



PATIENT

Charlie Woodruff

PRESENTING CLINICAL SIGNS

re check from scan yesterday , collapsed on walk outside turned white trouble breathing

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

BREED

Shih Tzu

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			1.0	0.8			0.1
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							

SEX

Neutered Male

AGE

8 Years

WEIGHT

15 Pounds

Cardiac Presentation

The heart revealed slight right-sided enlargement and volume contracted left side. Normal contractility. Pleural effusion noted with areas of lung consolidation. The pleural effusion is non-cardiogenic in nature. The caudal thorax presented lung consolidation and echogenic pleural effusion.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

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 were noted. Ureteral papillae were normal.

HOSPITAL NAME

Rockaway AH

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight pinpoint mineralizations noted. The left kidney measured 4.15 cm. The right kidney measured 4.15 cm.

REFERRING VET

Dr. Ascot

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 left adrenal gland measured 0.50 cm. The right adrenal gland measured 0.50 cm.

INVOICE

36122

DATE

3/12/22



PATIENT

Spleen

Charlie Woodruff

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 were noted.

SPECIES

Canine

Liver

BREED

Shih Tzu

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.

SEX

Neutered Male

Gastrointestinal

AGE

8 Years

The **stomach** revealed persistent gastric. The gastroesophageal sphincter and esophagus appeared thickened. The pylorus was patent. The small intestine and colon were unremarkable.

Pancreas

WEIGHT

15 Pounds

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.

ULTRASONOGRAPHIC FINDINGS

- Gastric stasis
- Caudal lung consolidation and pleural effusion

INTERPRETED BY

Eric Lindquist, DMV

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Suspect lung lobe torsion or caudal thoracic pathology as the underlying issue with possible esophageal involvement. The abdomen itself appeared unremarkable other than the gastric stasis. No overt cause of obstruction noted. The gastric stasis may have been simply owing to ileus from a systemic pathology. Pleurocentesis +/- chest CT would be warranted. However, lung lobe torsion or large thromboembolic event may have occurred with secondary hypotension. Erosive neoplasia in the caudal thorax also possible.

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

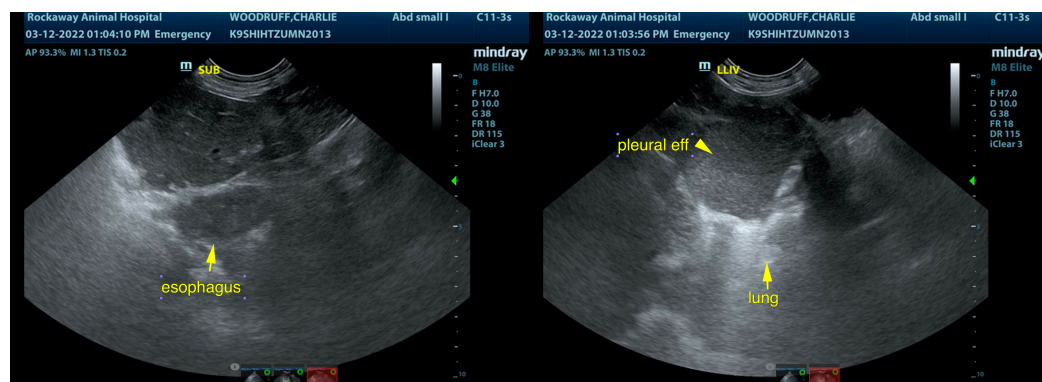
Dr. Ascot

INVOICE

36122

DATE

3/12/22





PATIENT

Charlie Woodruff

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

8 Years

WEIGHT

15 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

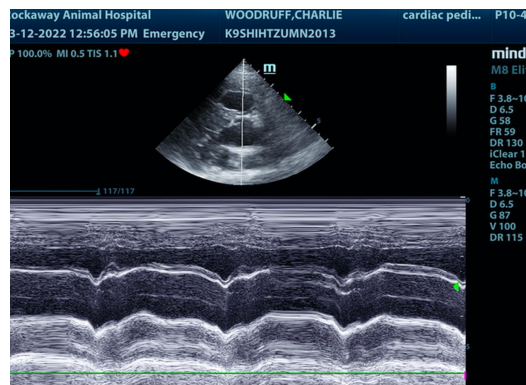
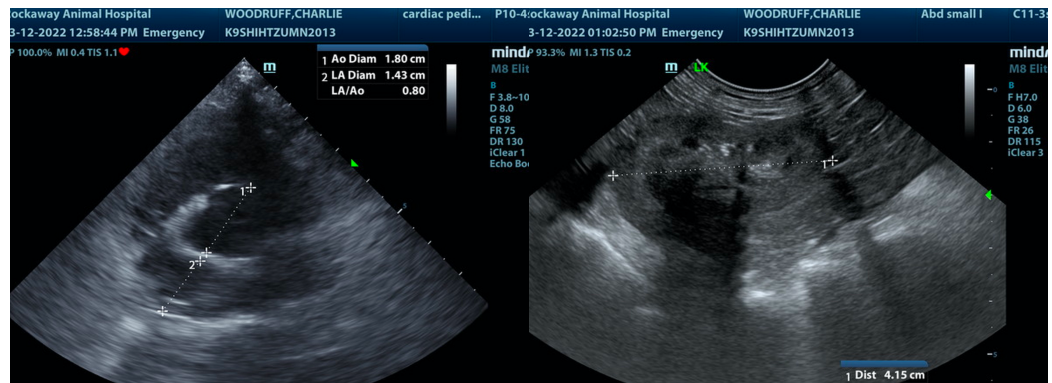
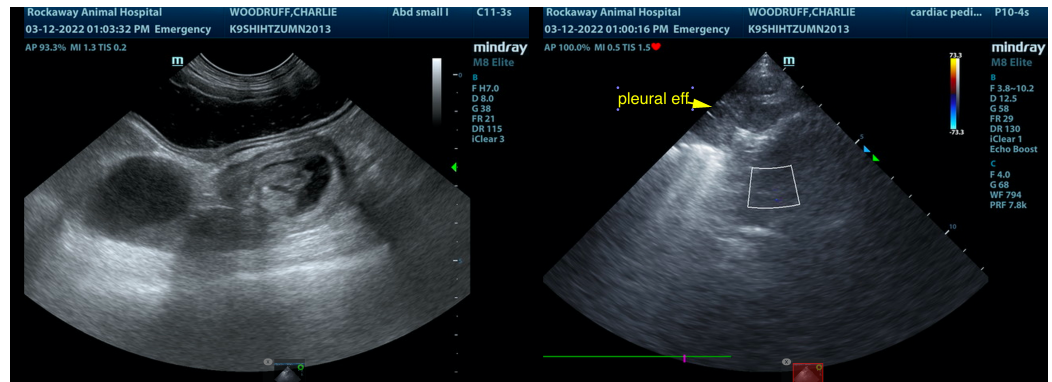
Dr. Ascot

INVOICE

36122

DATE

3/12/22



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.

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

info@SonoPath.com