


**PATIENT PRESENTING CLINICAL SIGNS**

Jazzy Fallon previously diagnosed with liver mass and mediastinal mass. On metronidazole

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN**

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

9 Years

WEIGHT

N/A

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	5.44		NM	1.48	52	85	0.1
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	130	1.23	0.9		2.35	2.23	

**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** was slightly enlarged, largely a conformational issue possibly owing to increased respiratory pressures. **Tricuspid** valvular assessment demonstrated adequate linear morphology. **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** was imaged and revealed no evident pathology other than fat accumulation. Occasional arrhythmia noted.

**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 2.0 cm beyond the cystourethral junction.

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

**INTERPRETED BY**

 Eric Lindquist, DMV  
 DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

North Warren AH

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Dr. Corrado

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and no evidence of pelvic dilation was present. The left kidney measured 4.67 cm. The right kidney measured 4.86 cm with occasional cortical cysts.

**Adrenal Glands**

**SPECIES**

Canine

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 1.35 cm x 0.46 cm at the caudal pole and 0.4 cm at the cranial pole. The left adrenal gland measured 1.72 cm x 0.61 cm at the caudal pole and 0.61 cm at the cranial pole.

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**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**

The **liver** was mildly swollen and slightly irregular with uniform parenchyma. No overt masses present. The gallbladder was unremarkable.

**WEIGHT**

N/A

**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.

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**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 subxyphoid palpation reveals pain response. No overt masses were noted.

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**ULTRASONOGRAPHIC FINDINGS**

- Cor pulmonale presentation with mitral insufficiency, compensated
- Benign hepatopathy with minor uniform swelling, no overt masses
- Pancreatic fibrosis

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No cardiac medications recommended. Regarding the report of cranial mediastinal pathology, this may be fat overlay or occasionally lymphadenopathy can occur, which is reactive and may have resolved, yet no evidence of neoplasia present in this patient. Chest CT (which would be gold standard) could be considered regarding the thoracic presentation, as the ultrasound is limited to the acoustic window. However, the direct cranial mediastinum was well imaged and the density in that region was fat measuring approximately 2-3 cm.

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**SonoPath CT Services** are offered at the [Blairstown Animal Hospital](https://www.blairstownanimalhospital.com/). Blairstown animal hospital is just a 30-minute drive west on route 80 from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at:

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<https://sonopath.com/resources/sonopaths-teleconsultation-services-and-sdep-certification/sonopath-ct-services>

