



**PATIENT PRESENTING CLINICAL SIGNS**

JR Coffey Patient presents for tachypnea at rest, enlarged/irregular cardiac silhouette on rads. Current meds: Rimadyl 75 mgs BID, methocarbamol 500mgs TID, gabapentin 600mgs 1-1.5 tabs BID-TID, fluoxetine 40mgs SID, Adequan 50mgs SQ q 4 weeks.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Mildly elevated lipase, otherwise WNL.

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN**

**BREED**

Mixed

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

79 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	<1.6	28-40	40-100	<0.6
PATIENT	6.0	1.8	1.3	1.3	21	43	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	120	1.55	0.64		3.83	3.69	

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Bergen County VC

**REFERRING VET**

Dr. Megan Moore

**Cardiac Presentation**

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. **Mitral** insufficiency noted at 6.0 m/sec with centralized jet, relatively mild. 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. Minor **tricuspid** insufficiency noted at 1.8 m/sec. 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.

**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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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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



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echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 6.83 cm. The left kidney measured 7.27 cm with slight cortical infarct at the caudal pole. Minor inflammatory pattern noted around the infarct. This may be recent.

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**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 adrenal gland measured 2.17 cm x 0.6 cm at the caudal pole and 0.78 cm at the cranial pole. The left adrenal gland measured 2.25 cm x 0.8 cm at the caudal pole and 0.88 cm at the cranial pole.

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**Spleen**

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The **spleen** presented a focal hypoechoic nodule measuring 1.44 cm x 1.28 cm. A separate nodule measured 0.86 cm x 0.74 cm. The remainder of the spleen was unremarkable and uniform.

**Liver**

**AGE**

13 Years

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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 gallbladder presented some dependent debris with essentially normal contour. 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.

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**Gastrointestinal**

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Eric Lindquist, DMV  
DABVP, Cert. IVUSS

The **stomach** was filled with ingesta with a 3.0 cm shadowing material. This may be a soft foreign matter such as corncob or similar and should be monitored. Some retention of chyme noted prior to this structure. The small intestine and colon were unremarkable.

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**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.

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**ULTRASONOGRAPHIC FINDINGS**

- Stage B1 valvular disease, no volume overload
- Splenic nodule – likely benign, however FNA would be appropriate
- Partially obstructive foreign matter pattern in the pylorus – may be temporary
- Left renal cortical infarct

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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There is no evidence of cardiac disease to be responsible for any clinical signs. The mitral insufficiency was relatively minor. However, it is high velocity and assessment for hypertension is recommended. Pain related tachypnea may be playing a role in this patient.

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The nodular changes in the spleen are concerning and do disrupt architecture somewhat. FNA would be appropriate. Pyloric foreign matter and emerging splenic neoplasia are concerns. Proactive splenectomy and exploratory of the stomach could be considered in this patient. Otherwise,



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conservative therapy recommended recheck sonogram in 48 hours. FNA of the spleen would also be a viable option. Renal palpation, particularly of the left kidney would be recommended to assess for any discomfort in that region given the infarct present.

