


PATIENT

Trixie Mezzina

PRESENTING CLINICAL SIGNS

Abdo: To asses pancreas Echo: Heart murmur 1/6

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CPL: Abnormal

BREED

Chihuahua

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART
SEX

FS

AGE

3yr

WEIGHT

14.5lb

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				1.4	39	72	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	127	1.4	1.5		2.0	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. No overt MR on Doppler. 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. Normal measured RVOT velocity. 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. No overt TR on Doppler. 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). Normal measured RVOT velocity. 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 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.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or

INTERPRETED BY

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

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

 Animal Paradise
 Hospital

REFERRING VET

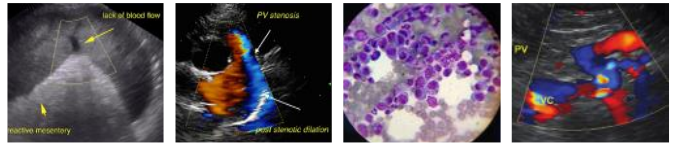
Dr. Elshafie

INVOICE

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DATE

12/15/2022



PATIENT	slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.5 cm in length. The right kidney measured 3.3 cm in length.
Trixie Mezzina	
SPECIES	The area of the aortic trifurcation was free of pathology.
Canine	
BREED	Adrenal Glands
Chihuahua	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.28 cm width at the caudal pole and 1.2 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm width at the caudal pole and 1.8 cm length.
SEX	Spleen
FS	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.
AGE	Liver
3yr	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
WEIGHT	Gastrointestinal
14.5lb	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.
INTERPRETED BY	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.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Normal visible colon wall layers were present with apparent formed feces in lumen.
IMAGING PERFORMED BY	Pancreas
Val Shumskaya	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.
HOSPITAL NAME	Free Abdomen
Animal Paradise Hospital	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
REFERRING VET	ULTRASONOGRAPHIC FINDINGS
Dr. Elshafie	<ul style="list-style-type: none"> • Normal echocardiogram • Sonographically unremarkable abdomen
INVOICE	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
12424ag	A definitive cause of the patient's murmur was not evident without evidence of structural or functional cardiomyopathy. No evidence of clinical issues such as left or right heart chamber enlargement, LV systolic dysfunction, stenotic disease, clinical pulmonary hypertension or overt valvular insufficiencies
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was present. If no volume changes such as dehydration or anemia are present, a benign physiologic flow murmur or small flow abnormality is suspected. Regardless, the lack of left or right heart chamber enlargement indicate that the hemodynamic effects of the murmur are minimal. No indication for cardiac medications. Continued conservative monitoring of the murmur is recommended. Recheck echocardiogram recommended in 6-12 months, sooner if murmur intensity increases or clinical signs suggestive of heart disease arise.

SPECIES

Canine

No overt evidence of active pancreatitis although if clinical signs are present the possibility of low-grade pancreatitis which may appear sonographically normal could be present. No evidence of GI mural abnormalities if previous or current GI signs. Empirical GI support if clinically indicated or conservative therapy for low-grade pancreatitis would be reasonable.

