



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Josie Salayko
 History: Vomited this afternoon then collapsed, did get into the garbage last night. Hypothermic.
 Current meds: IVF, started Doxy and Baytril

SPECIES Canine
 Abnormal PE/Chem/CBC/UA Results: wbc 0.82, neuts 0.16, mono 0.03, eos 0.01, PLT 72, Glucose 408, phos 13.5, bun 30, ALT 232. CPL normal, 4dx neg

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

BREED

Mini Pinscher Mix

SEX

Spayed Female

AGE

4 Years

WEIGHT

N/A

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	--	--	0.85	0.98	20	41	NM
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	BELOW	BELOW	BELOW	BELOW
PATIENT	152	0.60	0.50	--	1.89	1.12	--

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

Cardiac Presentation

The left atrial volume was subnormal. 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 normal septal and free wall thicknesses and internal diameter, however, hypocontractility was present. 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. **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.

Urinary System

The **urinary bladder** itself was unremarkable. A minimal amount of urine was present in the urinary bladder.

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton VH

REFERRING VET

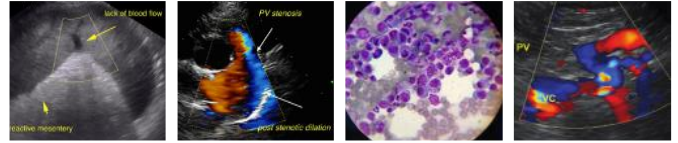
Dr. Chabora

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DATE

2/19/22



PATIENT

The **kidneys** appear hypoperfused. The left kidney measured 3.62 cm. The right kidney measured 3.89 cm.

Josie Salayko

Adrenal Glands

SPECIES

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 1.59 cm x 0.45 cm at the cranial pole and 0.42 cm at the caudal pole. The right adrenal gland measured 1.4 cm x 0.92 cm at the cranial pole and 0.4 cm at the caudal pole.

Canine

BREED

Mini Pinscher Mix

Spleen

SEX

The **spleen** was volume contracted, uniform. No evident pathology.

Spayed Female

Liver

AGE

The **liver** was subnormal in size with increased portal markings and coarse architecture. The gallbladder wall was thickened and edematous. The common bile duct was normal.

4 Years

Gastrointestinal

WEIGHT

The **gastric** wall was thickened and edematous. A minor amount of luminal chyme was present. Variable areas of colonic dilation noted.

N/A

Pancreas

The **pancreas** was edematous and irregular.

INTERPRETED BY

Free Abdomen

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Free fluid was noted in the **abdomen**.

ULTRASONOGRAPHIC FINDINGS

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- Hypocontractility consistent with shock
- Chronic cholangiohepatitis
- Pancreatic edema
- Gastritis
- Free fluid. The cause is unclear.
- Kidneys, hypoperfused

Shari Reffi, CVT

HOSPITAL NAME

Newton VH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Plasma expanders recommended. I recommend abdominocentesis, aggressive IV fluid support, blood pressure measurements, treatment for hypotension and cytospin and culture of the free fluid indicated for further definition. Concern for chronic cholangiohepatitis +/- enterotoxin issues or possible anaphylactic shock.

