



PATIENT PRESENTING CLINICAL SIGNS

Chip Taylor History: 4/6 HM. Had echo on 9/20, See attached.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

13 Years

WEIGHT

8.5 Pounds

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	6.50	3.72	2.3	2.0	44	77	NM
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	200	1.52	.89	--	3.0	2.73	--

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

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Greenwood Lake AH

REFERRING VET

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7/12/22

Cardiac Presentation

The cardiac presentation presented mitral and tricuspid insufficiencies with mitral valve prolapse and mild volume overload of the left atrium and left ventricle, however, a slight amount of pericardial effusion with irregular tissue at the right auricle, occupying the right auricular wall and entering into the pericardial space was noted. Tissue thickening measured approximately 1.5 cm x 1.4 cm. I'm strongly concerned for right auricular hemangiosarcoma, however, should be followed up in 7-14 days to assess for any growth. The aorta measured 0.6 cm.

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 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 and no evidence of pelvic dilation was present. Mineralization was present in the kidneys. The right kidney measured 3.54 cm. The left kidney measured 3.54 cm.

Adrenal Glands



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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 1.18 cm x 0.64 cm. The right adrenal gland measured 1.63 cm x 0.7 cm.

SPECIES

Canine

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.

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Liver

The **liver** was uniformly swollen. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with moderate vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. Hepatic veins and vena cava were dilated consistent with passive congestion. The gallbladder was overdistended with dependent and suspended debris and calculi (nonobstructive at the time of the sonogram). The vena cava at the diaphragm measured 0.84 cm.

AGE

13 Years

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, 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.

WEIGHT

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild to moderate 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

- Stage B-2 valvular disease
- Passive congestion abdomen
- Moderate degenerative renal changes with calculi
- Age-related pancreatic and hepatic changes
- Gallbladder calculi

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the volume overload and stage B-2 valvular disease, concern for emerging right auricular mass and slight pericardial effusion. I recommend initiating Pimobendan at 0.3 mg/kg BID and blood pressure measurements, if hypertension is present, then ace inhibitor could be considered, however, I do not recommend Lasix at this time as it is contraindicated with pericardial effusion owing to suspected right auricular mass. However, the irregular tissue in the right auricle and pericardium should be monitored for any growth. If growth occurs over the next 10-14 days, then

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hemangiosarcoma is likely. The patient should be monitored carefully for sleeping respiratory rate, which should be <25 and any formation of ascites would be of concern. Guarded prognosis.