**SPECIES**

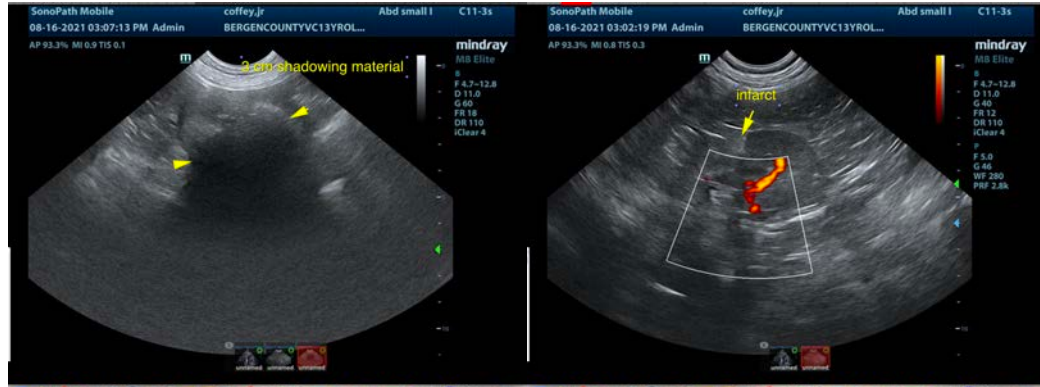
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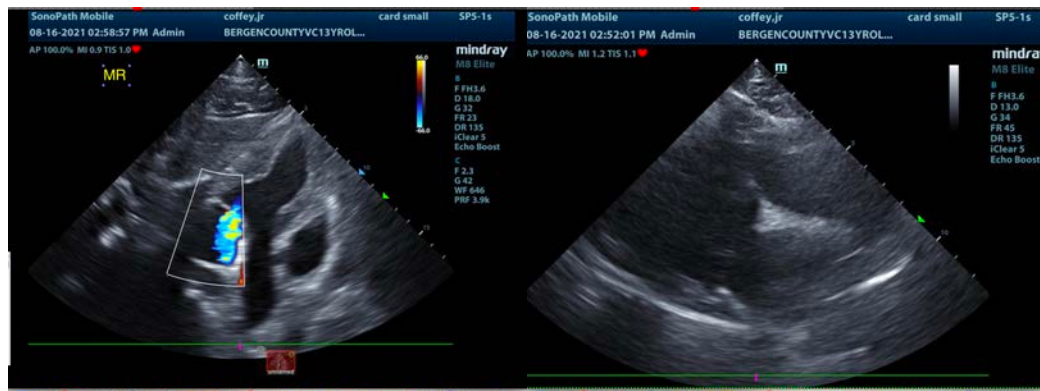


