



PATIENT

Rocks Takla

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

12 Years

WEIGHT

7 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Gillian Striano-Kaplan

HOSPITAL NAME

Ramsey VH

REFERRING VET

Gillian Striano-Kaplan

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13257

DATE

9/24/21

PRESENTING CLINICAL SIGNS

History:Rocks is a 12 year old MN Yorkshire Terrier who presented to RVH 9/23/2021 for having vomitted 10 times. He was seen at BP in Paramus 9/13/21 for the same clinical signs. He has a history of intermittent GI signs. He was administered SQ fluids and cerenia, famotidine and was to return today for fasted AUS

Abnormal PE/Chem/CBC/UA Results: Dehydrated, painful abdomen, Grade I/VI left systolic murmur CBC - Unremarkable Chemistry - Glucose 143, Alb 4.1 Snap CPL abnormal Abdominal radiographs - 1. Left-sided cardiomegaly with mild left atrial enlargement; suspect mitral, no signs of heart failure are seen 2. Moderate narrowing of the cervical tracheal lumen; dynamic airway disease 3. Mildly decreased abdominal serosal detail; suspect mild peritoneal fluid/peritonitis, possible pancreatitis 4. Empty stomach; compatible with vomiting= 5. Formed feces in the colon; suggests resolving diarrhea 6. Subcutaneous gas dorsal to the cranial thorax; suspect subcutaneous fluid administration

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

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	--	--	1.15	--	28	57	0.2
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	--	1.00	.50	--	1.6	1.84	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. 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. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. 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.



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Urinary System

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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.

BREED

Yorkshire Terrier

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. Occasional cortical cysts were noted in the right kidney. The right kidney measured 3.46 cm. The left kidney measured 3.46 cm.

SEX

Neutered Male

Adrenal Glands

AGE

12 Years

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 0.5 cm. The right adrenal gland measured 0.8 cm at the cranial pole and 0.5 cm at the caudal pole.

WEIGHT

7 Pounds

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

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The **liver** was slightly subnormal in size. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

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Gastrointestinal

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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

The right limb of the pancreas revealed edematous parenchyma, a region of approximately 2.0 cm x 1.0 cm. Enhanced surrounding mesentery consistent with right limb pancreatitis.

ULTRASONOGRAPHIC FINDINGS

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- Normal echocardiogram- No evidence of pathology
- Right limb pancreatitis



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- Liver slightly subnormal in size with minor excessive gallbladder debris
- Age-related abdominal changes otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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24-hour NPO, IV fluid support, broad spectrum antibiotics and GI protectants all indicated. Ursodiol therapy would be ideal. Recheck sonogram in one week to ensure adequate resolution.