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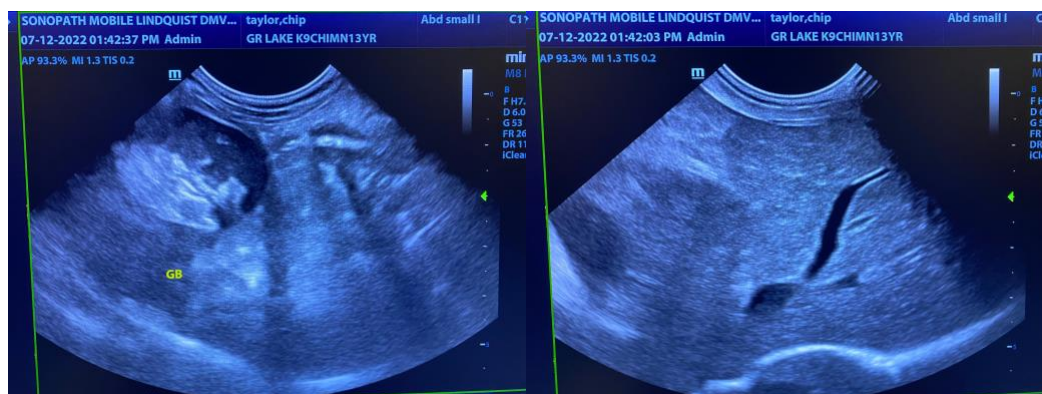
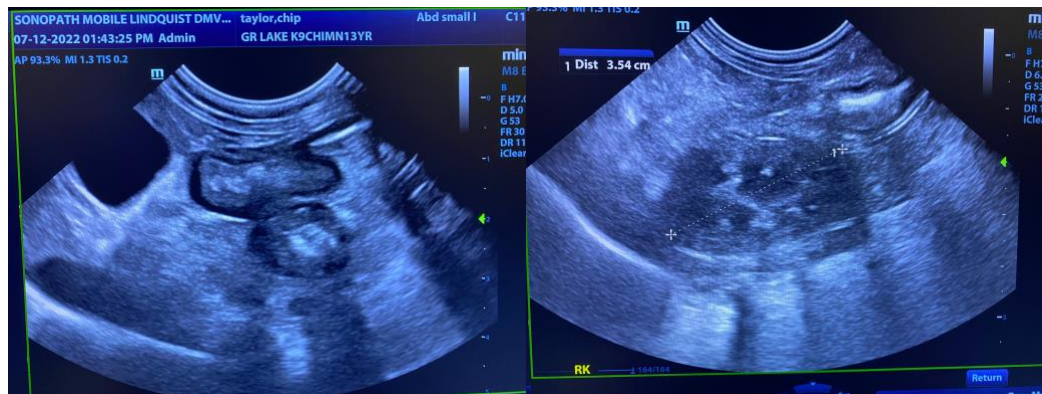
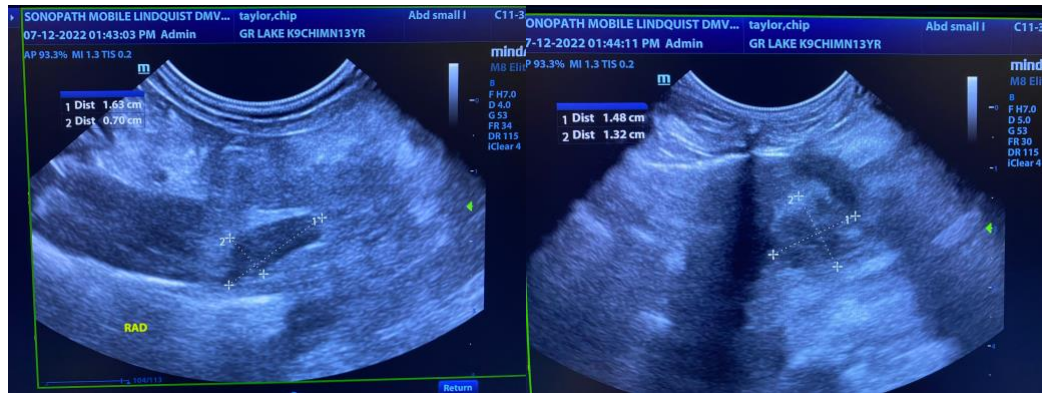
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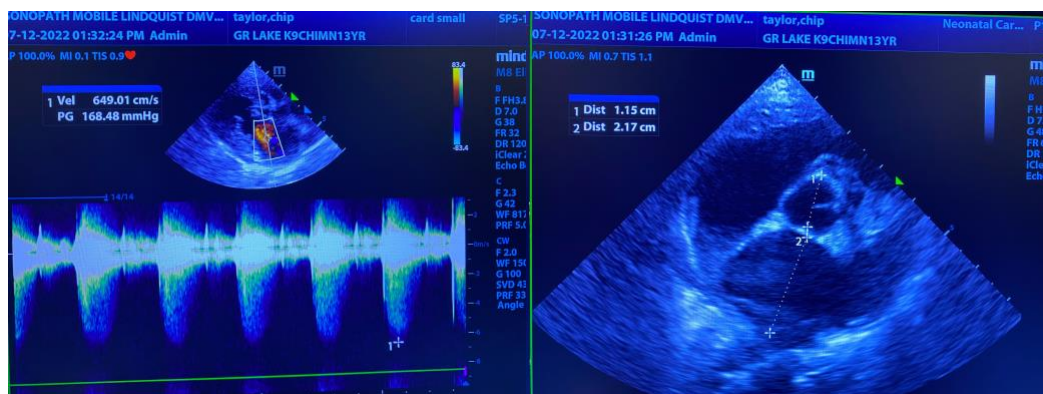
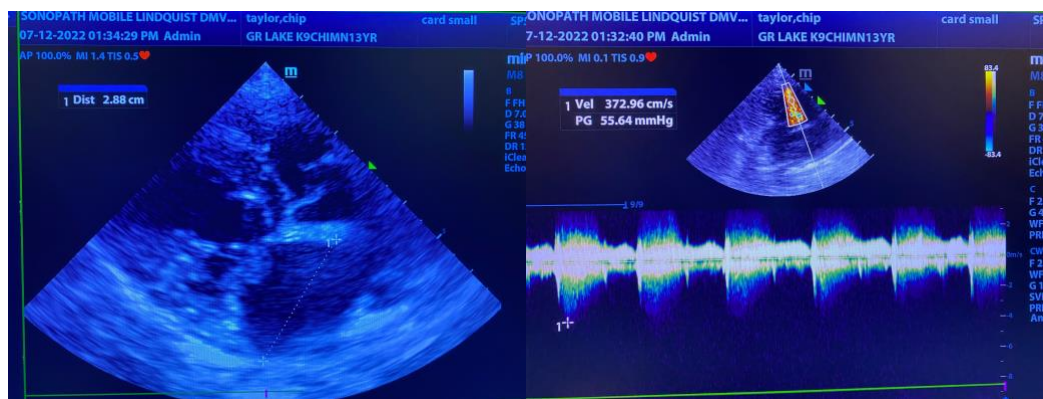