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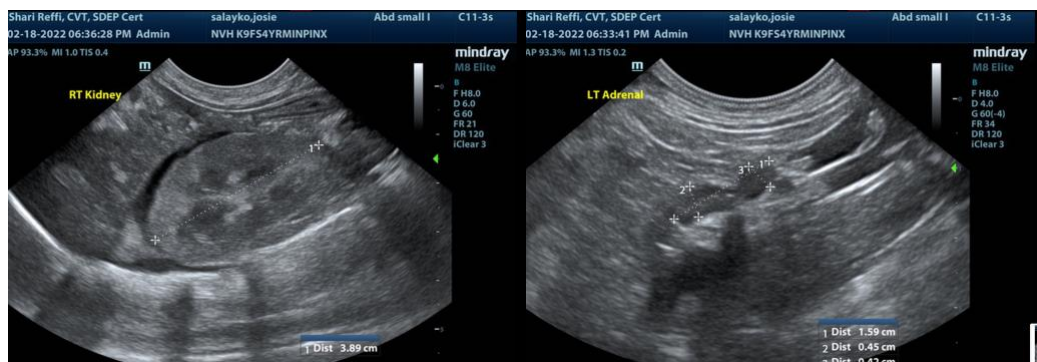
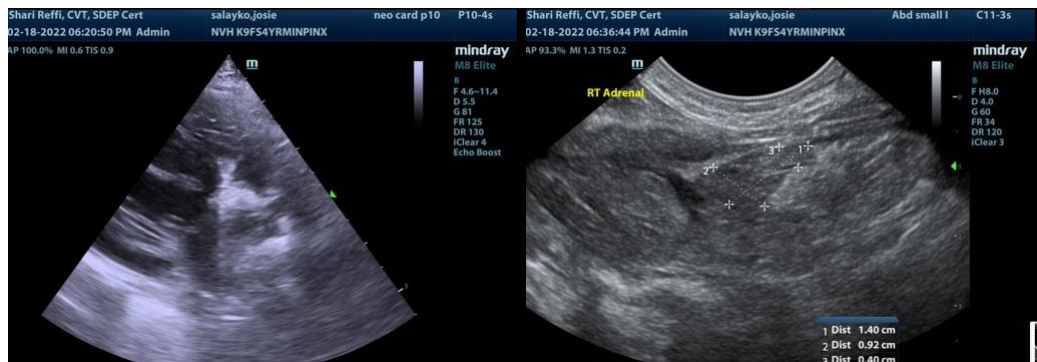
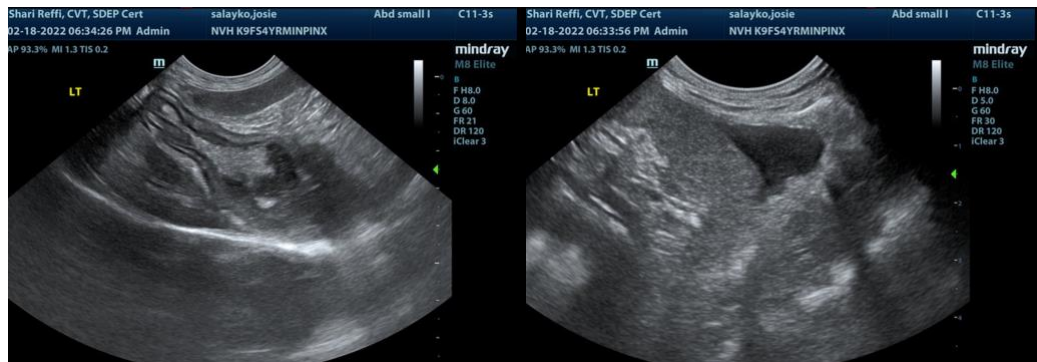
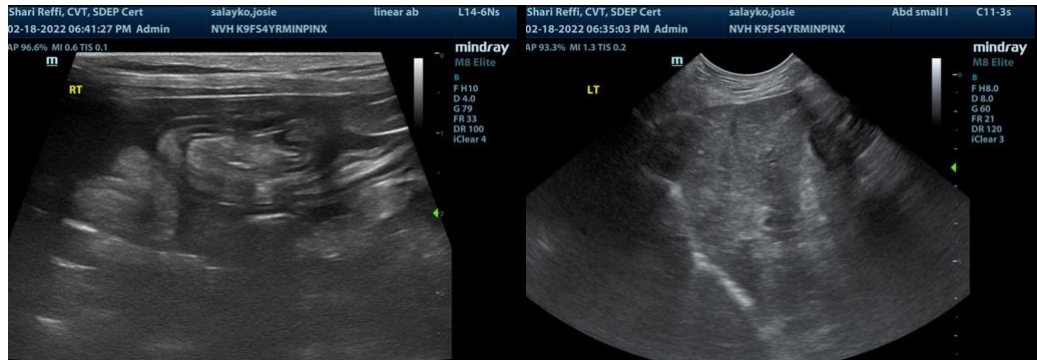
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