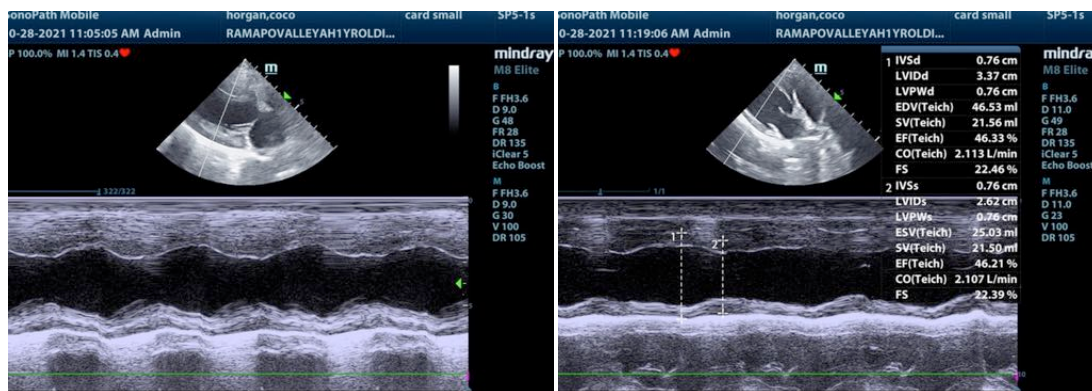
1 year

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Screening for Addison's would be warranted given the patient's breed and history. Dietary indiscretion, food intolerance/indiscretion, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. Standard IV fluid protocol should