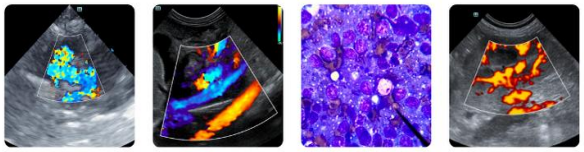


PATIENT

Orbit Corcho

SPECIES

Canine

BREED

Schipperke

SEX

MN

AGE

11yr

WEIGHT

12.3lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Newton Veterinary Hospital

REFERRING VET

Dr Chabora

INVOICE

23675

DATE

01/27/2026

PRESENTING CLINICAL SIGNS

- worsening Azotemia,
- stopped Lasix spironolactone and enalapril
- 5/6 heart murmur
- azotemia
- anemia
- sildenafil 2mg/kg BID, Vetmedin 1.5mg BId, Cerenia, mirtazapine, Entyce, pantoprazole, Unasyn

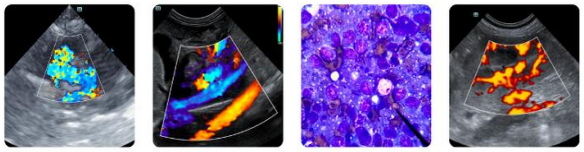
Abnormal PE/Chem/CBC/UA Results: 1/23 HCT 40, SDMA 52, Cr 4.5, BUN 167 Phos 15.4; 1/26 HCT 26, Cr 3.8, BUN 167 UA NSF USG 1.013 HCT 26

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO M-mode	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	5.7	<2.0	--	2.3	50	82	0.2
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT**	**LAD** LA MAX 4 Chamber	**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	1.8	0.7	12.3lb	4.7	4.1	--

Cardiac Presentation

The echocardiogram in this patient demonstrated severe increased left atrial size based on 2 different LA measurement methods. The cranial and caudal mitral valve leaflets presented thickening consistent with endocardiosis and septal leaflet prolapse. Doppler indicated measurable severe eccentric MR. The left ventricle presented thicknesses with linear contour and severe increased LV dimension. 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 or chamber overload. Tricuspid valvular assessment demonstrated mild thickening with mild TR. The right ventricle was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. Pulmonic tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). Trace pulmonic insufficiency on



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Doppler. No visible pericardial or free pleura fluid was noted. No echographically detectable evidence of cardiac / pericardial tumors was visible. No obvious arrythmia.

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.3 cm in length. The right kidney measured 3.9 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.49 cm width at the caudal pole.

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.

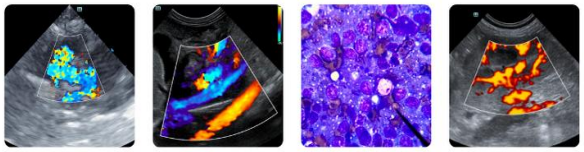
Liver/Gallbladder

The liver presented borderline to mildly enlarged in size. 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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with minor non-organized debris. No evidence of gallbladder/peripheral gallbladder inflammation or wall edema was present. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal

The stomach presented intact, mildly thickened wall with empty lumen and mild lumen gas.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Focal to mild segmental hyperechoic intestinal mucosal speckling was present. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.



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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No omental masses or overt lymphadenopathy was present.

Minor volume peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Chronic mitral valve disease with valve prolapse (stage C)
- Mild TV insufficiency with normal RA/RV dimension- not definitively consistent with significant pulmonary hypertension
- Trace pulmonic insufficiency
- Non-specific chronic renal changes
- Non congested borderline / mild hepatomegaly
- Non-edematous gallbladder with minor non-organized bile debris
- Mildly thickened empty stomach with focal to mild non-specific intestinal mucosal speckling
- Normal spleen
- Minor volume peritoneal effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The degree of left heart volume overload indicates the current and future risk of complications secondary to MR is significantly elevated with evidence of left-sided congestive criteria. The lack of RA /RV enlargement or significant elevated measured TV insufficiency in conjunction with lack of hepatic congestion not overtly consistent with severe pulmonary hypertension or congestive right-sided heart failure indicating potential for non-cardiogenic peritoneal effusion.

