



PATIENT

Rooney Miller

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

14 years

WEIGHT

17 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez, CVT

HOSPITAL NAME

Glen Rock VH

REFERRING VET

Dr. Stekler

INVOICE

30746

DATE

5/26/22

PRESENTING CLINICAL SIGNS

History: Patient with history of heart disease presents for coughing, restlessness at night - SRR 40-50, and abdominal ascites. Current meds: Enalapril 5mgs SID, Lasix 12.5 mgs 1 1/2 BID, spironolactone 12.5 mgs 1/2 BID, and Vetmedin 3.75 mgs.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem: WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 was 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 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.8 cm. The left kidney measured 3.63 cm.

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.

Spleen

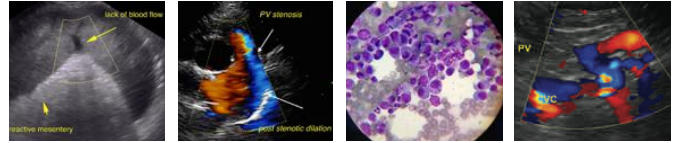
The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** was uniformly enlarged with passive congestion pattern with dilated hepatic veins and vena cava. The vena cava measured 0.94 cm. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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



PATIENT demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Rooney Miller

SPECIES *Pancreas*

Canine 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.

BREED

Mix

Free Abdomen

SEX

A large amount of ascites was noted.

Neutered male

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

AGE

14 years

The echocardiogram in this patient revealed volume overload in the left and right heart with mitral and tricuspid insufficiency. Tachycardia was noted. There was no pleural or pericardial effusion. Secondary ascites was noted with dilated hepatic veins. All four chambers of the heart were overwhelmed.

WEIGHT

17 lbs

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	5.2	4.0	NM	2.1	28	56	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	130	1.21	0.79	17 lbs	4.74 max	3.77	

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ULTRASONOGRAPHIC FINDINGS

Left and right sided heart failure.

INVOICE

Mitral and tricuspid prolapse.

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Stage D1 valvular disease with secondary ascites.

Geriatric abdominal changes.

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Passive congestion liver.



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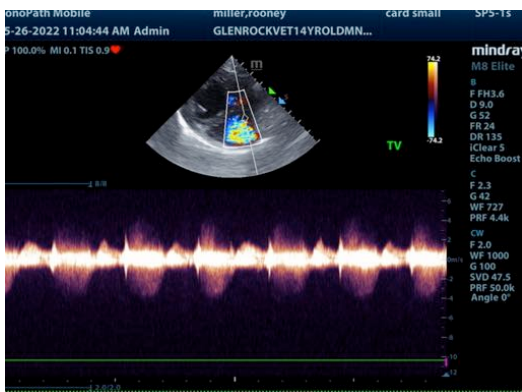
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend focusing on the heart in this patient as well as cage rest. I recommend increasing Enalapril to b.i.d. dosing, increasing Lasix to 3-4 mg/kg b.i.d., Vetmedin can be increased to t.i.d. dosing. Sildenafil can be initiated at 1 mg/kg b.i.d. for two weeks then increase to 1.5 mg/kg b.i.d. Torsemide rescue therapy can be considered with attentive dose management in respect to renal/urinary side effects. The patient is at high risk for sudden death. The prognosis long term is poor. Palliative abdominocentesis can be considered. Torbutrol or similar opioid can be utilized to calm the patient.





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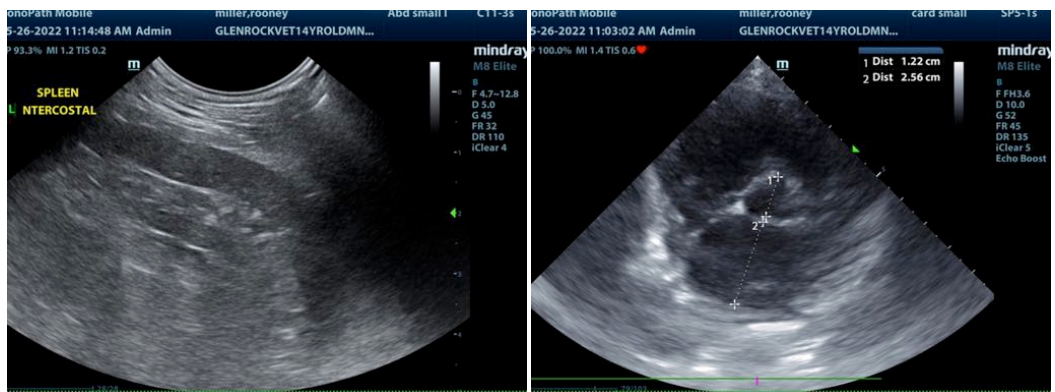
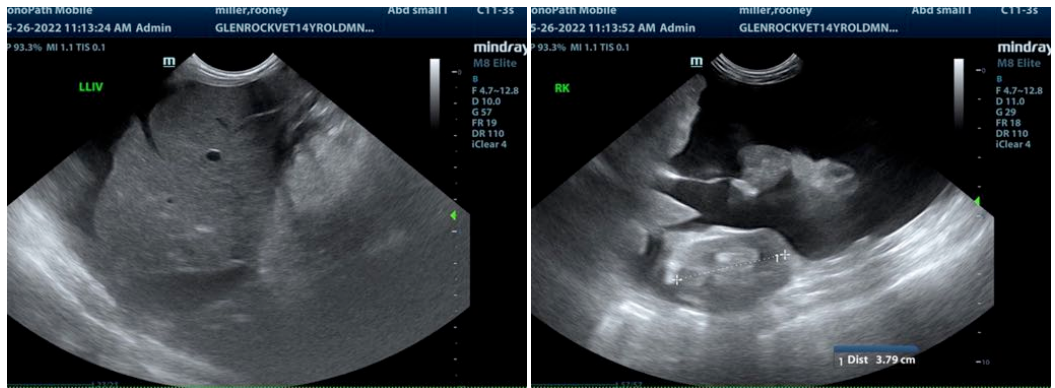
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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