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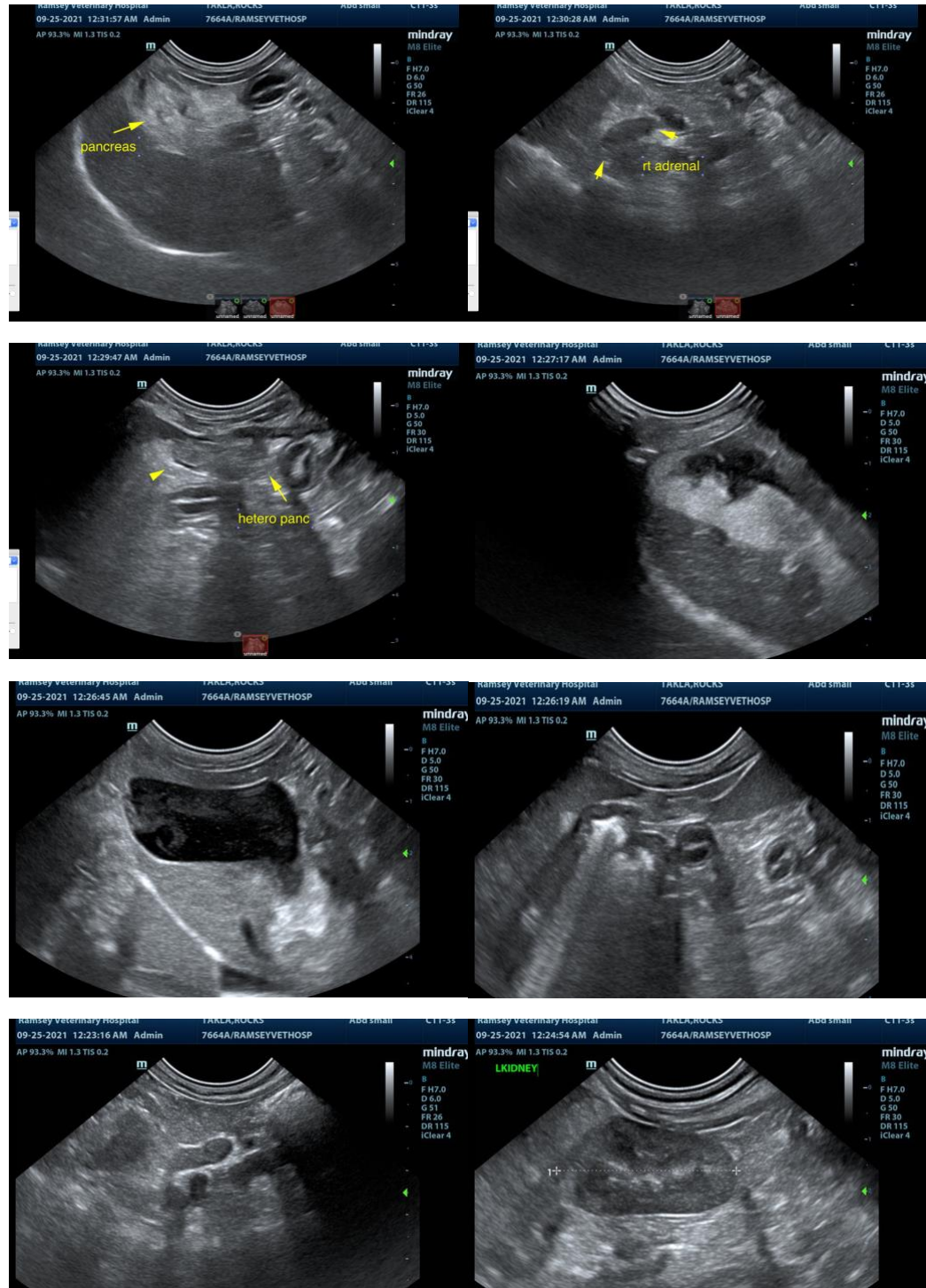
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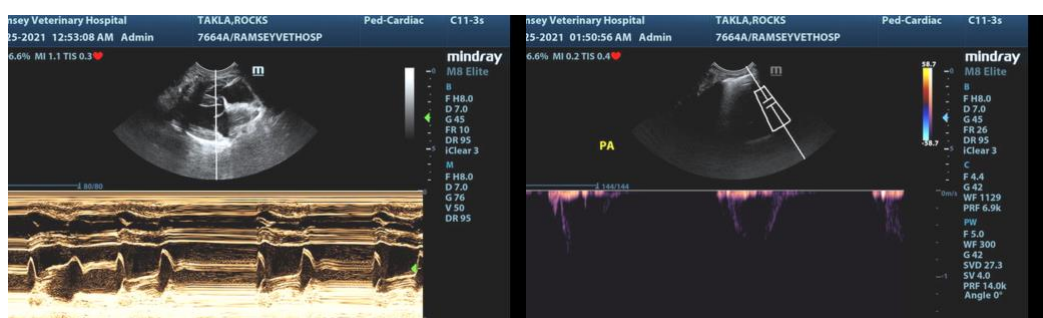
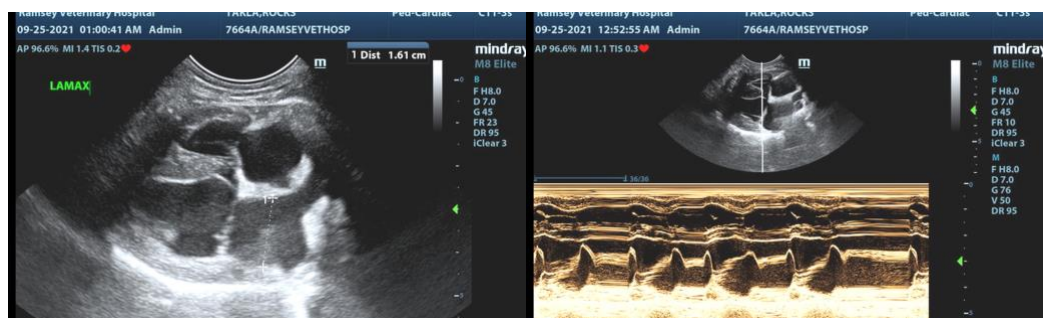
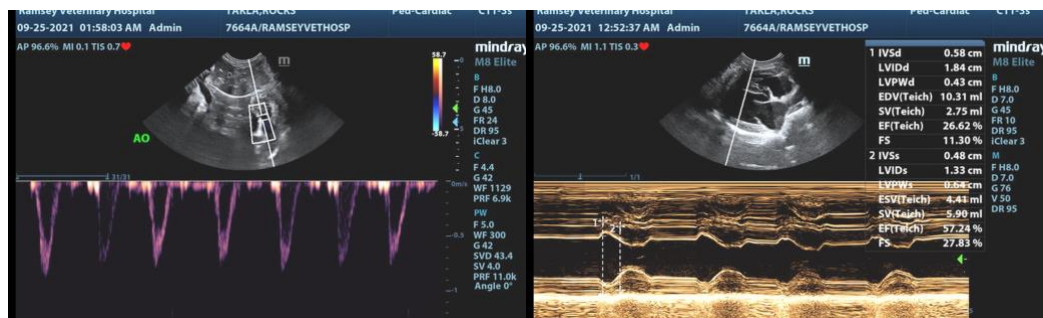
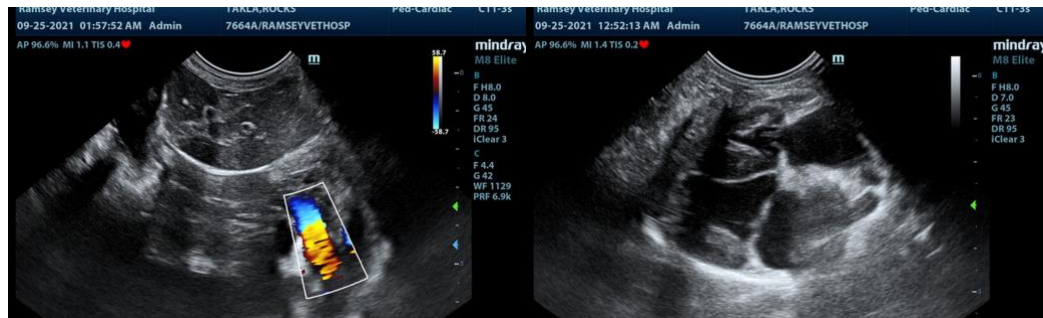
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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