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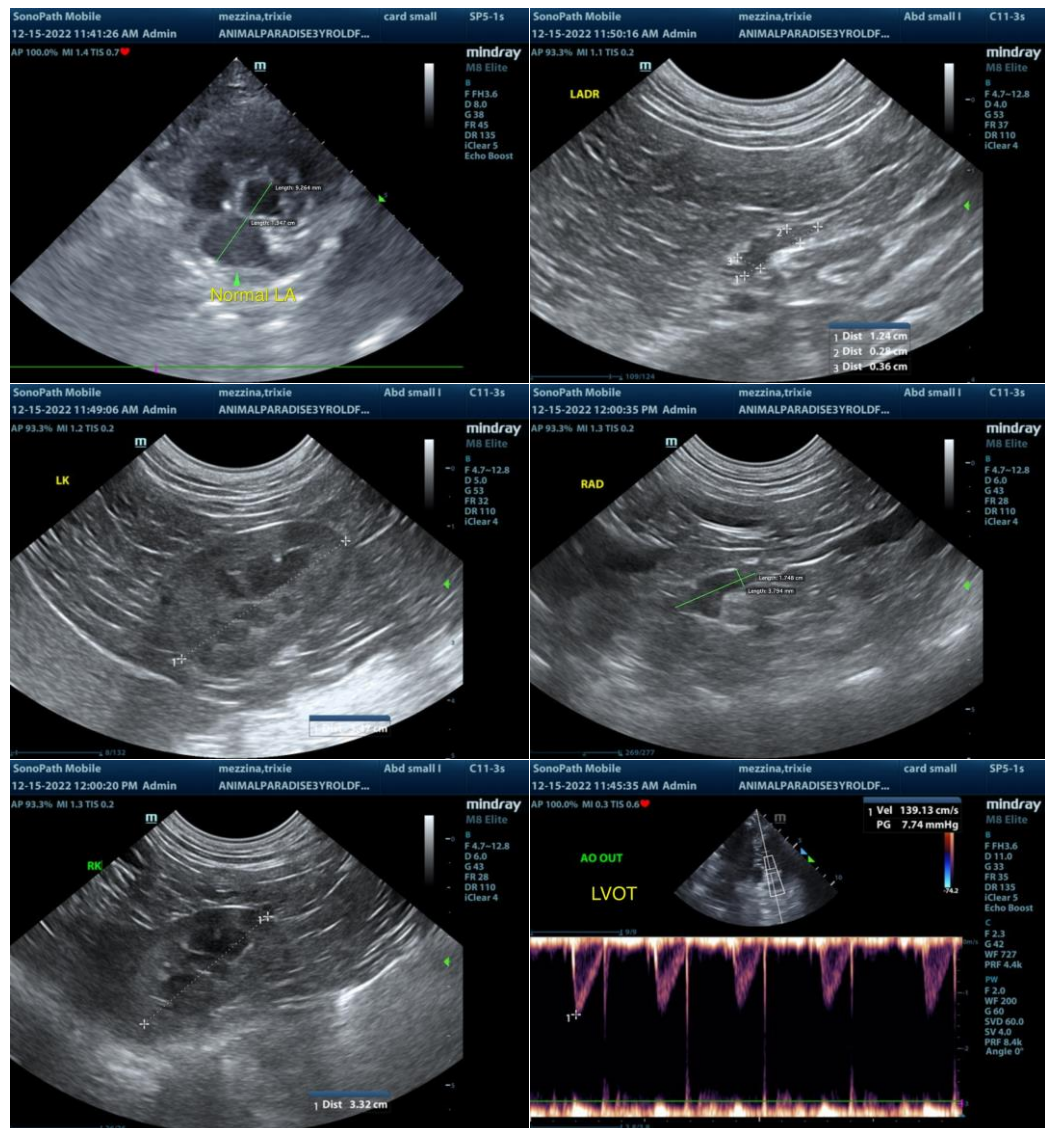
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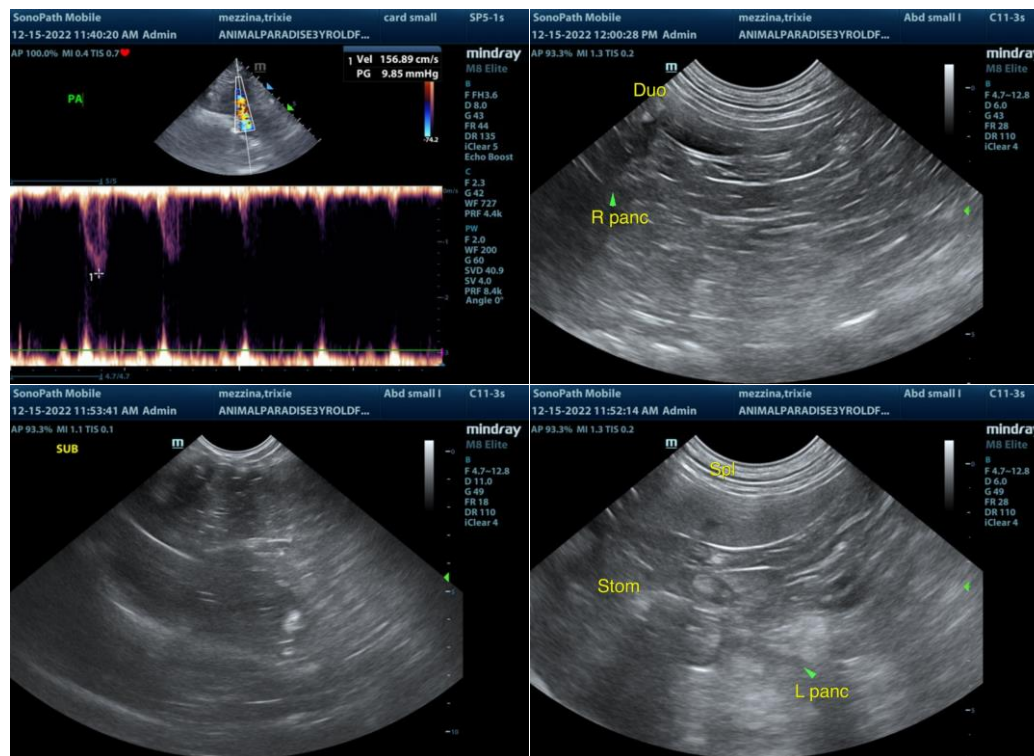
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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mac.daniel@sonopath.com