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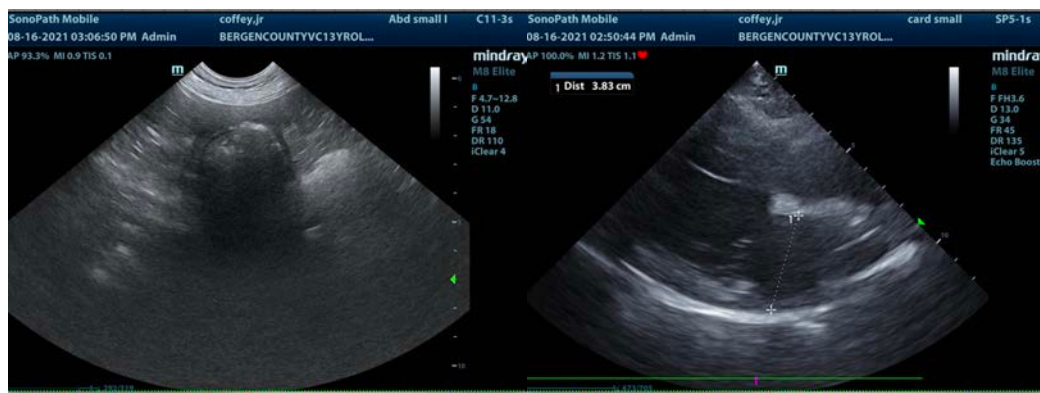
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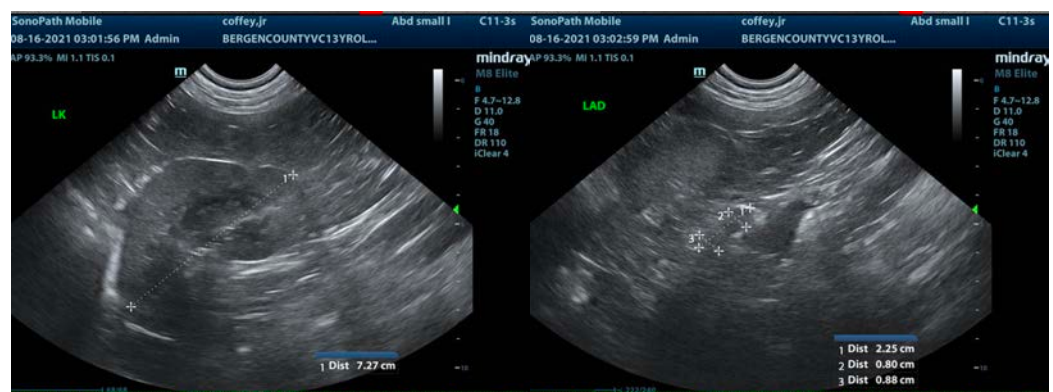
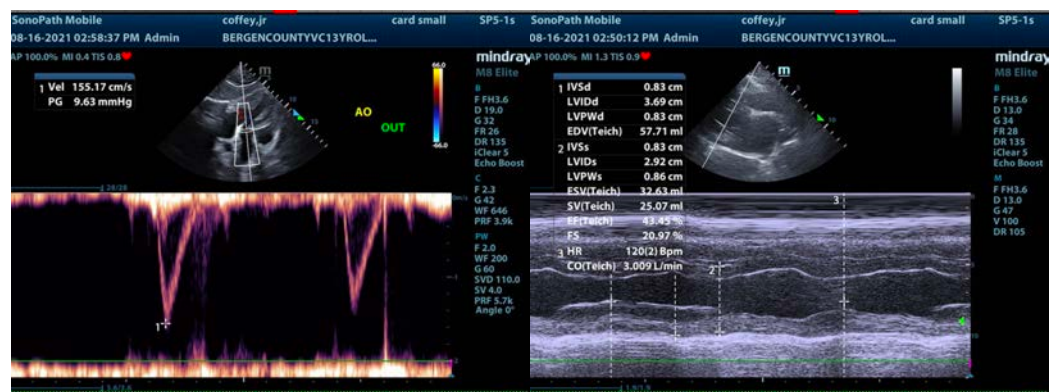
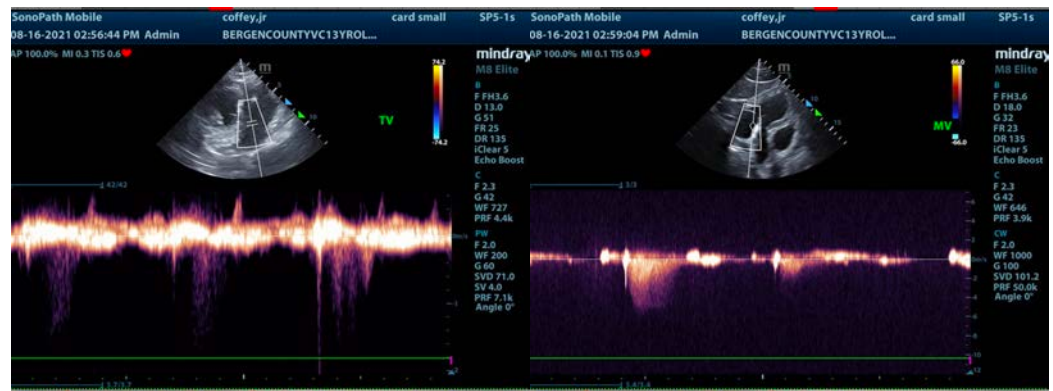
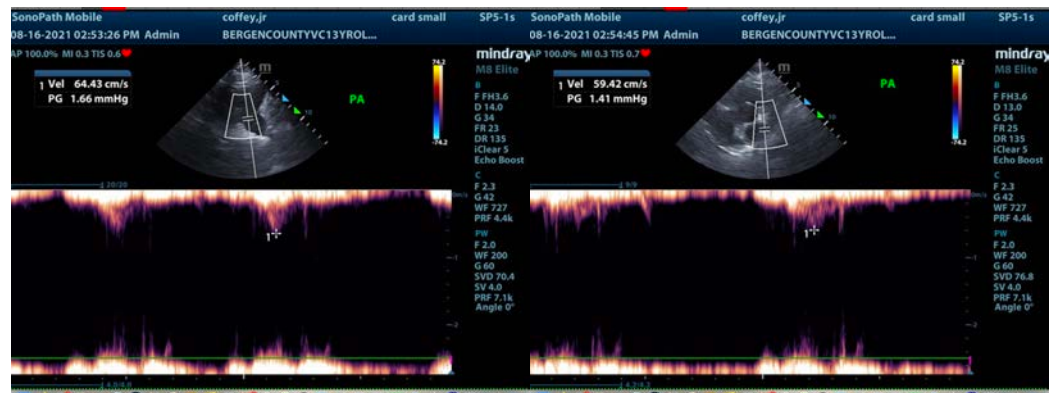
