



PATIENT

ChiCha Ventimiglia

SPECIES

Canine

BREED

Mixed Breed

SEX

Neutered Male

AGE

9 Years

WEIGHT

21 Lbs.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional
VH

REFERRING VET

Dr. Goldman

INVOICE

13033

DATE

12/13/21

PRESENTING CLINICAL SIGNS

History: Cardiac murmur 2-3/6 left sided cardiac murmur, ALP 1,707, ALT 129, stage 5 periodontal disease. Current meds: Clindamycin 25 mgs 1 tab BID.

Abnormal PE/Chem/CBC/UA Results: ALT 129, AP 1,707, WBC 28.1, P 6.3, Lyme (+), SDMA 24.7, T4 (.6). U/A: pending.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & 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	6.0	--	NM	1.2	30	59	0.2
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	94	1.56	1.31	--	2.2	2.8	--

Cardiac Presentation

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 **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. Minor aortic insufficiency present. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology. 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.

Urinary System



PATIENT	The urinary bladder revealed a polyp in the ventral wall, measuring approximately 5.0 cm x 4.0 mm. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. The residual prostate measured 1.0 cm.
ChiCha Ventimiglia	
SPECIES	The kidneys revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.63 cm. The left kidney measured 4.63 cm.
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SEX	The left adrenal gland was subnormal in size. The left adrenal gland measured 1.43 cm x 0.26 cm at the caudal pole and 0.33 cm at the cranial pole.
Neutered Male	The region of the right adrenal gland revealed no evident pathology.
AGE	Spleen
9 Years	The spleen revealed a cavitated mass (2.37 cm).
WEIGHT	Liver
21 Lbs.	The liver revealed swollen irregular contour with multifocal nodular changes. Deviated gallbladder was noted. Hepatic lymph nodes were enlarged (2.0 cm x 1.0 cm).
INTERPRETED BY	Gastrointestinal
Eric Lindquist, DMV DABVP, Cert. IVUSS	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.
IMAGING PERFORMED BY	Pancreas
Kelly Vazquez	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.
HOSPITAL NAME	Free Abdomen
Westwood Regional VH	The iliac lymph nodes (2.72 cm x 0.75 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.
REFERRING VET	ULTRASONOGRAPHIC FINDINGS
Dr. Goldman	<ul style="list-style-type: none"> • Stage B-1 valvular disease • Concurrent aortic insufficiency • Splenohepatic neoplasia, may be unrelated with hepatic lymphadenopathy • Reactive iliac lymph nodes • Subnormal left adrenal gland size • Urinary bladder wall polyp
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- Age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No evidence of clinical cardiac disease at this time as the mitral insufficiency is well compensated without volume overload.

Canine

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Ultrasound guided FNA of the splenic mass and hepatic nodules recommended for further definition. Otherwise, exploratory surgery could be considered, however, based on the appearance of the liver, this may be metastatic change or a separate neoplastic event as opposed to pronounced nodular hyperplasia. Round cell neoplasia, hemangiosarcoma, pronounced hyperplasia all possible. Three-view chest radiographs warranted prior to intervention.