prove effective. There is no contraindication to fluid therapy.

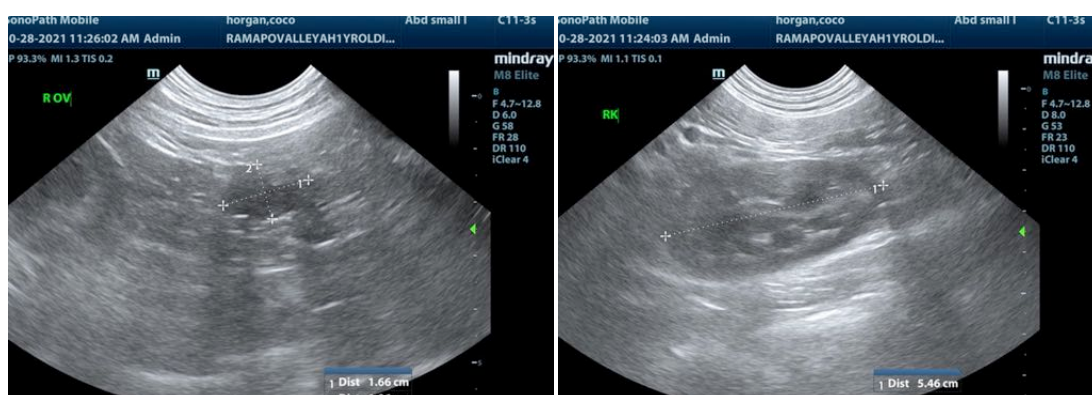
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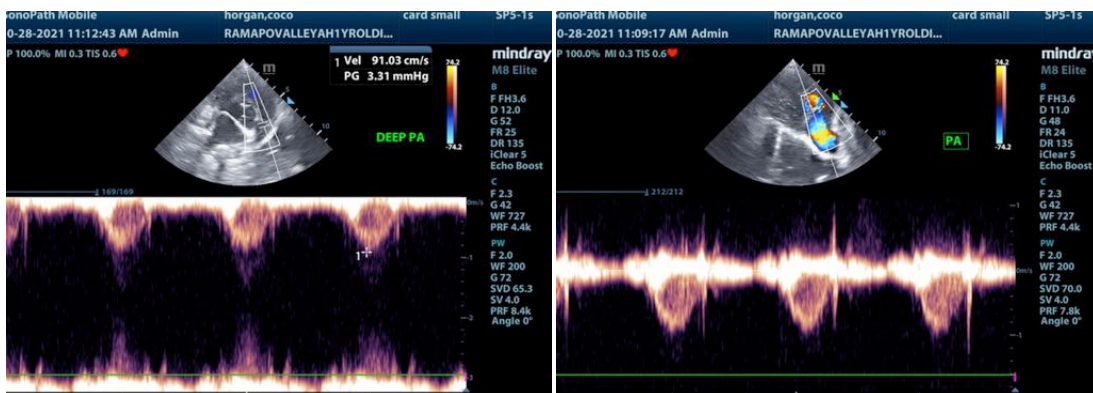
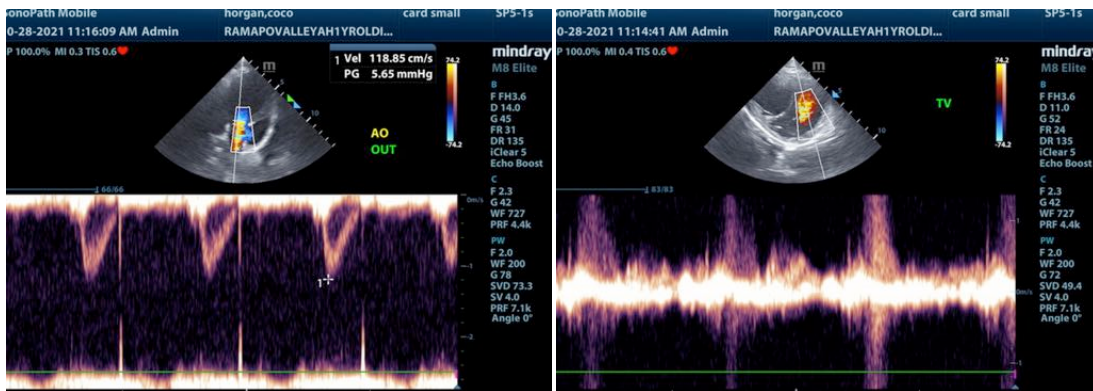
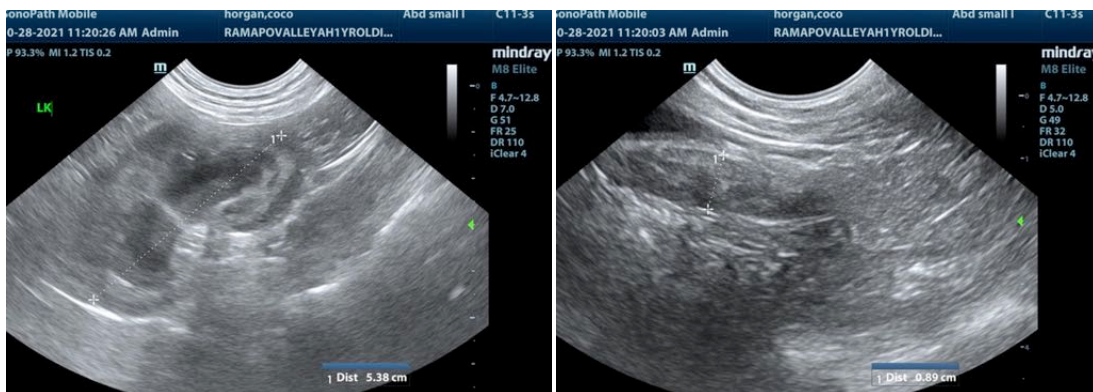
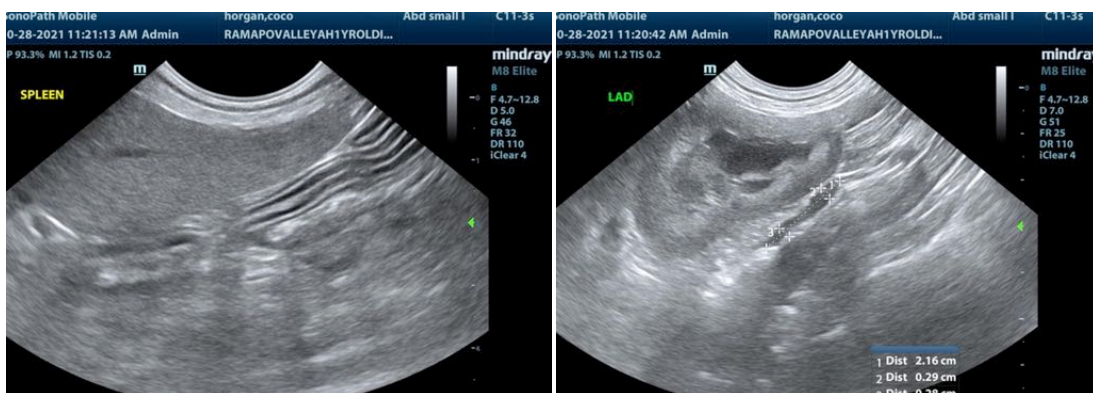
