



PATIENT PRESENTING CLINICAL SIGNS

Tito Boyd Wellness

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

Canine Cardiac Presentation

BREED

Pomeranian

SEX

Neutered Male

AGE

13 Years

WEIGHT

8 Pounds

The echocardiogram in this patient demonstrated subjective mild increased **left atrial** size based on LA/AO Heart Base method for LA evaluation. LA/AO Heart Base = 1.5. The cranial and caudal **mitral** valve leaflets presented potential for mild vegetative thickening, which may suggest endocardiosis. The **left ventricle** presented subjective normal thicknesses with linear contour and without evidence of LV enlargement. 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 subjective normal 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 subjective normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** tract assessment revealed subjective normal valve structure 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.

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The prostate measured 0.75 cm diameter.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. A solitary caudolateral cortical cyst was present in the right kidney. The right kidney measured 3.6 cm. The left kidney measured 3.6 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 cm at the cranial pole and 0.33 cm at the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

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

INTERPRETED BY

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

IMAGING PERFORMED BY

Tasha

HOSPITAL NAME

Dillsburg VC

REFERRING VET

Dr. Amber

INVOICE

35138

DATE

1/27/22



PATIENT

Liver

Tito Boyd

The liver exhibited potential for mild generalized enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. Intermittent discrete, uniformly echogenic parenchymal nodules were present. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder and common bile duct were indistinctly visualized without overt pathology.

SPECIES

Canine

BREED

Gastrointestinal

Pomeranian

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

SEX

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.

Neutered Male

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

AGE

Pancreas

13 Years

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

WEIGHT

Free Abdomen

8 Pounds

No overt lymphadenopathy or peritoneal effusion was present.

INTERPRETED BY

ULTRASONOGRAPHIC FINDINGS

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

- Overtly normal cardiac structure and function, subjective mild LA enlargement
- Bilateral mild chronic renal changes with right kidney cortical cysts
- Subjective mild vacuolar hepatopathy pattern with intermittent benign nodules – nodules consistent with nodular hyperplasia or lipogranulomas.

IMAGING PERFORMED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Tasha

Overall, no evidence of cardiac or abdominal visceral pathology. If a murmur is present, compensated chronic mitral valve disease would be suspected. If no murmur, age related or patient variant mild LA enlargement likely. Regardless, overall normal cardiac structure and function indicate that any potential risk is low. No indication for cardiac medications.

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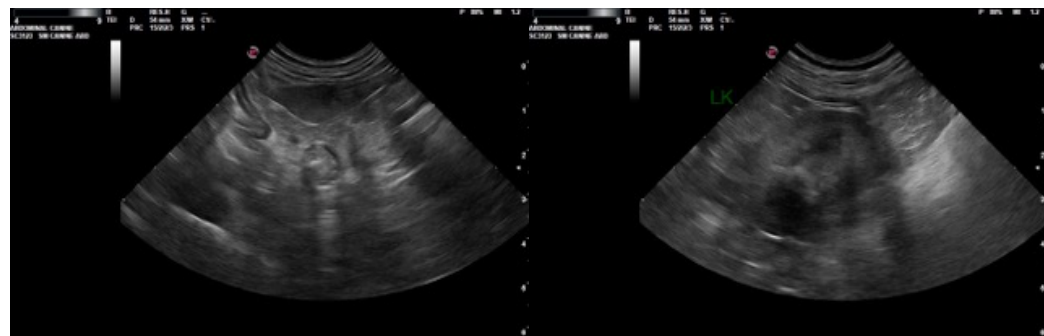
Dr. Amber