**BREED**

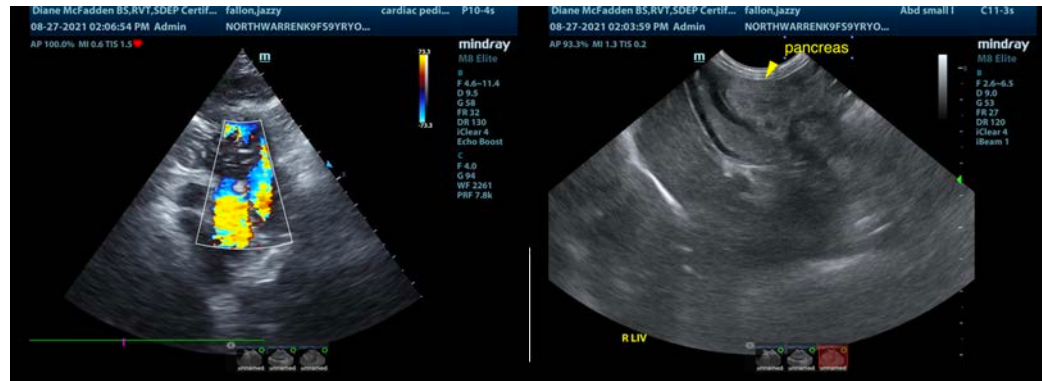
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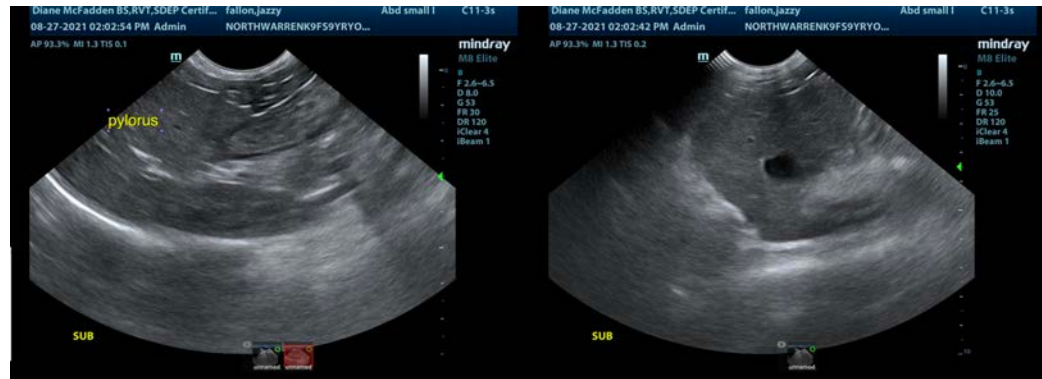
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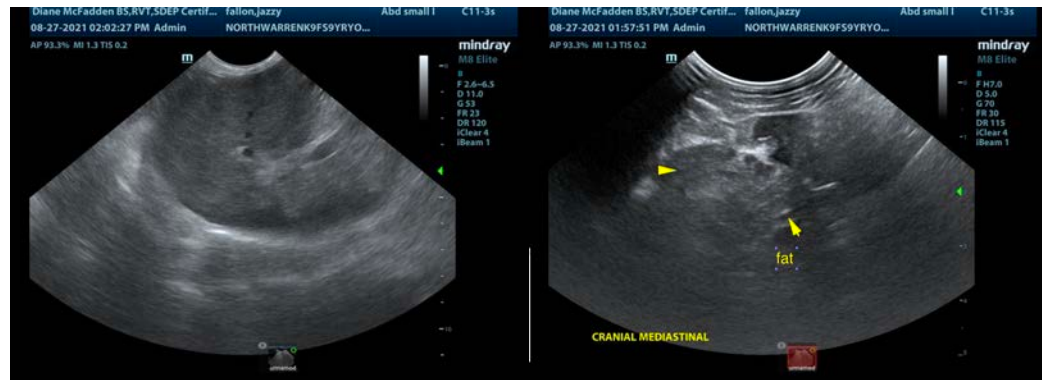