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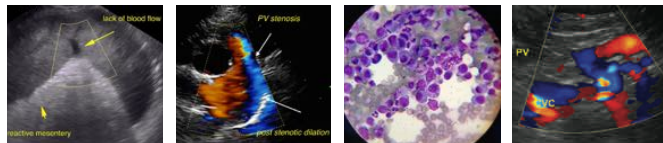
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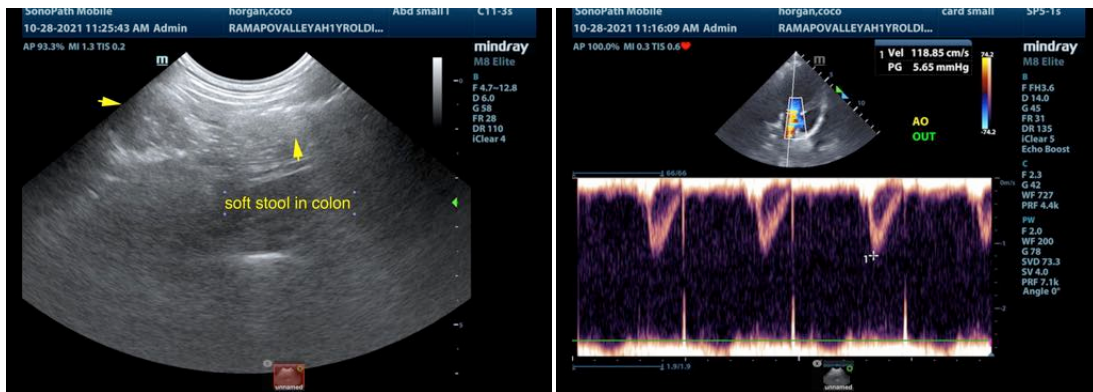
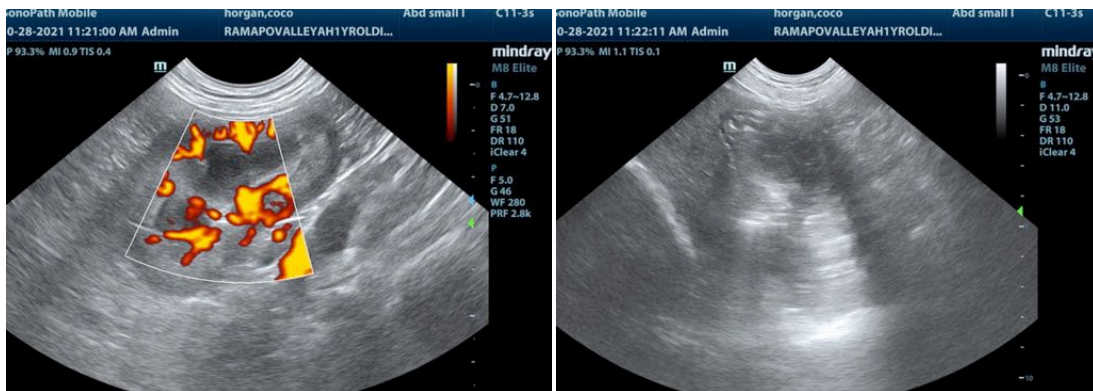
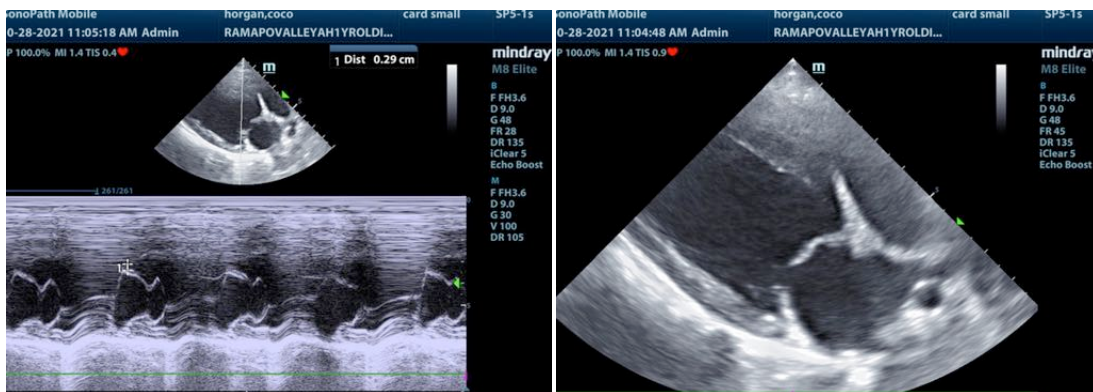
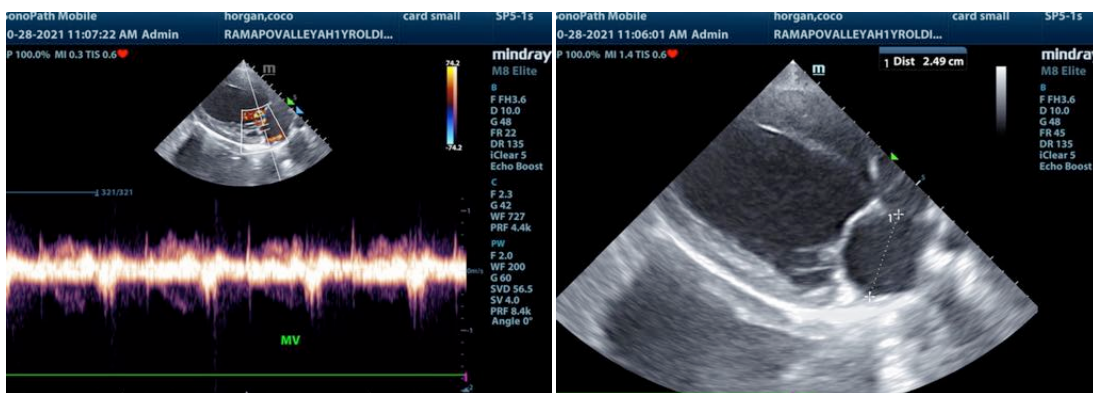
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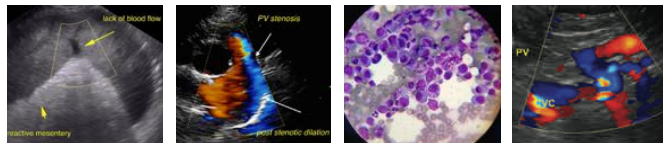
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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.

**Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com**  
info@SonoPath.com

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