



PATIENT

Kota McCartney

SPECIES

Canine

BREED

Pomeranian x

SEX

Neutered Male

AGE

11 Years 2 Months

WEIGHT

10.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Julie Kang

HOSPITAL NAME

Sabino Veterinary Care

REFERRING VET

Dr. Tom Johnston

INVOICE

75743

DATE

6/5/26

PRESENTING CLINICAL SIGNS

Investigating chronic diarrhea, hypoalbuminemia borderline panhypoproteinemia with ascites and pleural effusion noted on 5/18. Started on furosemide and clavamox for suspected aspiration pneumonia. Pleural effusion resolved as of 6/1. Presented for ADR, panting, itchy and chewing paws 6/3. Progressive heart murmur G2 on 6/1 --> G3 on 6/4 --> G4/6 today. Bruising/non-blanching areas of redness on trunk/abdomen new today.

Abnormal PE/Chem/CBC/UA Results: Today: Platelets normal today 356K. Albumin 2.0, Globulins 2.4. Lymphopenia 0.73. Previously tested for addison's - ruled out.

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	--	--	1.12	1.5	50	84	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (lbs)	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	80	1.14	0.7	10.5	2.6	2.73	--

E-wave velocity = 0.7

Cardiac Presentation

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. **Tricuspid** valvular assessment demonstrated adequate linear morphology. 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.



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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 deep urethra was not visualized.

Iliac lymph nodes were unremarkable. Iliac trifurcation was unremarkable.

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. Right kidney measured 4.22 cm. Left kidney measured 3.62 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. Right measured 1.3 cm x 0.33 cm. Left measured 1.5 cm x 0.34 cm.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

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. Mild congealed bile noted in the gallbladder.

Gastrointestinal

The **stomach** itself was unremarkable. Mucosal fogging was noted in the small intestine. Soft stool noted in the colon.

Pancreas

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.

Free Abdomen

Slight free fluid noted in the abdomen.

Reactive or enhanced mesentery noted around the intestine.

ULTRASONOGRAPHIC FINDINGS

- ACVIM Stage B1 valvular disease.



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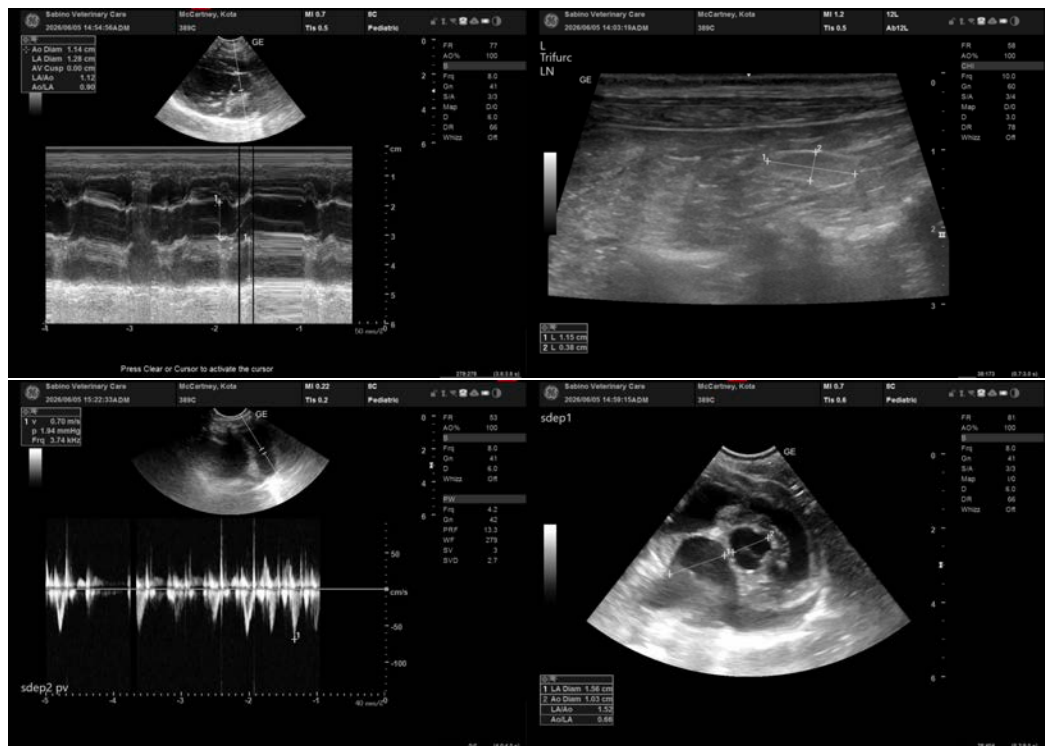
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- Variable mucosal fogging – suspect protein losing enteropathy/lymphangiectasia with reactive mesentery.
- Age related renal changes.
- Volume contracted spleen.
- Mild congealed gallbladder bile.
- Slight free fluid and reactive mesentery.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The heart is stable without clinical disease. No overt contraindication for anesthesia of brief to moderate duration. I suggest Torbutrol premed, Propofol induction, Isoflo maintenance or similar protocol if anesthesia is desired. Blood pressure, EKG and chest radiographs are recommended if not already performed. 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.

