



PATIENT

Sasha Shaddinger

PRESENTING CLINICAL SIGNS

ADR, vomiting, hepatomegaly, decreased serosal detail on rads. Not on any meds

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

BREED

Maltese

SEX

Spayed Female

AGE

10 Years

WEIGHT

29.5 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 | | | 1.1 | 1.2 | 40 | 74 | 0.2 |
| 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 | 204 | 1.1 | 1.2 | | 1.5 | 2.0 | |

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. Minor MR present on color doppler assessment. The **left ventricle** presented thicknesses with linear contour and was not dilated nor restricted. 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. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** tract assessment revealed normal valve structure, laminar flow, 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 2.0 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 area of the aortic trifurcation was free of pathology.

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

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Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden

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mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.2 cm. The right kidney measured 5.7 cm.

Adrenal Glands

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The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.7 cm length x 0.44 cm at the caudal pole. The right adrenal gland measured 2.1 cm length x 0.37 cm at the caudal pole.

BREED

Maltese

Spleen

The spleen was potentially mildly subnormal in size owing to volume contraction and 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.

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Liver

AGE

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The liver was mildly enlarged. 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. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

WEIGHT

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Gastrointestinal

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The stomach exhibited intact yet subjective mild prominent wall layering with mild retained chyme and mild to moderate retained anechoic fluid.

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The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

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Diane McFadden

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

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Pancreas

Diffuse enlargement of the pancreas with ill-defined, hypoechoic to heterogeneous parenchyma and asymmetrical contour was present, primarily in the area of the pancreas base and right pancreatic limb. Regional peritonitis exhibiting primarily peripancreatic hyperechoic mesentery noted with mild volume peritoneal free fluid.

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Free Abdomen

No overt lymphadenopathy.

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ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram, minor MR
- Acute pancreatitis with associated regional to generalized peritonitis
- Acute gastroenteritis pattern with metabolic gastric hypomotility
- Benign hepatopathy/mild hepatomegaly – suspect metabolic/reactive hepatomegaly owing to pancreatitis. No overt neoplastic criteria.
- Mild volume contracted spleen

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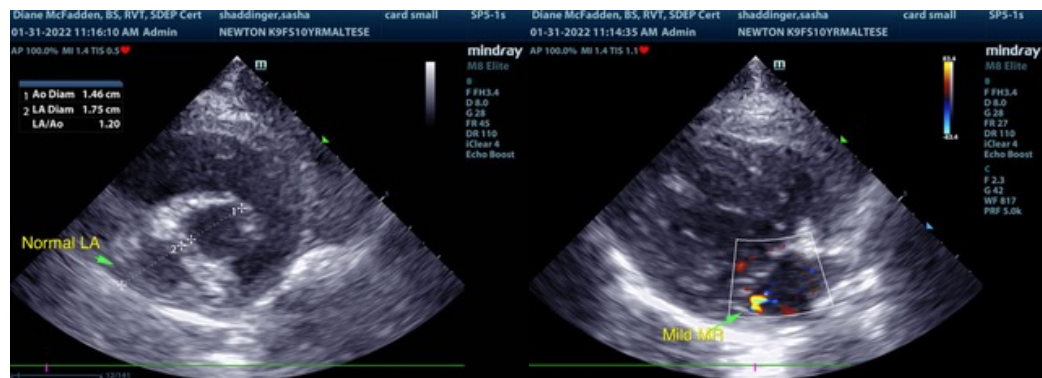
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hospitalization with aggressive therapy for pancreatitis and associated peritonitis, which may include plasma expanders, broad-spectrum antibiotics, analgesic, and as-needed gastrointestinal support recommended. Correlation with full lab work to assess albumin levels as well as hepatic enzymes recommended. Minor potential for pancreatitis neoplasia, which may present in similar sonographic manner as active to acute inflammation, yet thought less likely. Pending clinical response to therapy, recheck sonogram may be indicated for pancreatic reassessment or for progressive intraabdominal fluid and/or peritonitis. Pertoneal effusion analysis, cytology +/- culture and sensitivity for further clarification, and if evidence of inflammatory cells, would be warranted if possible.