Correlation with effusion analysis, +/- cytology, assessment and monitoring of serum ALB levels and systemic BP is recommended. Continued current cardiac therapy protocol would be reasonable with consideration for Lasix/ spironolactone combination at lowest effective dose if evidence of progressive left-sided congestion or peritoneal effusion indicated despite concurrent azotemia with close clinical monitoring of renal parameters, USG and systemic BP. An ECG is suggested to assess for non-obvious arrhythmia.

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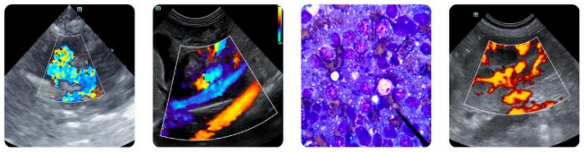

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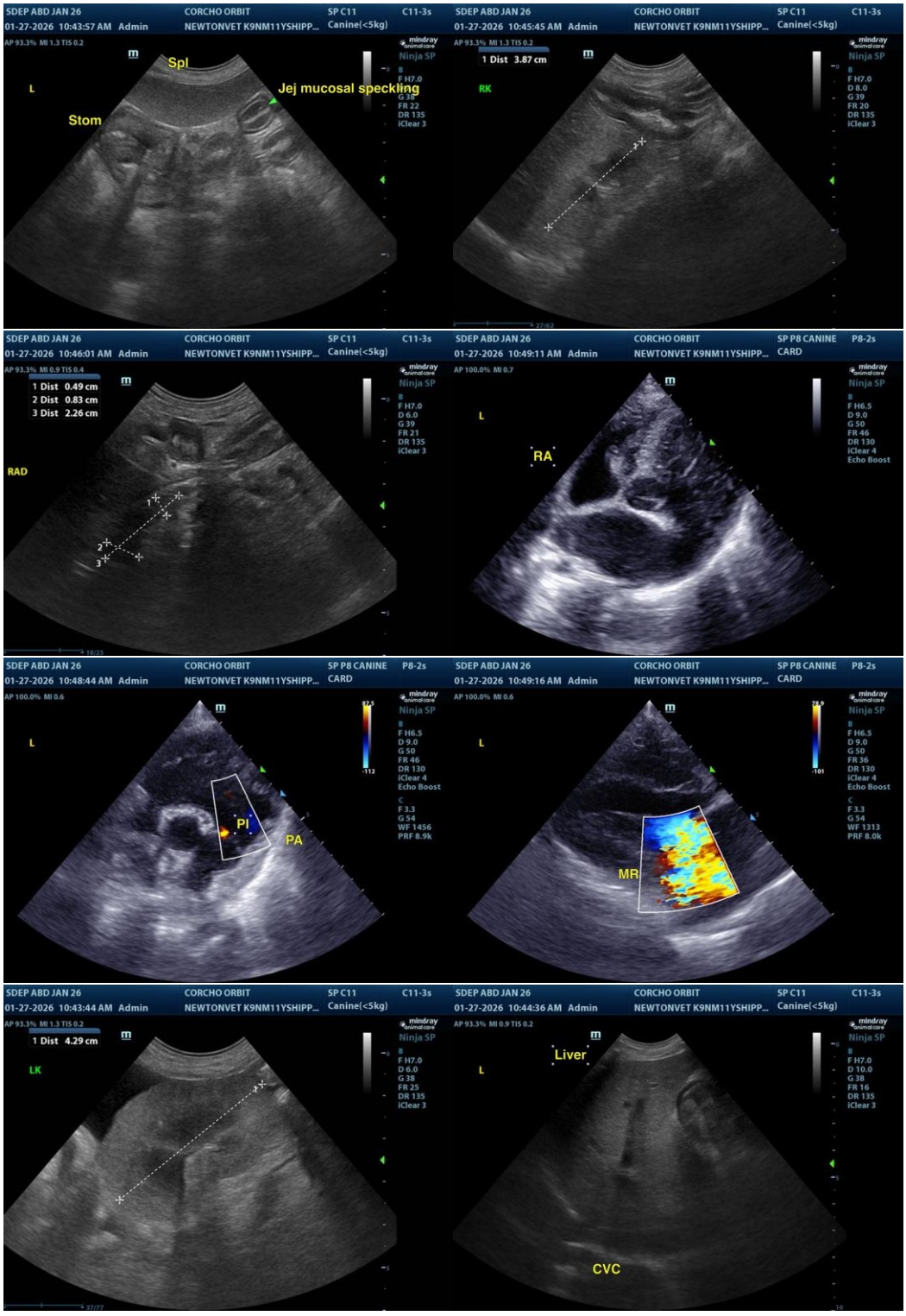