The albumin levels were reported to be only 2.0. This is not low enough to cause spontaneous fluid formation. Therefore, other issues such as congestive disease or occult neoplasia should be ruled out. Abdominocentesis and cytospin warranted to assess for lymphomatosis or similar. Management for protein losing enteropathy warranted in the meantime.





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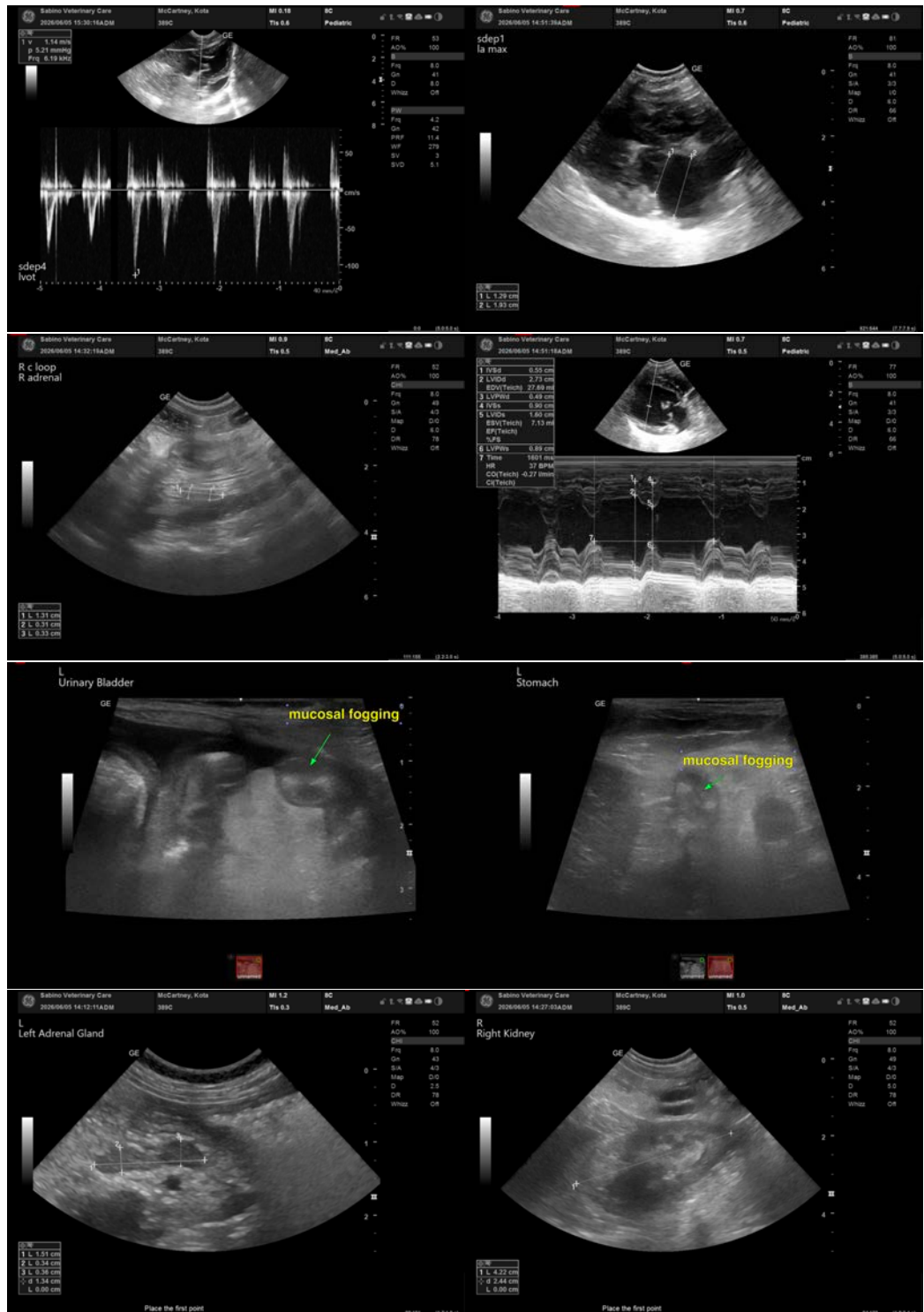
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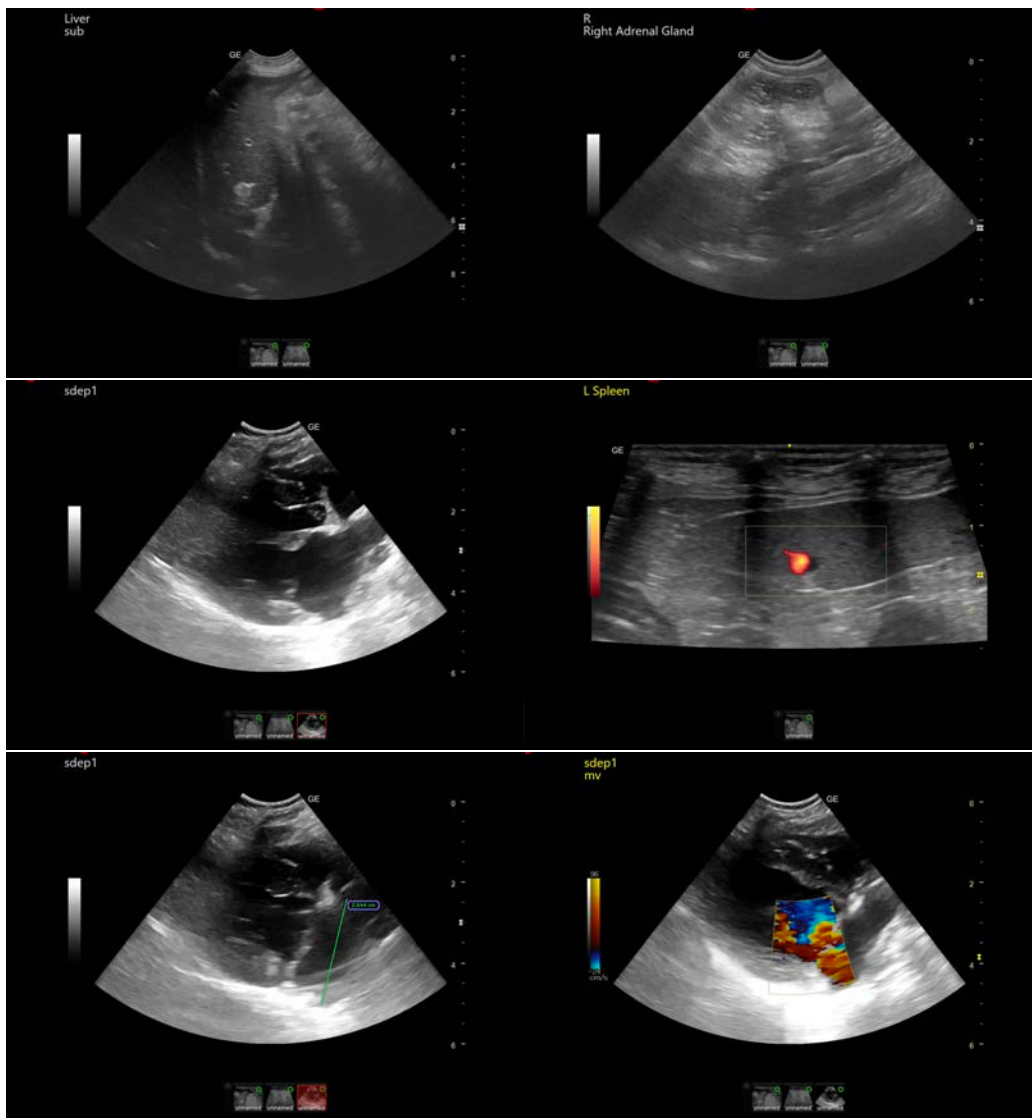
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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