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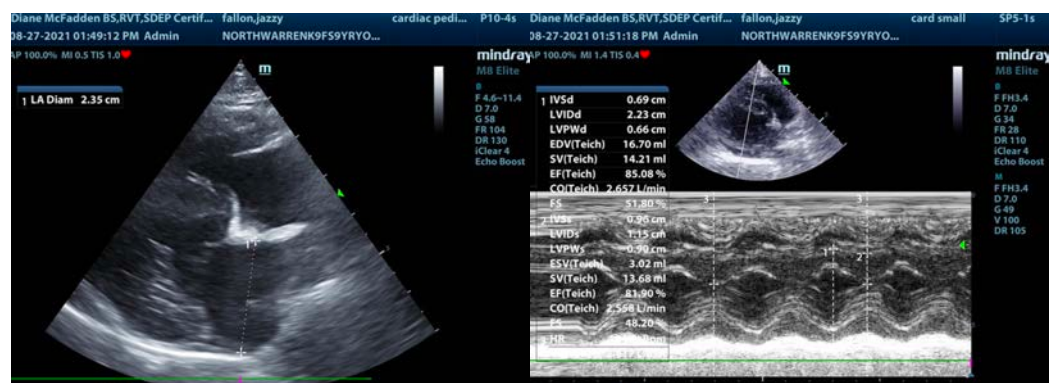
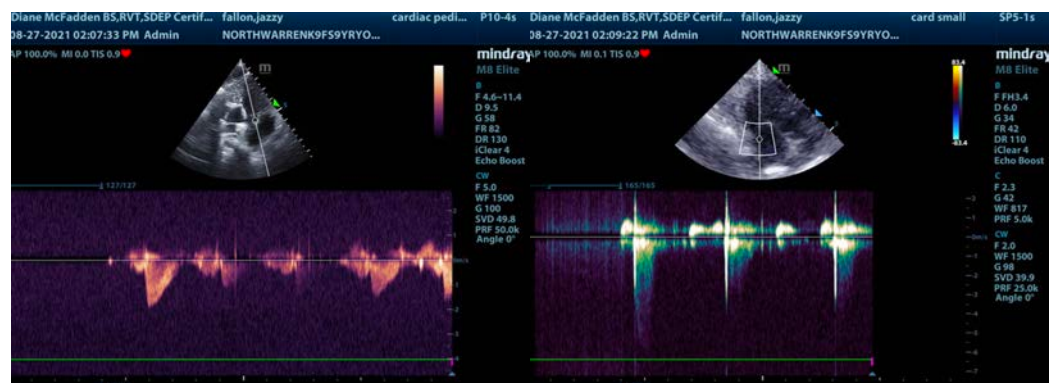
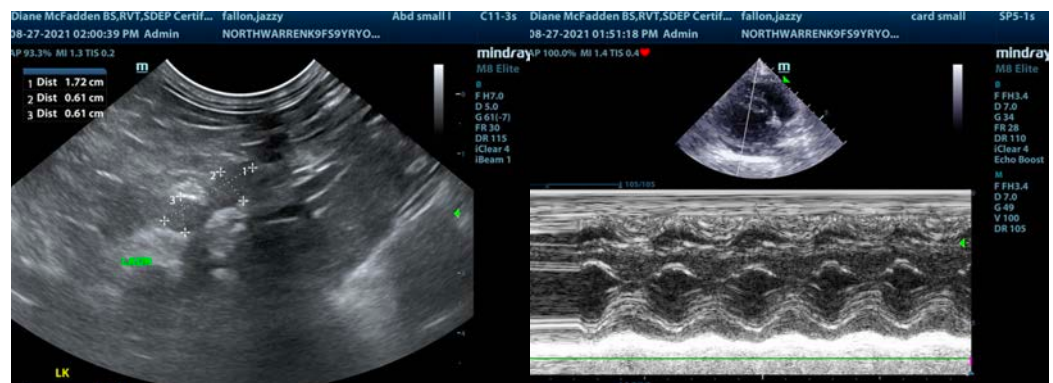
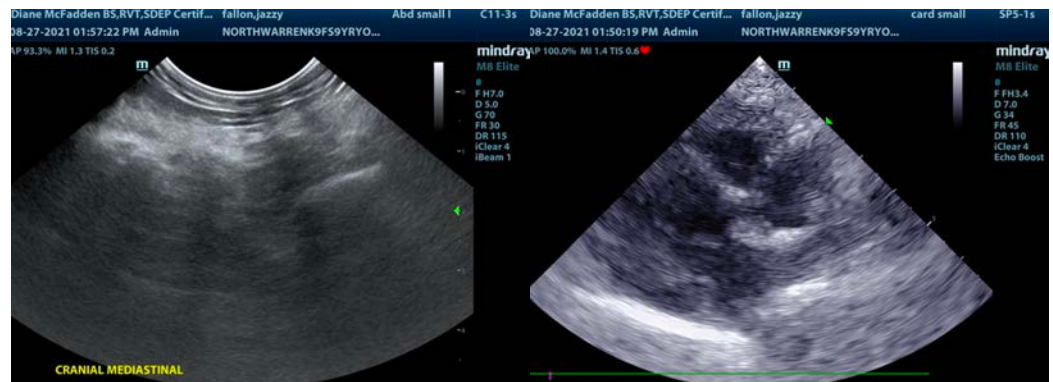
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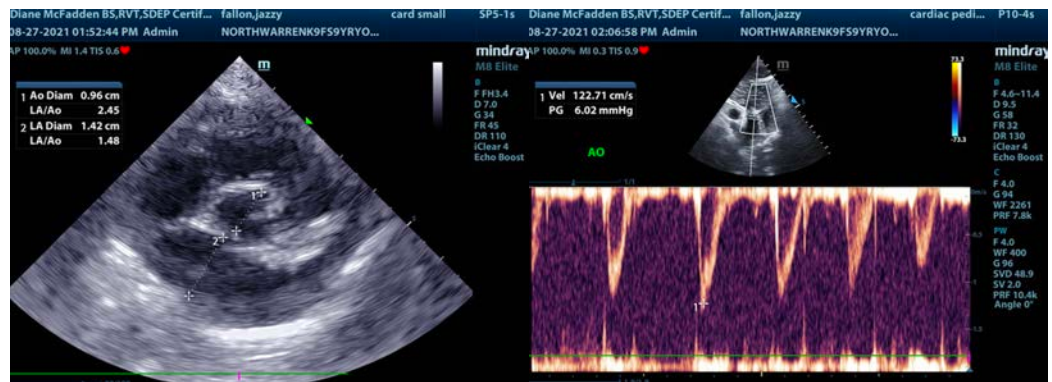