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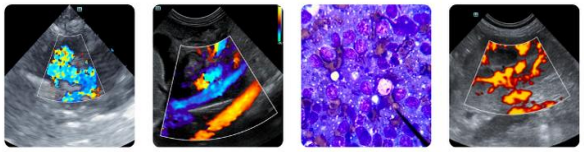

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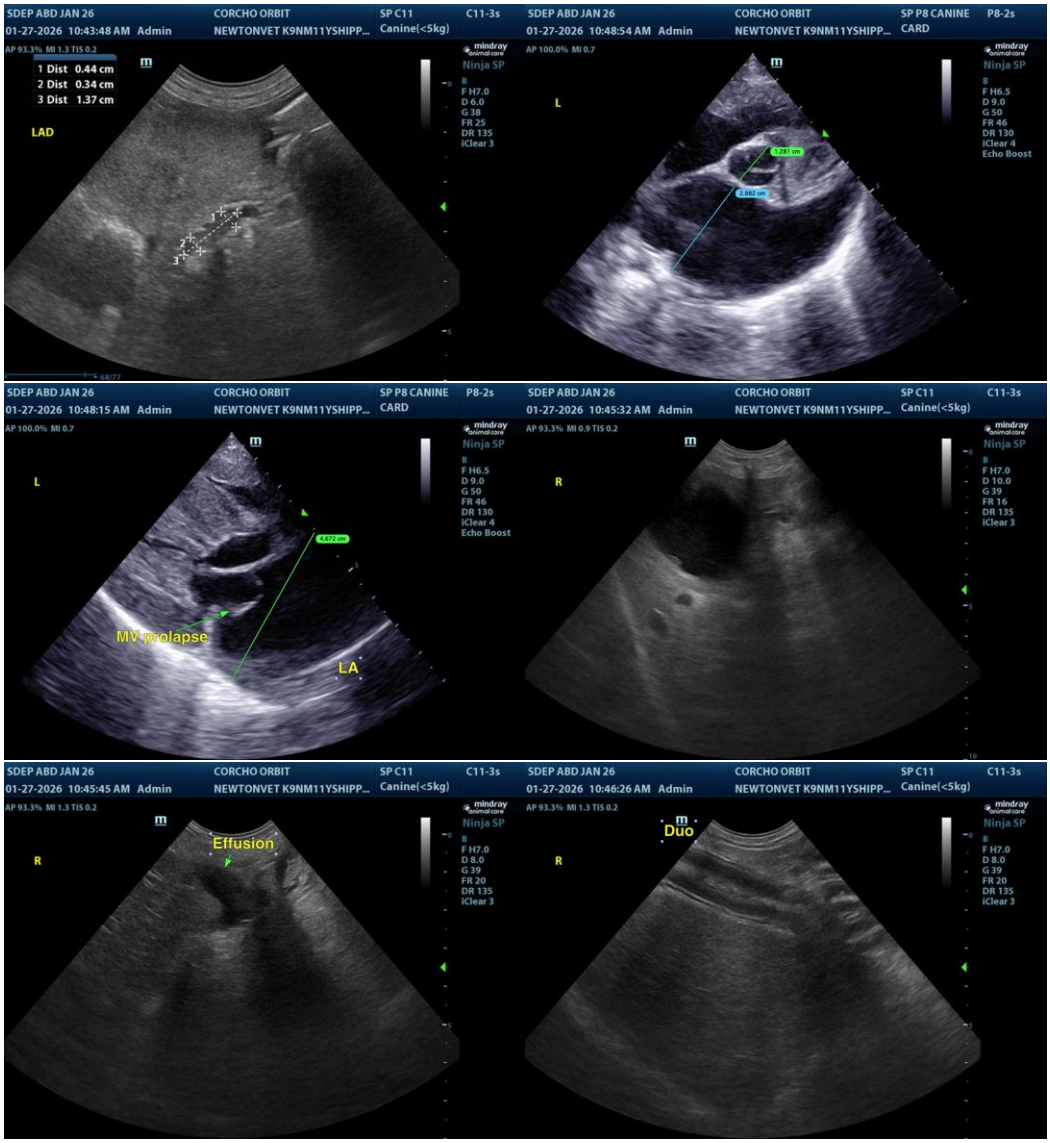

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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