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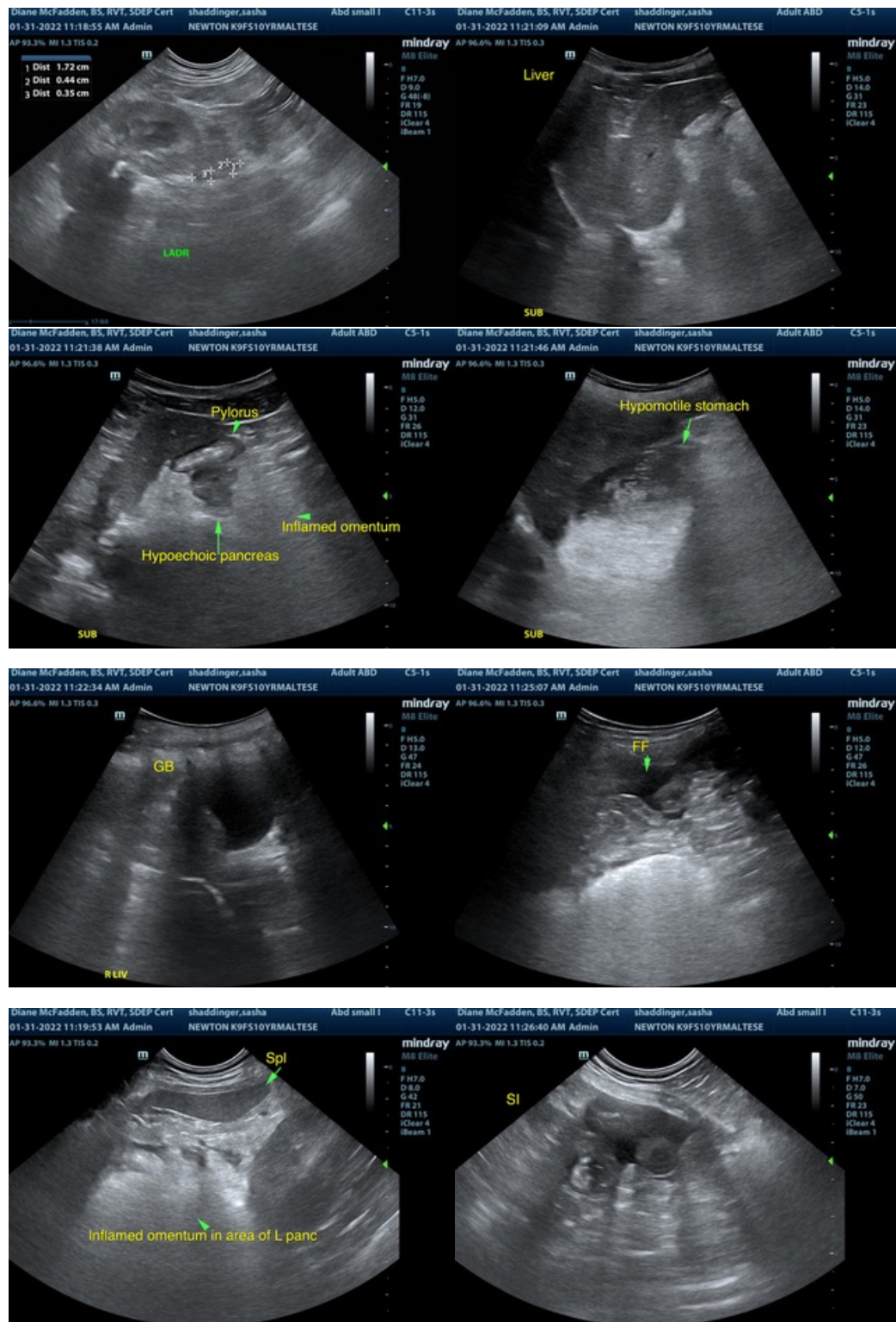
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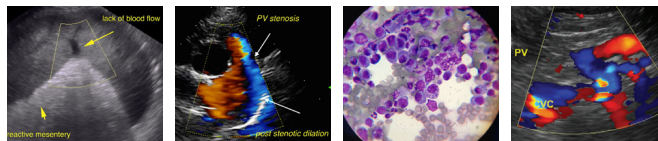
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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