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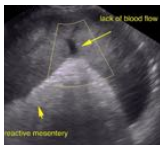
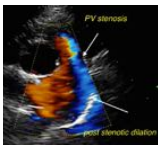
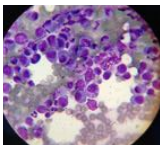
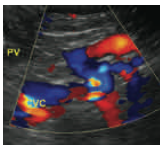

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1-800-838-4268 info@sonopath.com

PATIENT
Mookie Kobb

SPECIES
Canine

BREED
Miniature Pinscher

SEX
Neutered male

AGE
15 years

WEIGHT
17.3 lbs

INTERPRETED BY
Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

IMAGING PERFORMED BY
Kelly Vazquez , CVT

HOSPITAL NAME
North Jersey AH

REFERRING VET
Dr. Reidel

INVOICE
96755

DATE
3/10/22

PRESENTING CLINICAL SIGNS

History: History of pancreatitis, grade 2/6 systolic murmur - mildly enlarged heart on radiographs.
Current meds: Cerenia, Famotadine, and Metronidazole.
Abnormal PE/Chem/CBC/UA Results: SPEC CPL 2000, lipase >1800, amylase 1819.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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 **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 or chamber overload. Trivial **tricuspid** insuffiicnecy was noted. . 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.

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	6.2		1.2	1.3	24	49	NM
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	98	1.68	1.14	17.3 lbs	3.2	3.3	

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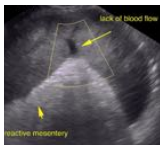

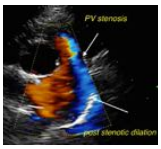

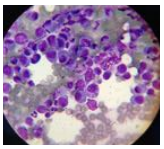
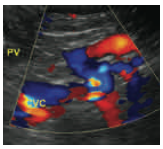

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ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 **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 4.63 cm. The left kidney measured 4.81 cm.

Adrenal Glands

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 1.64 x 0.52 cm at the caudal pole and 0.68 cm at the cranial pole. The left adrenal gland measured 1.47 x 0.59 cm at the caudal pole and 0.58 cm at the cranial pole.

Spleen

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

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. The caudate process and the left medial liver were enlarged and mildly irregular. This is most consistent with benign hepatopathy. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. Gallbladder calculi were noted and measured up to 1.4 cm. The hepatic lymph nodes are mildly enlarged and cystic measuring 2.0 x 1.5 cm. This is likely reactive.

Gastrointestinal

Upper duodenal spasming is present, yet no obstructive pattern was noted. The remainder of the intestinal tract was unremarkable.

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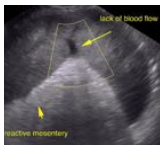
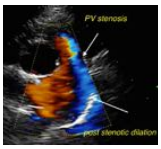
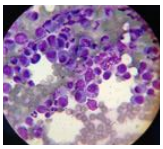
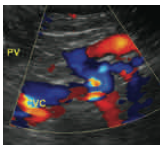

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Pancreas

The **pancreas** is hypoechoic and mildly irregular with enhanced, surrounding mesentery. Inflammation was noted around the right pancreatic limb.

Free Abdomen

Trace amounts of free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

Mitral and tricuspid insufficiency. Stage B1 valvular disease.

Chronic pancreatic changes with regional inflammation.

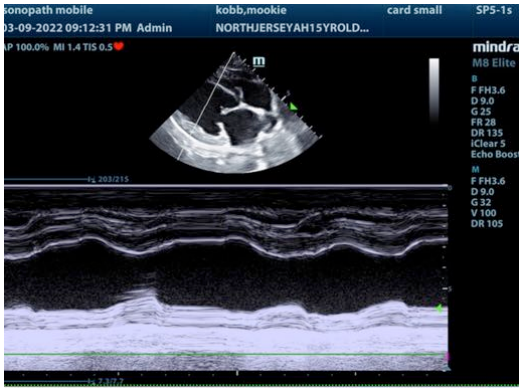
Hepatic lymphadenopathy.

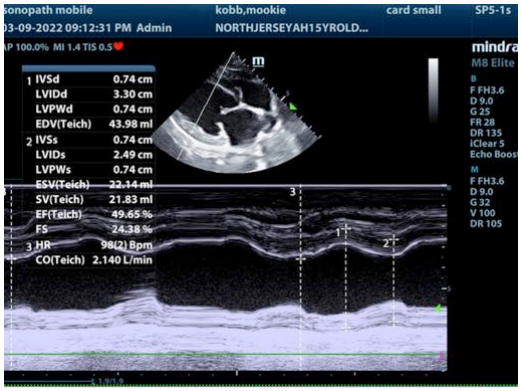
Free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

B1: The heart is stable without clinical disease. No overt contraindication for anesthesia of brief to moderate duration. I suggest Torbutrol premed, Propofol induction, Isoflurane maintenance or similar protocol if anesthesia is desired. Blood pressure recommended if not already performed and target white coat negative systolic pressure of < 160 mmHg. If higher than this ACE-inhibitor is suggested to reach this level. Recheck echocardiogram is recommended in 6 months, earlier if murmur grade increases or clinical signs initiate.

Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected. Treatment for pancreatitis is warranted. There is a mild potential for underlying pancreatic neoplasia. Diet change to hydrolyzed geriatric diet, Enrofloxacin and Metronidazole +/- pain management and reassessment of the abdominal sonogram in a week or earlier if clinical signs progress or worsen.





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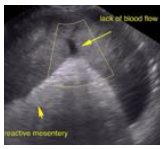
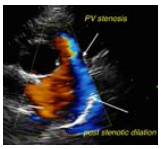
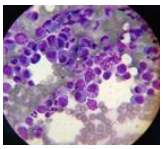
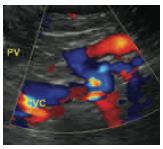

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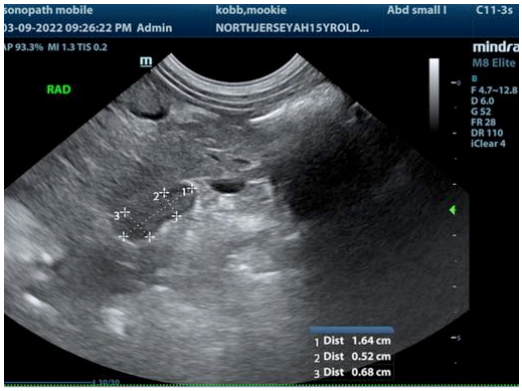

