



PATIENT PRESENTING CLINICAL SIGNS

Spicy Lee Patient presented with large amount of abdominal fluid- over the course of 5 years, P's abdomen has grown substantially- P also has a history of heart problems and collapsing.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

Canine

BREED

Maltese

SEX

Female

AGE

14 Years

WEIGHT

6.8 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	5.8		1.3	1.4	62.5	95.9	0.14
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	NM	1.3	1.0		1.7	1.6	

Cardiac Presentation

Echocardiographic assessment revealed moderate right ventricular enlargement, indicating potential for mild free wall hypertrophy and myocardial remodeling. Subjective flattening of the interventricular septum with normal LV systolic function. The left atrium was normal in appearance. Concurrent severe right atrial enlargement was present without evidence of spontaneous contrast. The tricuspid valve leaflets exhibited moderate thickening with moderate tricuspid valve insufficiency on color doppler assessment. Measured tricuspid valve insufficiency of approx. 5.2 m/sec (estimated pulmonary pressure gradient approx. 100 mmHg). Concurrent vegetative mitral valve changes consistent with endocardiosis and secondary mitral valve insufficiency was present. The lack of left atrial enlargement indicates that the risk of complication secondary to mitral valve insufficiency is subjectively low at this time. No overt evidence of pericardial or pleural effusion.

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Dr. Kim

HOSPITAL NAME

Ridgefield Park AH

REFERRING VET

Dr. Kim

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1/11/22



PATIENT

Adrenal Glands

Spicy Lee

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm at the caudal pole. The left adrenal gland was not definitively visualized.

SPECIES

Spleen

Canine

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

BREED

Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Maltese

Liver

SEX

The liver presented enlarged in size with symmetrical yet swollen contour. The parenchyma exhibited conserved uniform parenchyma with normal echogenicity isoechoic to the spleen and falciform fat. Moderate distention of the cranial abdominal caudal vena cava at the level of the diaphragm and liver was present, measuring 0.63 cm in diameter. No evidence of thrombosis. The gallbladder was non-distended with mildly prominent to edematous walls. Anechoic content noted with mild luminal debris. The common bile duct was normal.

Female

AGE

14 Years

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained non-specific ingesta exhibiting subtle progressive distal acoustic shadowing.

WEIGHT

6.8 Pounds

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

INTERPRETED BY

Normal visible colon wall layers were present with apparent formed feces in lumen.

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Pancreas

The pancreas was edematous with generalized mild reactive mesentery.

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Other

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No overt pathology in the area of the uterus or bilateral ovaries if clinically indicated.

Moderate to severe volume subjectively acellular peritoneal free fluid noted.

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ULTRASONOGRAPHIC FINDINGS

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- Congestive hepatopathy
- Mild gallbladder wall edema with mild luminal debris
- Bilateral mild chronic renal changes
- Moderate to severe volume ascites
- Moderate/severe RA enlargement with concurrent moderate RV enlargement
- Estimate severe pulmonary hypertension
- Concurrent compensated mitral valve disease with eccentric mitral valve insufficiency

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Based on measured tricuspid valve insufficiency velocity and estimated pulmonary pressure gradient consistent with severe pulmonary hypertension, Sildenafil 1-3 mg/kg PO BID may be considered. However, this patient is at continued risk for congestive right heart failure, syncope, and potential sudden death. Exercise restriction is advised. Continued prophylactic abdominocentesis may be



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required as needed. Pimobendan at 0.3 mg/kg PO BID may also be considered.

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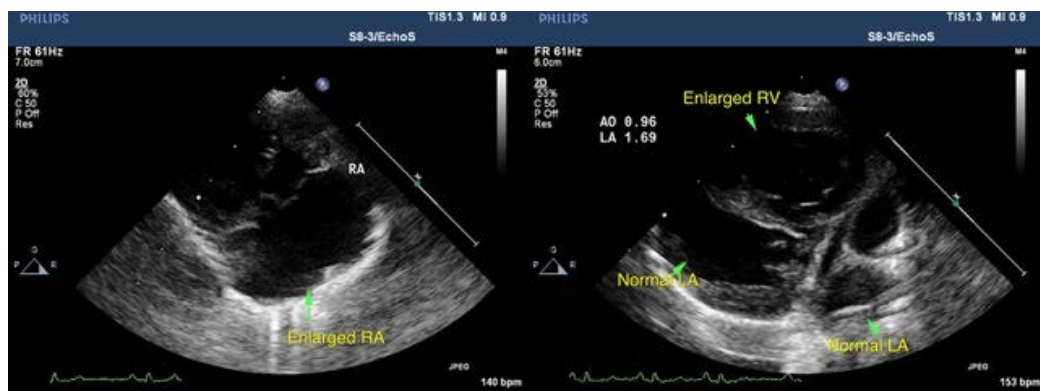
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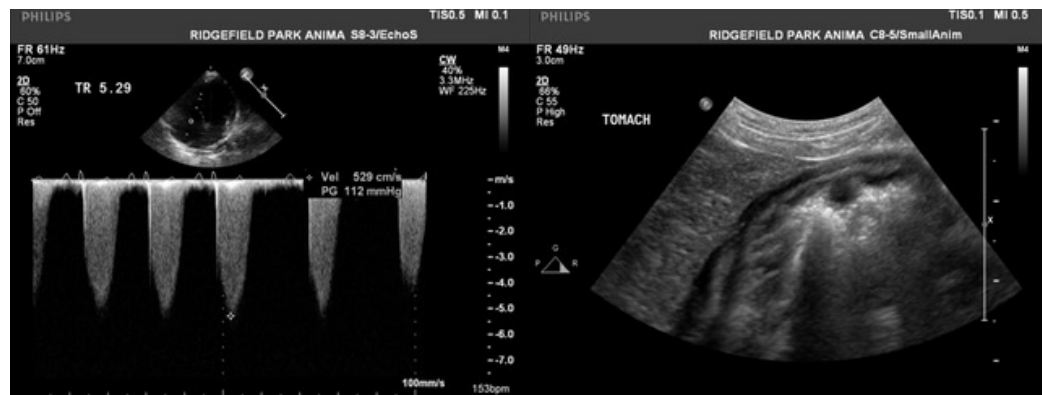
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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