



PATIENT

Bandit Josephson

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered Male

AGE

14

WEIGHT

7

INTERPRETED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Dr. Hunt

HOSPITAL NAME

Bayshore Veterinary
Hospital

REFERRING VET

Dr. Hunt

INVOICE

15935

DATE

05/08/26

PRESENTING CLINICAL SIGNS

Dog has been on Pimobendan furosemide and enalapril for a long time for a heart murmur. Kidneys have been escalating with a medicine board. Ultrasound today 1st suggest this is all right sided and suggest pulmonary hypertension. Poor diagnosis and pimo somehow helped out the hypertension. Radiograph suggests right sided heart enlargement. Thank you. AAV ratio indicates the v part is much larger than the AA part. You like that? Meaning the vein looks larger than the airway or the artery

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

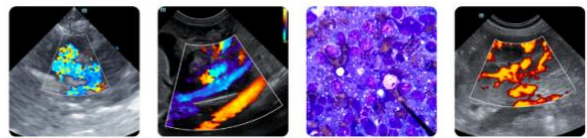
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	NM	2.98	1.3	1.0	40	--	0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	LAD LA MAX 4 Chamber	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	NM	--	--	7	1.9	1.5	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. Mitral and tricuspid insufficiency was present. The **left ventricle** presented normal 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. 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. The hepatic veins were not dilated.

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



PATIENT

Bandit Josephson

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered Male

AGE

14

WEIGHT

7

INTERPRETED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Dr. Hunt

HOSPITAL NAME

Bayshore Veterinary
Hospital

REFERRING VET

Dr. Hunt

INVOICE

15935

DATE

05/08/26

was present. No evidence of inflammatory or neoplastic changes were 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 moderate 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. Minor left kidney pyelectasia was present. The left kidney measured 3.13 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

Both **adrenal glands** were not visualized.

Spleen

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.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable. Minor excessive coalesced bile was present in the gallbladder.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine 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. Some mild hyperperistalsis was noted in the small intestine.

Pancreas

Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxiphoid palpation reveals pain response. No overt masses were noted.

ULTRASONOGRAPHIC FINDINGS

- Moderate degenerative renal changes.
- Compensated valvular disease.



PATIENT

Bandit Josephson

- Minor left kidney pyelectasia.
- Pancreatic fibrosis pattern.
- Age-related abdominal changes otherwise.

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered Male

AGE

14

WEIGHT

7

INTERPRETED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IUUSS

IMAGING PERFORMED BY

Dr. Hunt

HOSPITAL NAME

Bayshore Veterinary
Hospital

REFERRING VET

Dr. Hunt

INVOICE

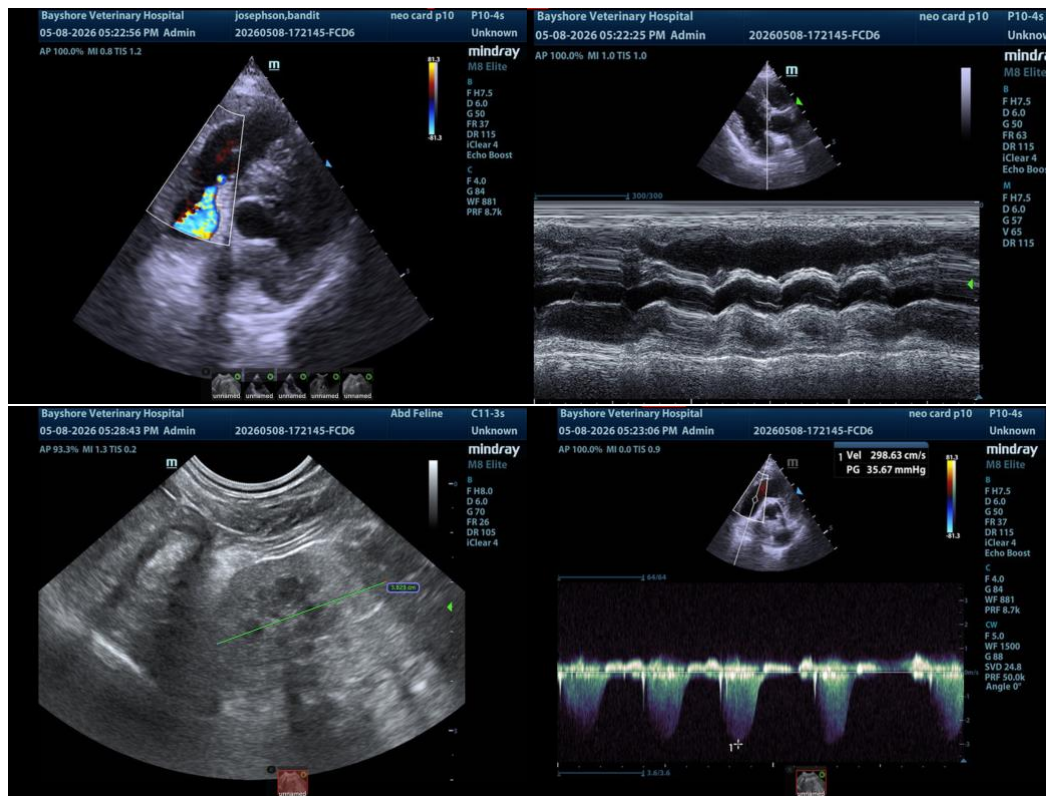
15935

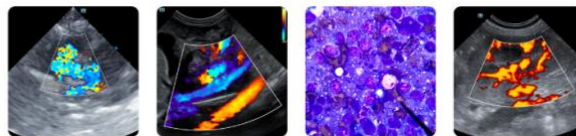
DATE

05/08/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There's no evidence of volume overload in any of the 4 chambers in this patient. Recommend reducing Furosemide and possibly Enalapril in this patient. Recheck echocardiogram in approximately 2 weeks to assess if medication is necessary. Urinary workup is warranted. Blood pressure measurements are warranted.





