

PATIENT

Chad Igielski

PRESENTING CLINICAL SIGNS

History: dilated cardiomyopathy secondary to grain free diet hx of pancreatitis , now coughing due to upper resp

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Boston Terrier

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 was noted. Ureteral papillae were normal.

SEX

Neutered male

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.01 cm. The right kidney measured 4.0 cm.

AGE

3 years

WEIGHT

17.3 lbs

Adrenal Glands

The **adrenal glands** were not visualized

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 was noted.

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. The hepatic veins were dilated. The gallbladder was double layered and edematous owing to passive congestion.

REFERRING VET

Dr. Maniar

Gastrointestinal

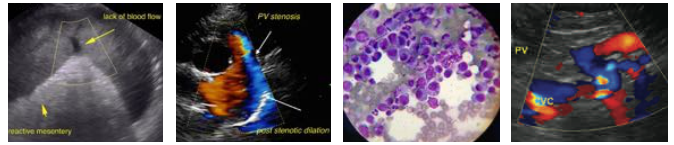
INVOICE

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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.

DATE

9/7/21



PATIENT

Pancreas

Chad Igielski

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.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Boston Terrier

The echocardiogram in this patient presented severe volume overload of the left ventricle and left atrium with hypocontractility. There was volume overload at the right atrium and right ventricle. Mild pleural effusion was noted. Periodic arrhythmia was noted in this patient.

SEX

Neutered male

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			2.0	> 3.0	20		>2.0
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				17.3 lbs	4.3	6.5	

AGE

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WEIGHT

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**IMAGING
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Jenn

ULTRASONOGRAPHIC FINDINGS

HOSPITAL NAME

Rockaway AH

Decompensating dilative cardiomyopathy. Underlying causes such as subnormal tearing levels, concurrent or myocarditis owing to infectious agents if possible.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

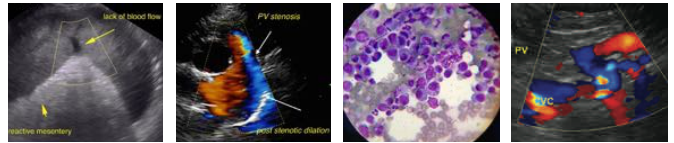
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Triple therapy is recommended if not already implemented. Lasix 2-3 mg/kg BID, Pimobendan 0.3 mg/kg BID, ACE inhibitor 0.5 mg/kg SID progressing to BID over 5-7 days. Recheck is recommended in 10 days. However, this patient is at risk for sudden death. EKG is warranted. The prognosis is very guarded. Taurine supplementation is warranted as well as infectious disease panel warranted to assess for any causes such as Bartonella, Lyme disease or similar that may be playing a role. The prognosis is very guarded.

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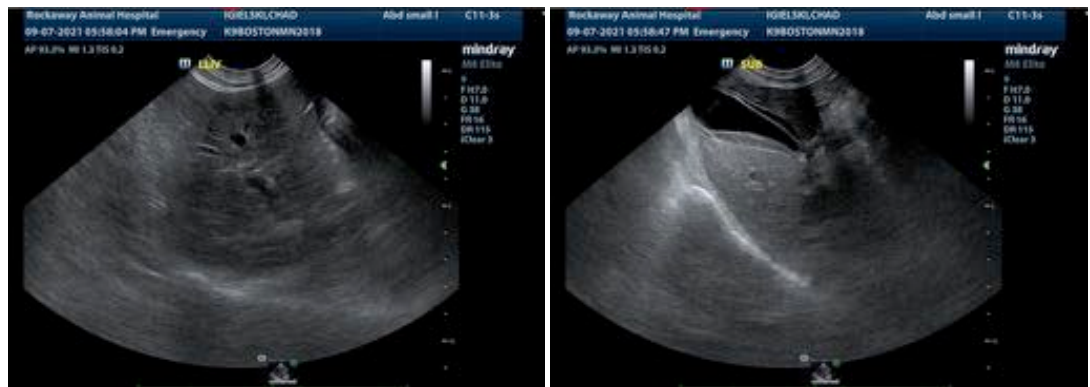
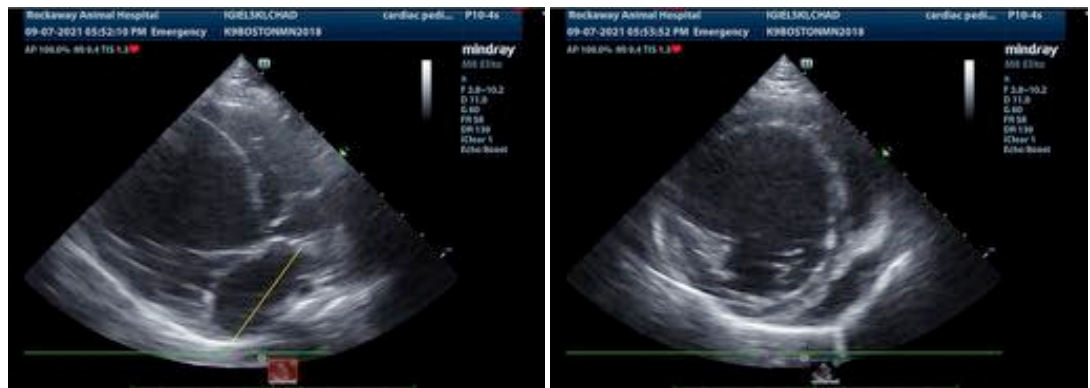
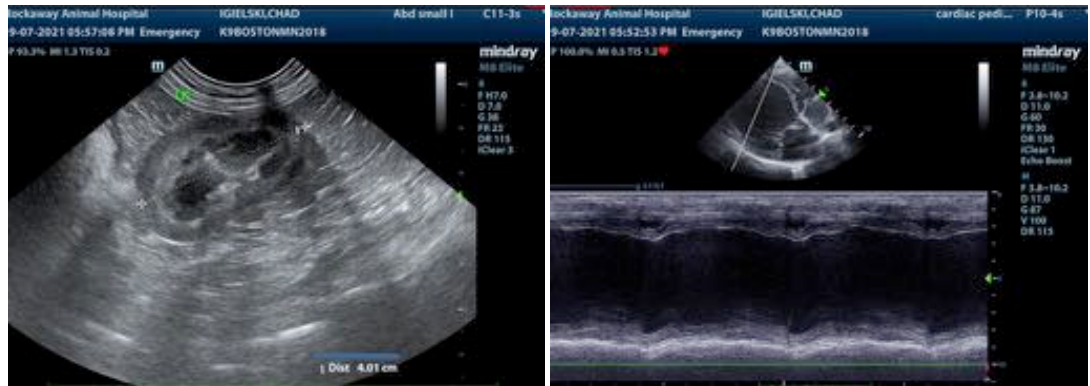
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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