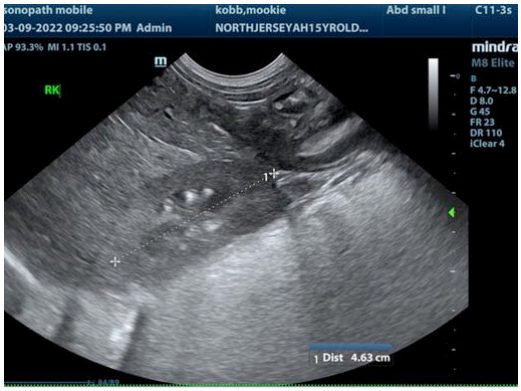

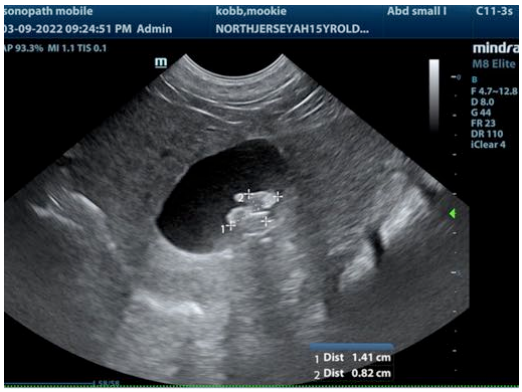

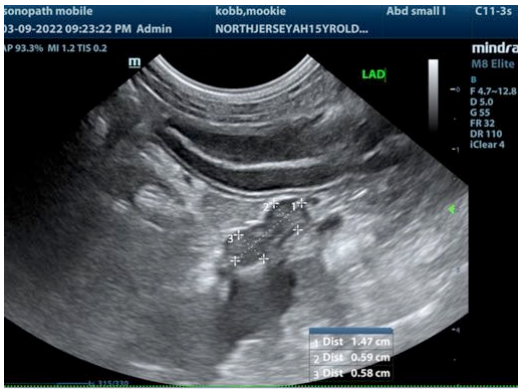

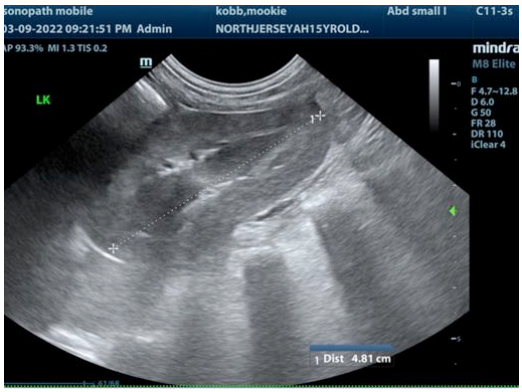

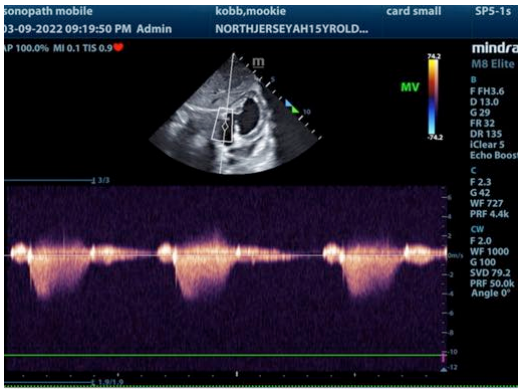

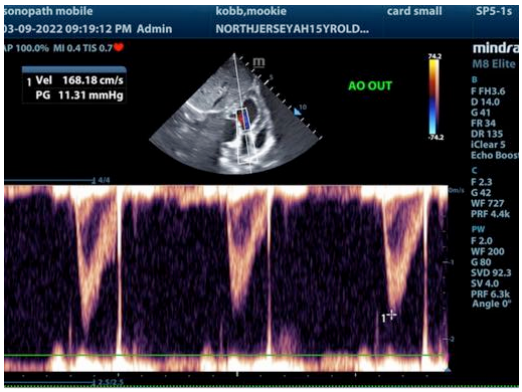

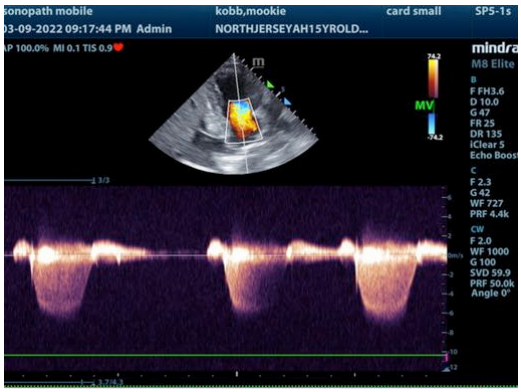

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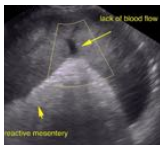

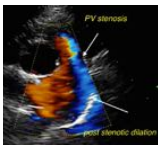

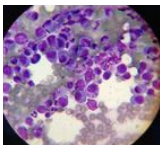
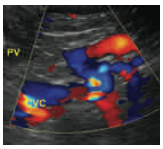

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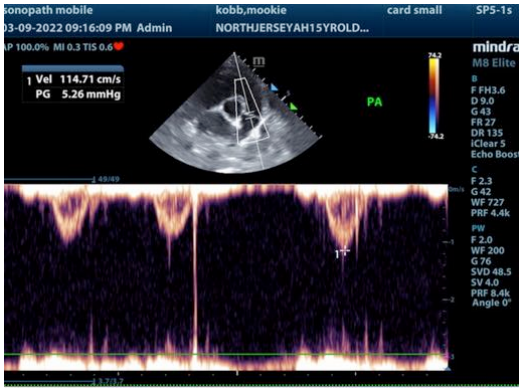