PATIENT

Bandit Josephson

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered Male

AGE

14

WEIGHT

7

INTERPRETED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

**IMAGING
PERFORMED BY**

Dr. Hunt

HOSPITAL NAME

Bayshore Veterinary
Hospital

REFERRING VET

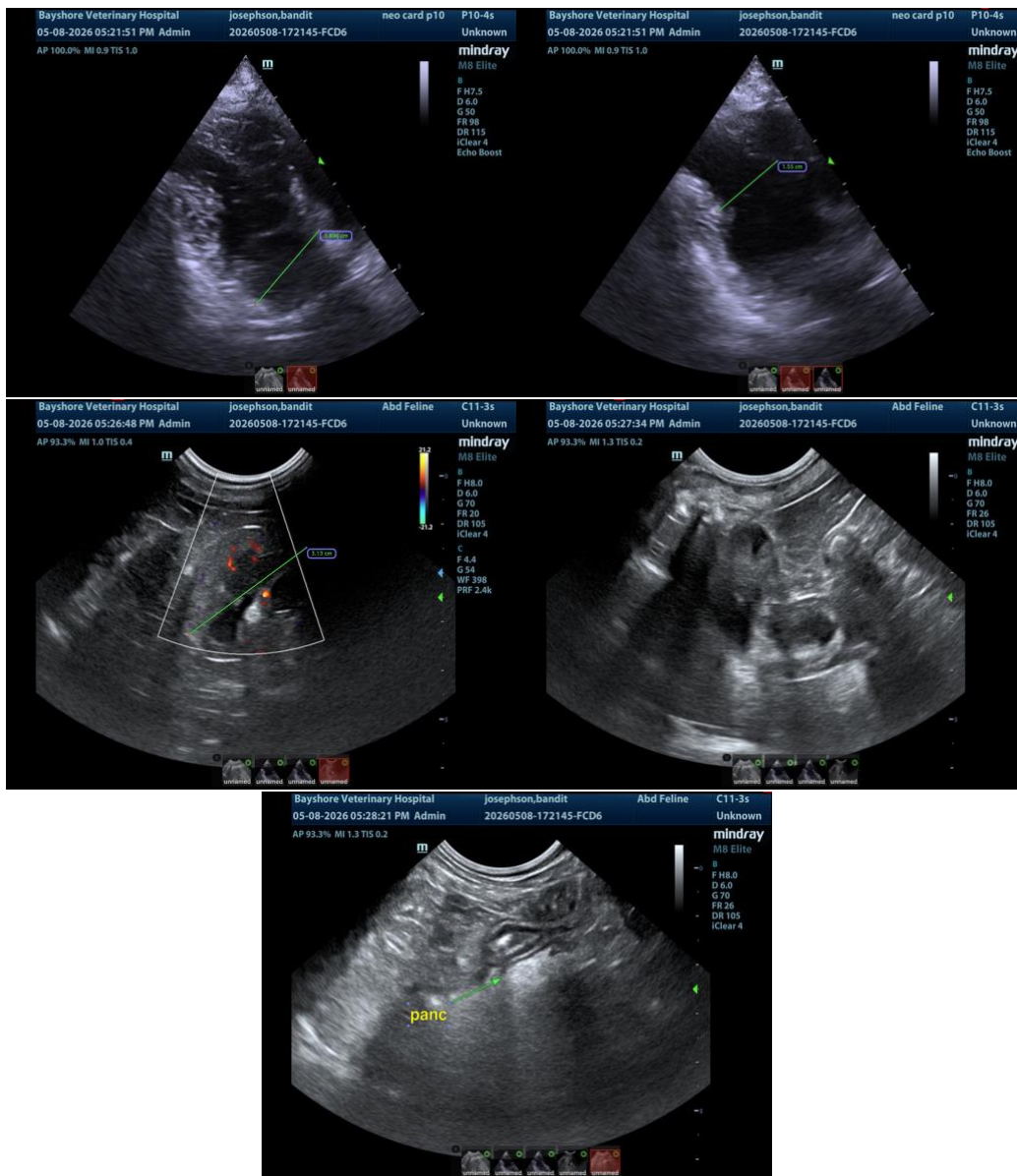
Dr. Hunt

INVOICE

15935

DATE

05/08/26



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(CFM), Cert. IVUSS,

CEO, Owner, Founder -- SonoPath.com

info@SonoPath.com



PATIENT

Bandit Josephson

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered Male

AGE

14

WEIGHT

7

INTERPRETED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Dr. Hunt

HOSPITAL NAME

Bayshore Veterinary
Hospital

REFERRING VET

Dr. Hunt

INVOICE

15935

DATE

05/08/26