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SEX

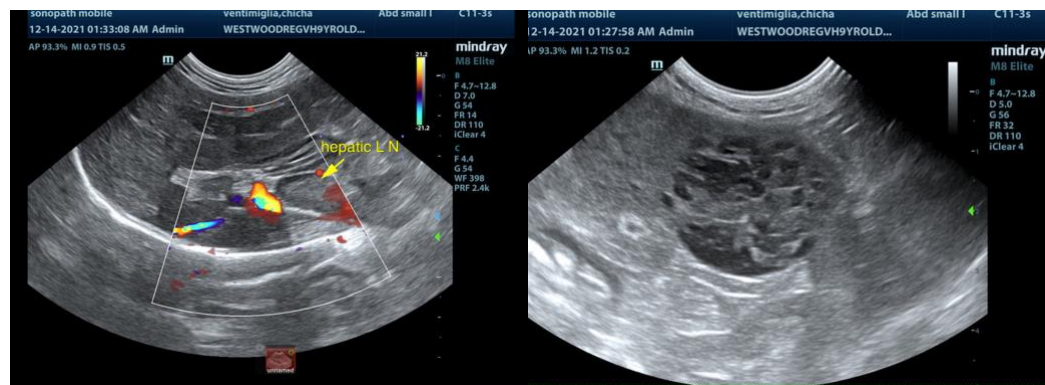
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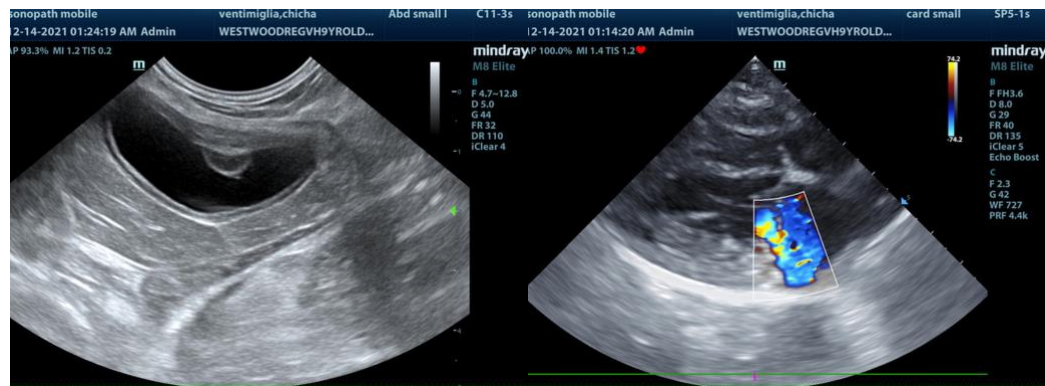
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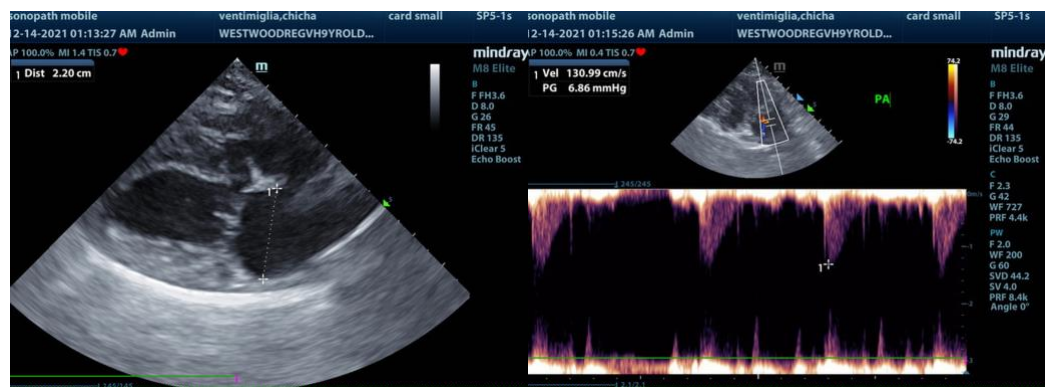
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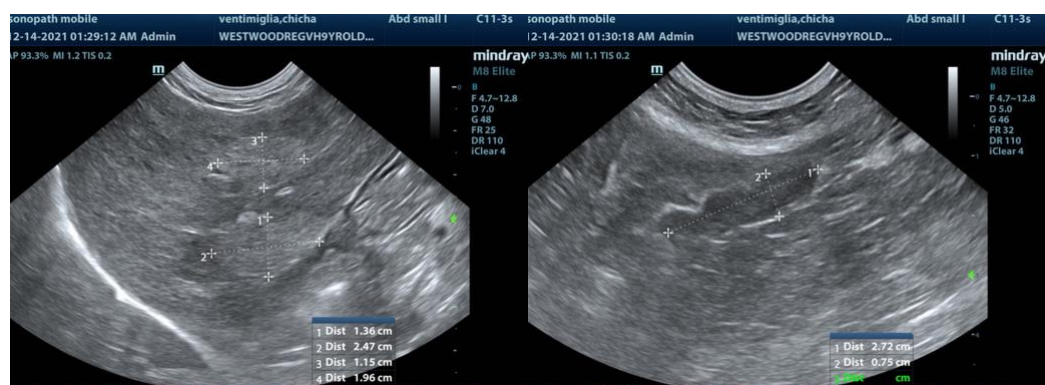
