



PATIENT

Rocket Agudelo

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered Male

AGE

10 Years

WEIGHT

18 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

Westwood Regional
VH

REFERRING VET

Dr. Cattiny

INVOICE

22207

DATE

4/28/23

PRESENTING CLINICAL SIGNS

History: Follow up echo/seizures Current meds:enalapril/spironolactone/vetmedin

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	<1.3	28-40	40-100	<0.6
PATIENT	5.55	--	2.0	2.2	49	81	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	169	1.85	.80	--	4.15	3.87	--

Cardiac Presentation

The cardiac presentation revealed improved volume measurements of the left atrium and left ventricle with persistent mitral and tricuspid insufficiency. However, volume overload is still evident in the left atrium and left ventricle. No pericardial or pleural effusion.

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. The residual prostate was uniform, measuring 0.94 cm.

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 mineralization was present, similar to the prior sonogram. The right kidney measured 4.66 cm. The left kidney measured 4.63 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



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adrenal gland measured 2.04 cm x 0.39 cm at the cranial pole and 0.42 cm at the caudal pole. The left adrenal gland measured 1.07 cm x 0.27 cm at the cranial pole and 0.42 cm at the caudal pole.

Spleen

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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.

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Liver

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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.

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Gastrointestinal

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The **gastrointestinal tract** has resolved in this patient. A minor amount of retention of ingesta was noted in the stomach, The small intestine and colon were unremarkable.

Pancreas

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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ULTRASONOGRAPHIC FINDINGS

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- Resolved abdominal presentation
- Improved volume measurements of the left atrium and left ventricle with persistent mitral and tricuspid insufficiency. However, volume overload is still evident in the left atrium and left ventricle.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Refinement of the cardiac presentation is warranted, by adding Lasix (1-2 mg/kg BID) to this protocol. Monitoring blood pressures, BUN, creatinine and sleeping respiratory rate (<25 is the target) is warranted. If seizure activity continues, then skull CT is indicated. Recheck echo in 3-6 months.