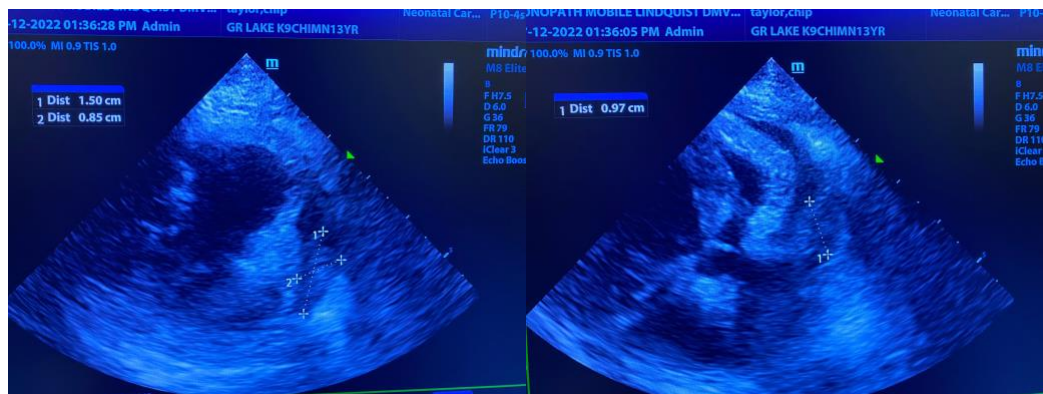
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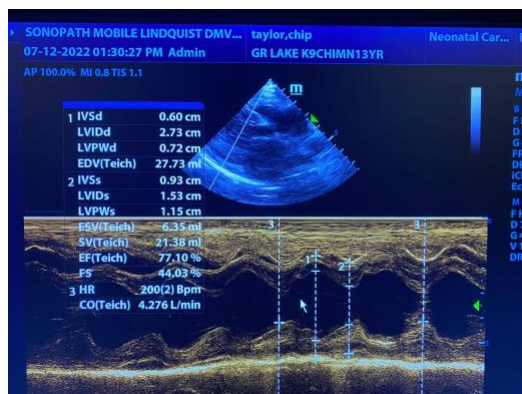
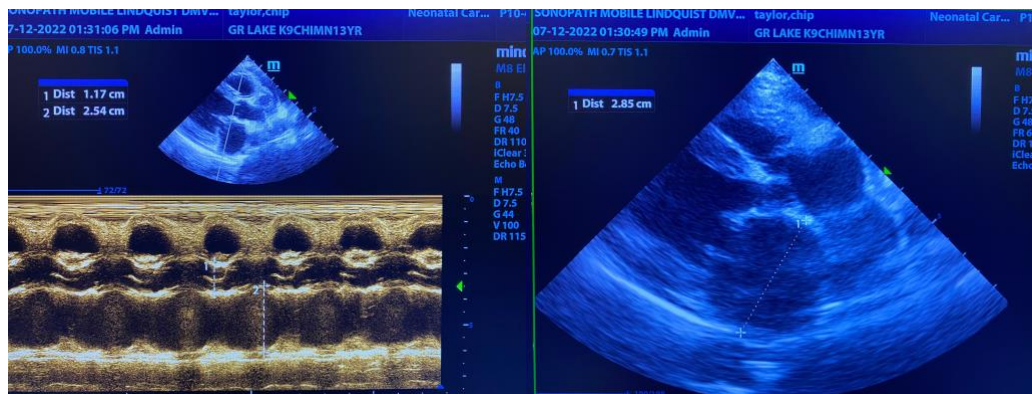
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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