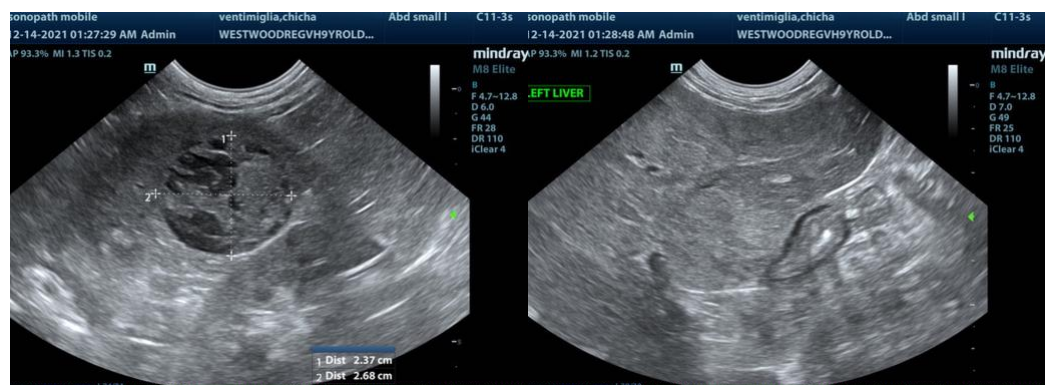
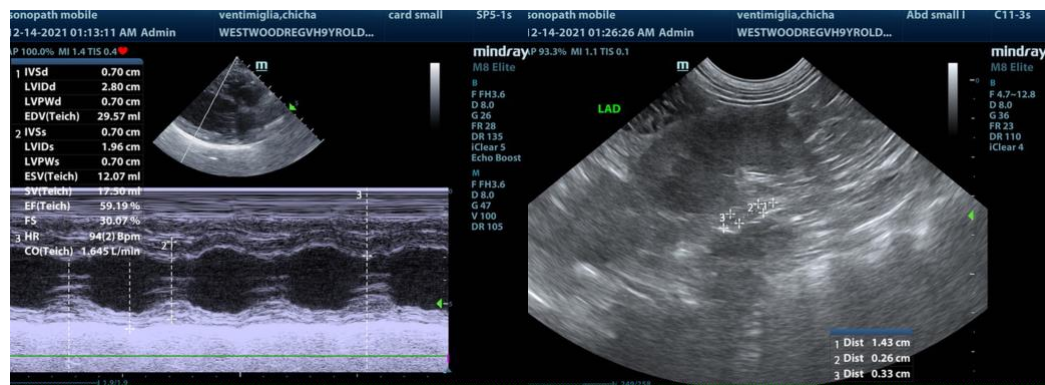
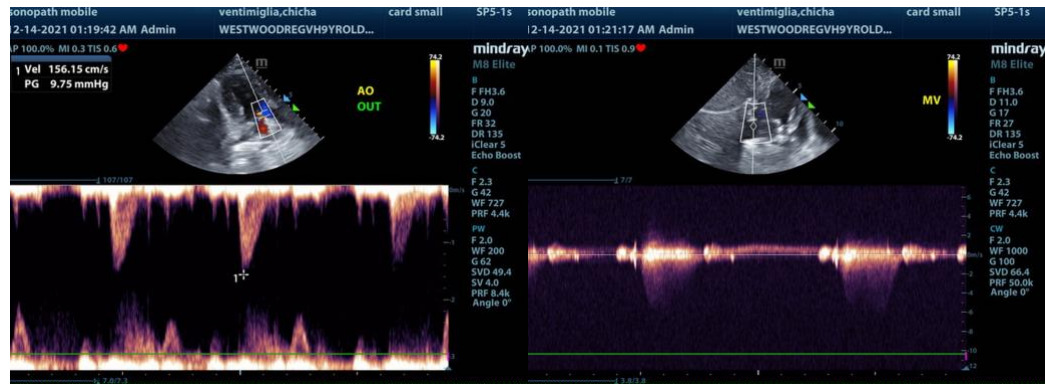
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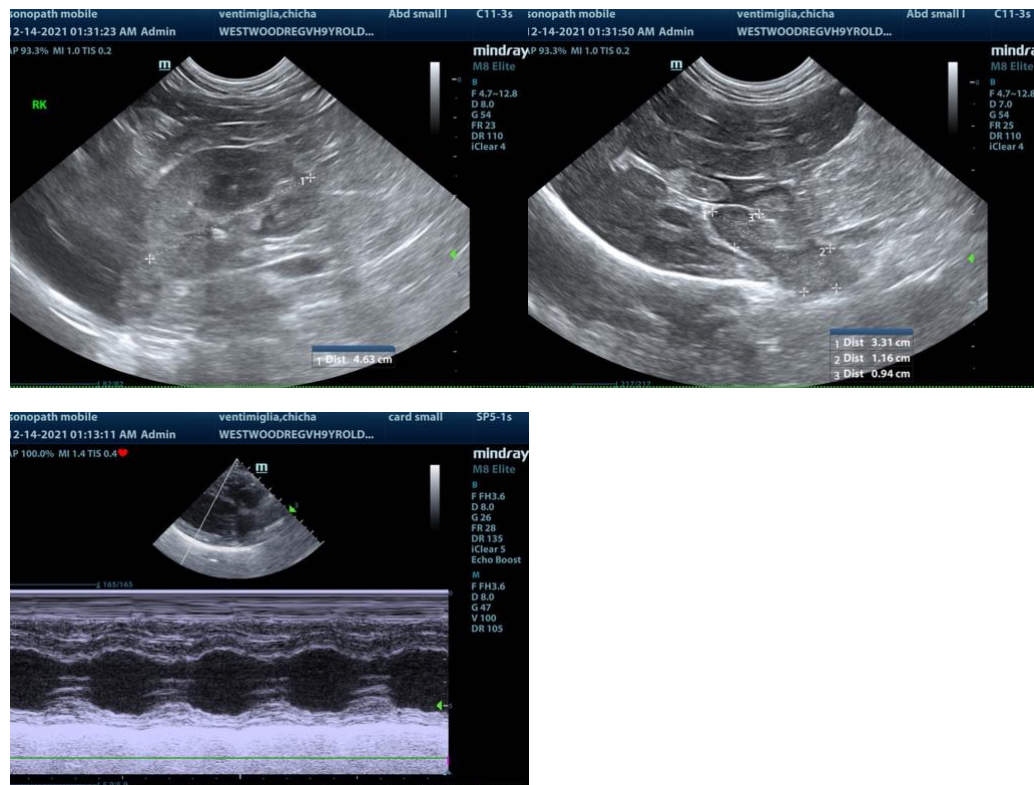
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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