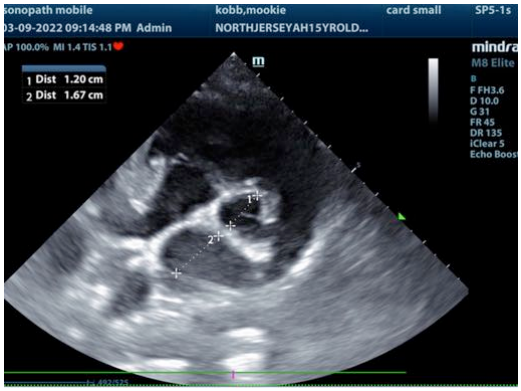

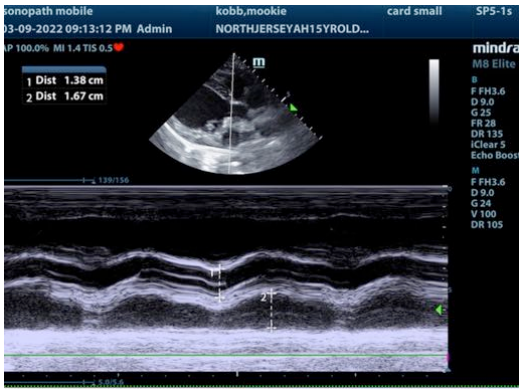

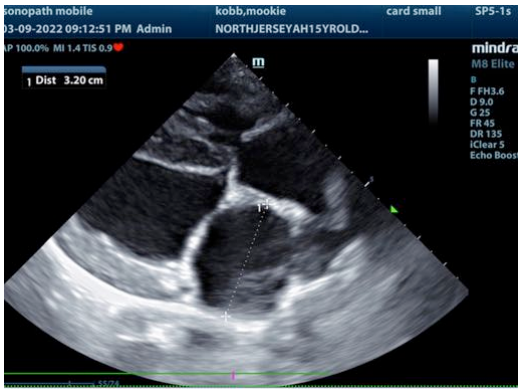

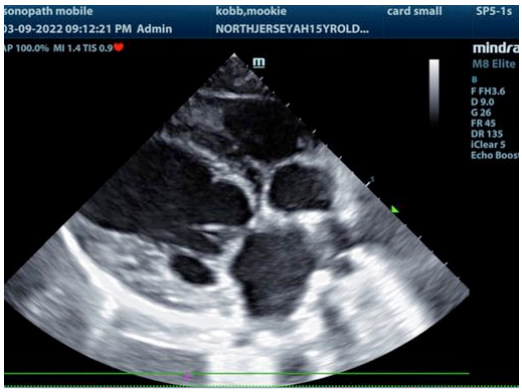

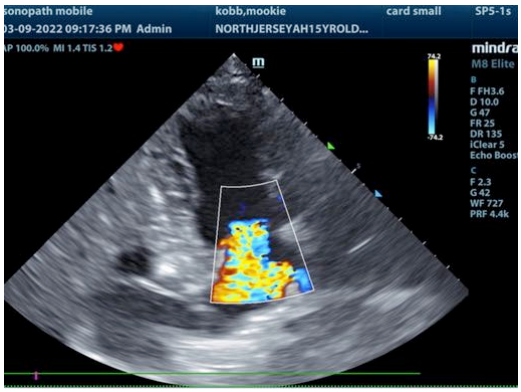

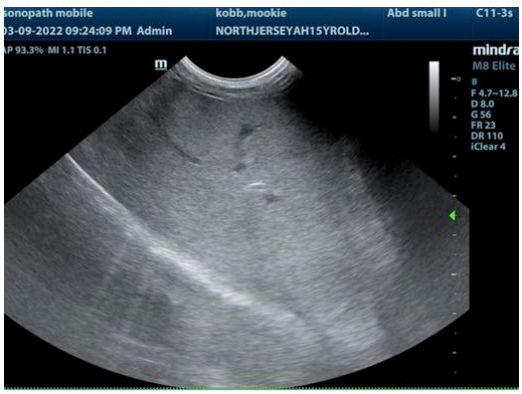

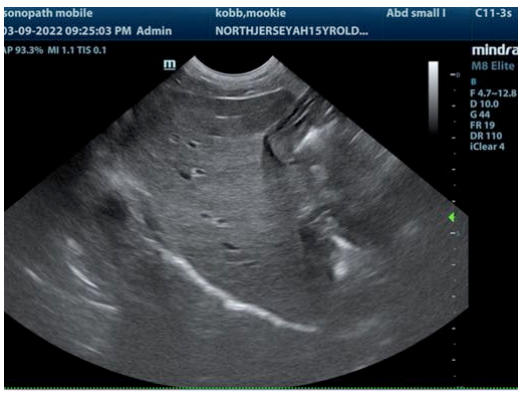

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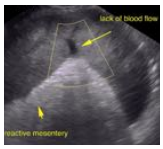
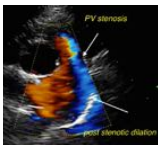
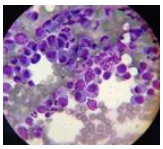
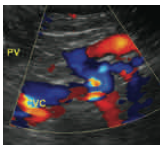

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SEX

Neutered male

AGE

15 years

WEIGHT

17.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez , CVT

HOSPITAL NAME

North Jersey AH

REFERRING VET

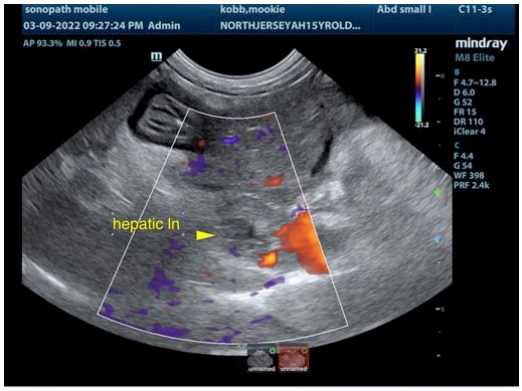
Dr. Reidel

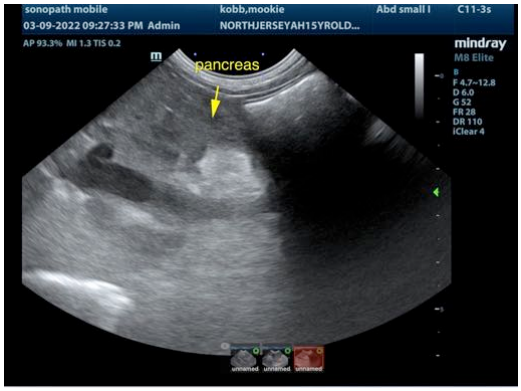
INVOICE

96755

DATE

3/10/22





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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