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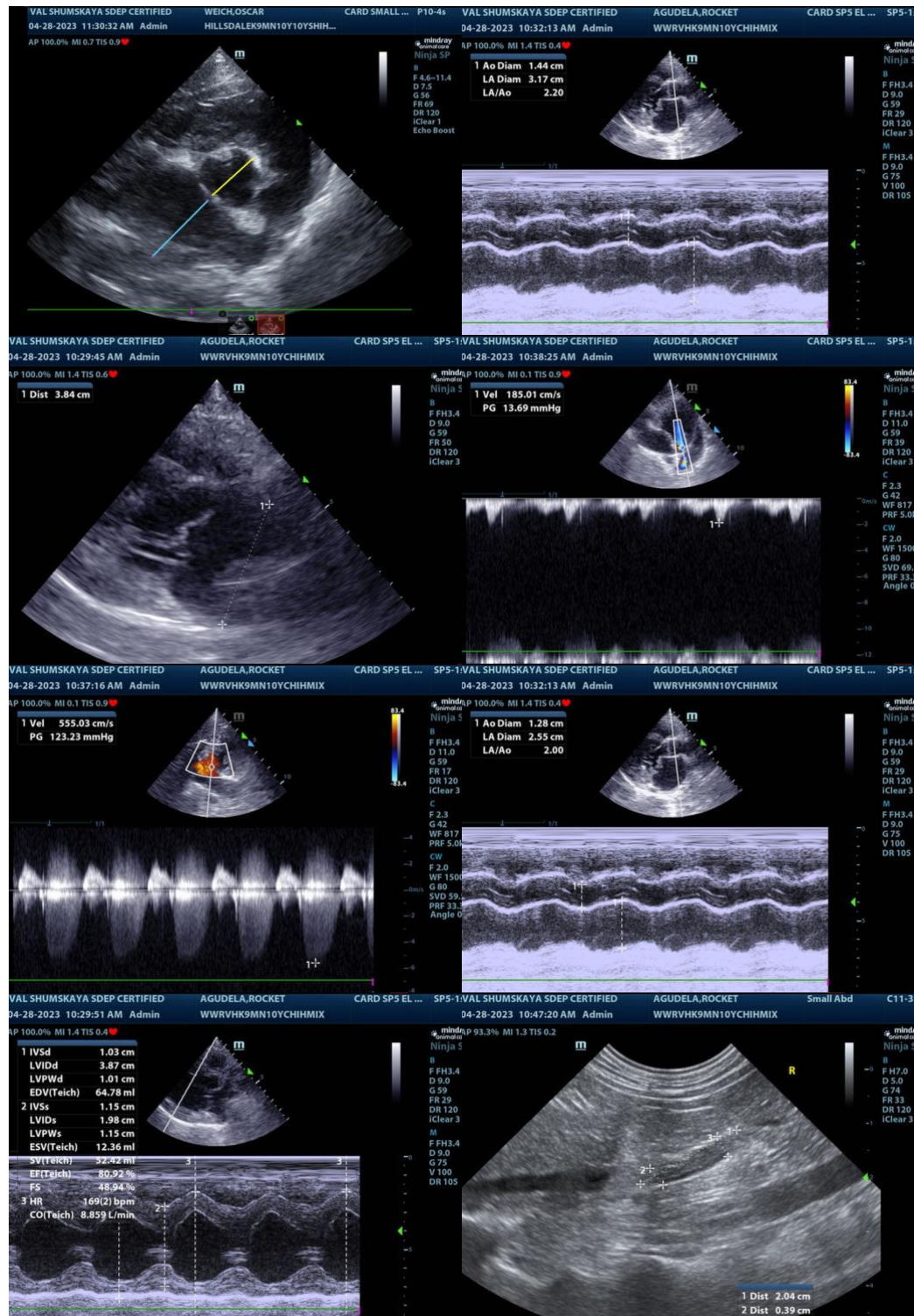
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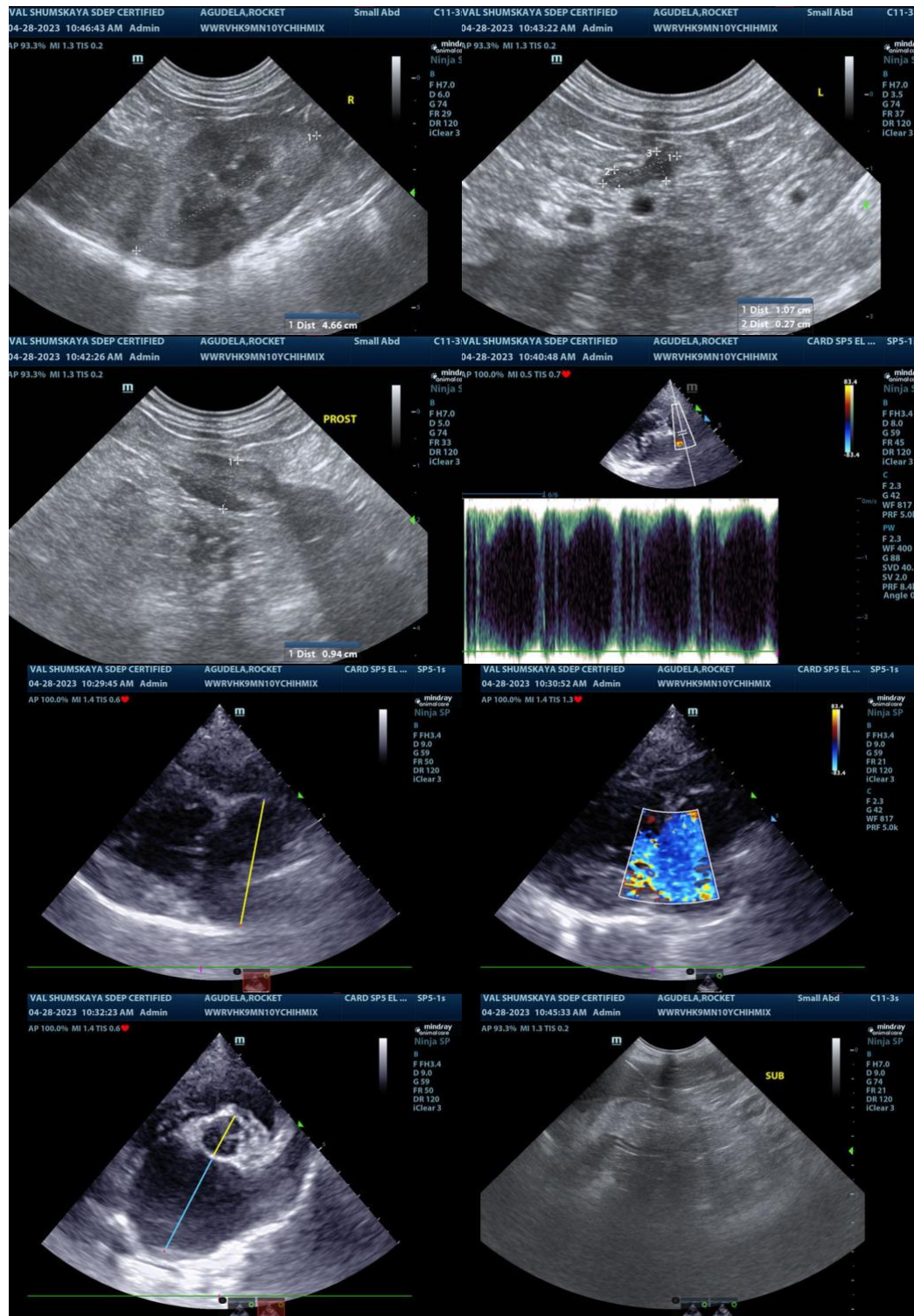
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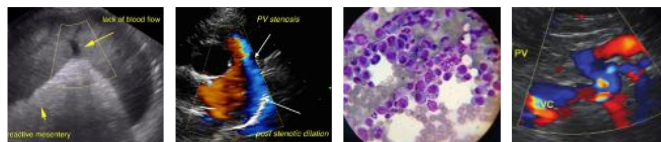
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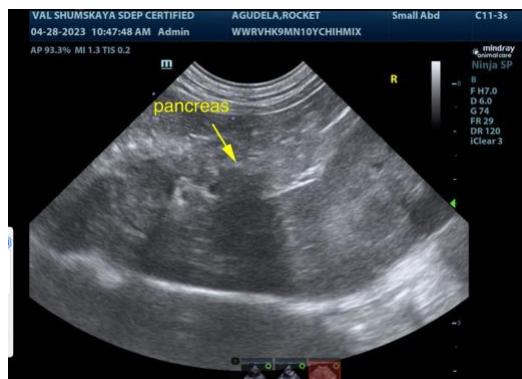
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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