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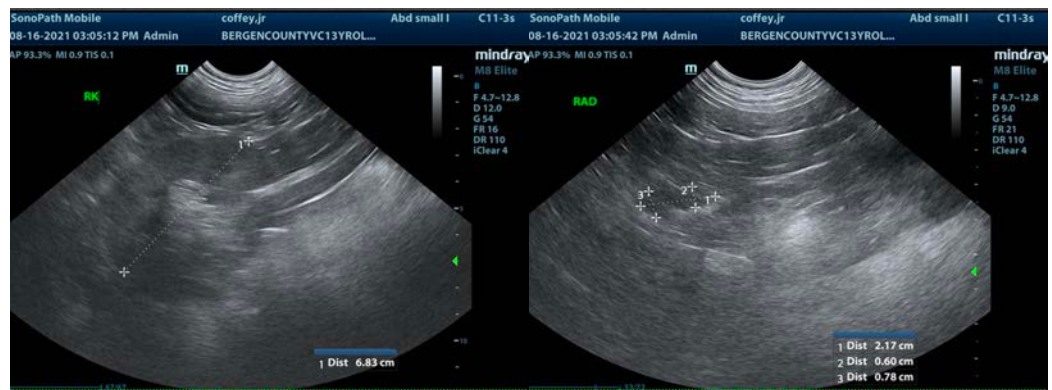
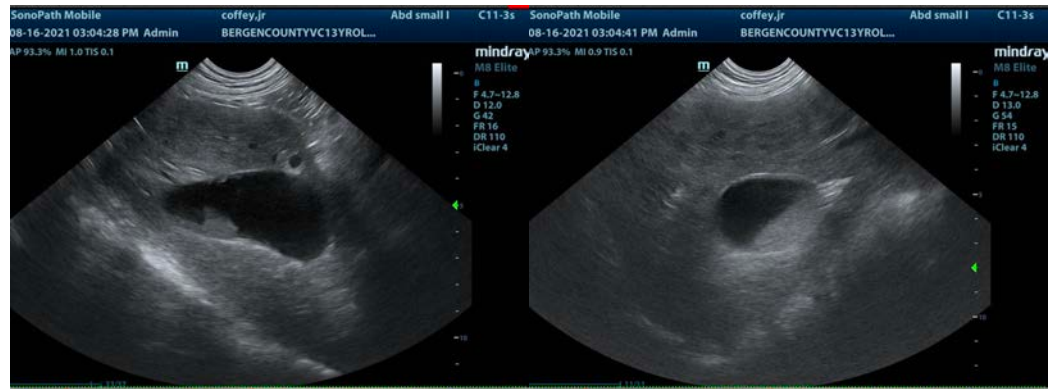
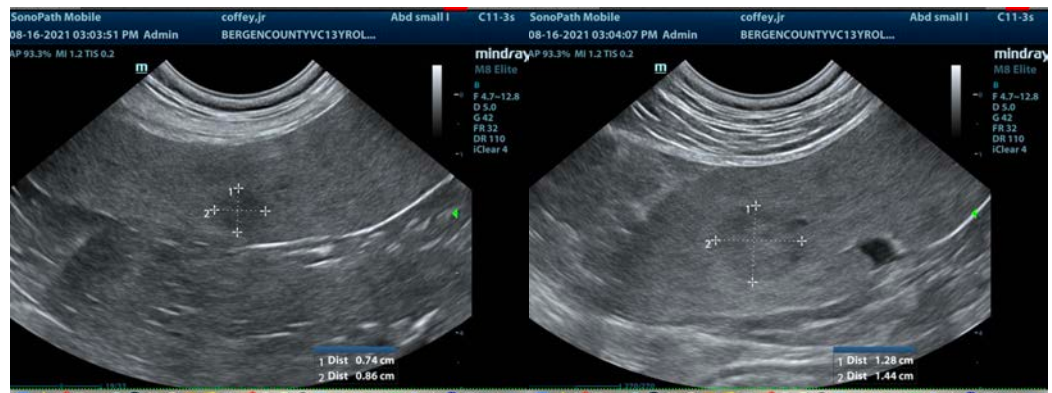
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

**BREED**

Mixed

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

[info@SonoPath.com](mailto:info@SonoPath.com)

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