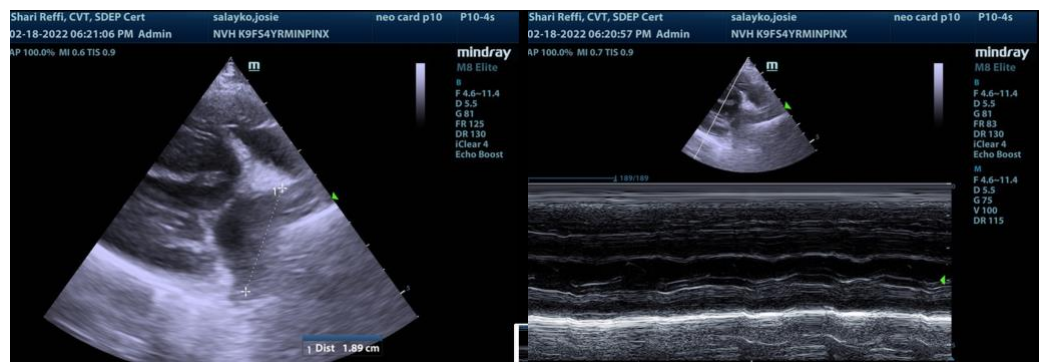
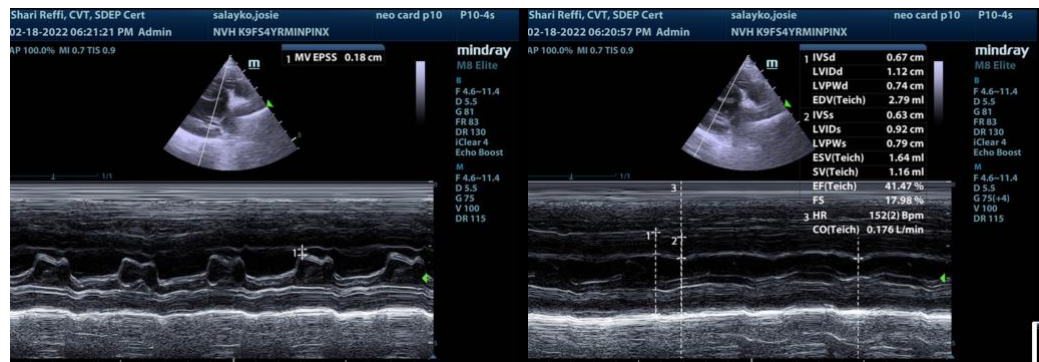
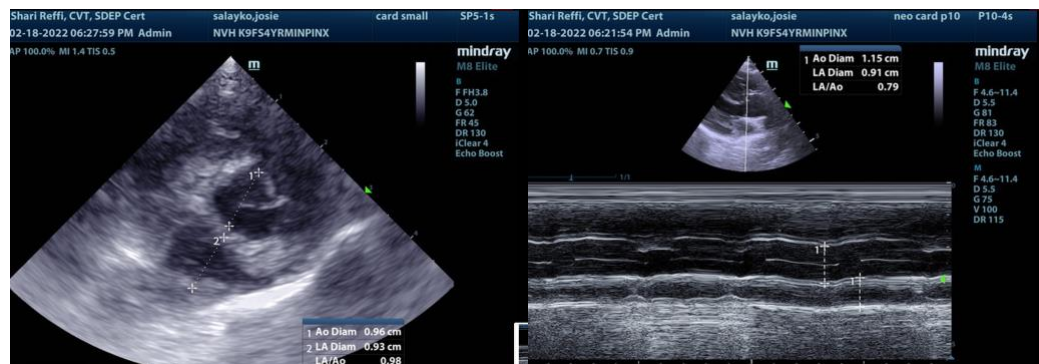
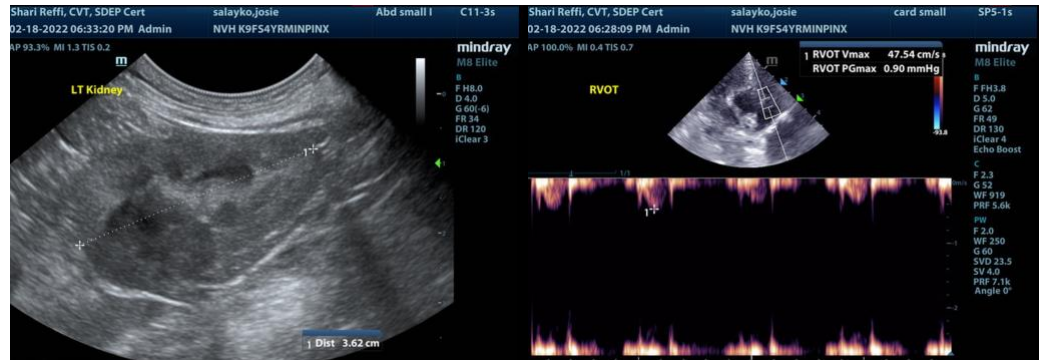
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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