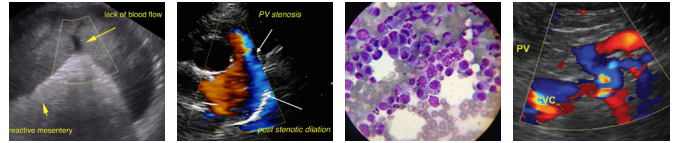
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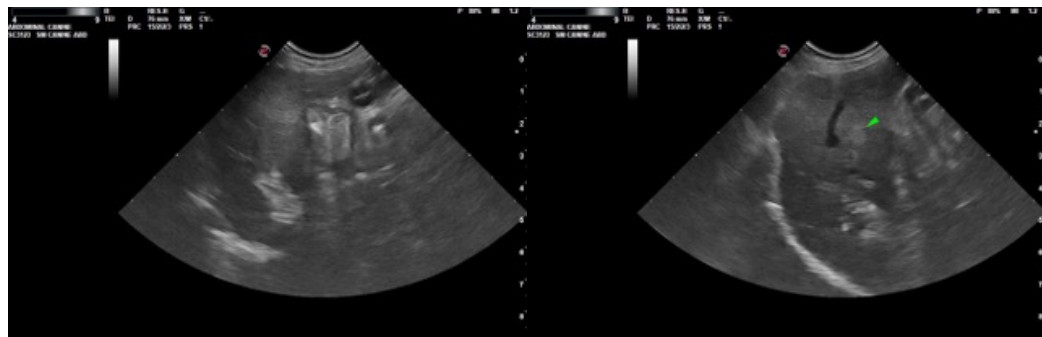
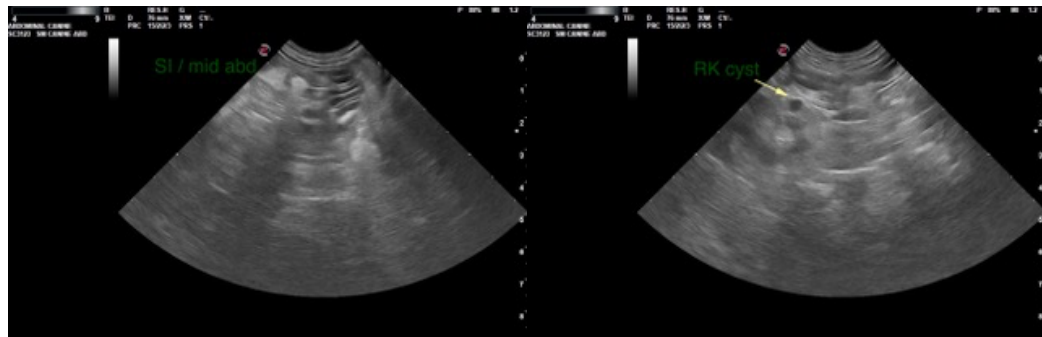
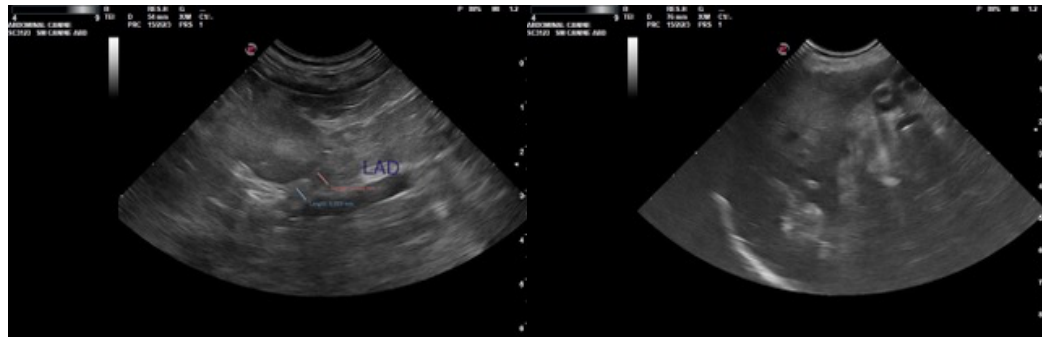
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PATIENT

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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.

SPECIES

Canine

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com

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