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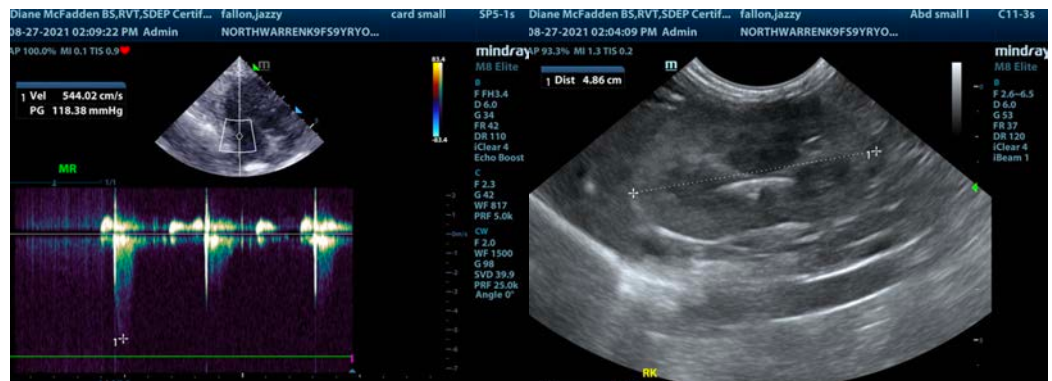
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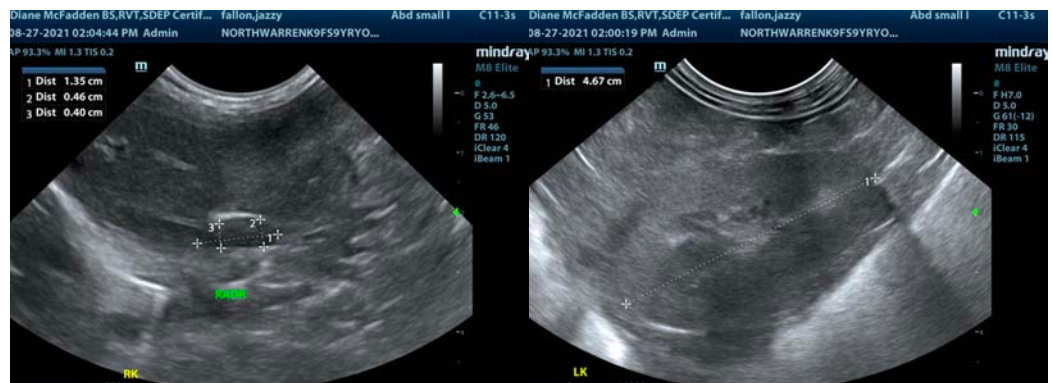
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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