



PATIENT

Bailey Trafuci

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

MN

AGE

14 years

WEIGHT

12.1 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional
Vet Hospital

REFERRING VET

Dr. Taylor McConnell

INVOICE

15687

DATE

12/21/22

PRESENTING CLINICAL SIGNS

Patient presented for pyrexia of 106 F reduced to 98 F, difficulty ambulating, collapsing episodes from possible weakness in hind end. Treated with injection of Penicillin on 12/21, Rimadyl SQ SID, unasyn, famotadine, doxycycline.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

| 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 | 5.0 | | | 1.6 | 34.3 | 65.3 | 0.33 |
| 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 | 88 | 1.6 | 0.9 | | 3.2 | 2.7 | |

Cardiac Presentation

The echocardiogram in this patient demonstrated mildly enlarged **left atrial** size based on 3 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented mild to moderate thickening consistent with mild to moderate endocardiosis. No evidence of valvular prolapse was noted. Doppler indicated measurable mild to moderate eccentric insufficiency. The **left ventricle** presented normal thicknesses with maintained linear contour with subtle to mild increased LV volume. 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 LVOT velocity was noted. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology. No evidence of significant TR was noted on Doppler. 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). Normal measured RVOT velocity with tract pulmonic insufficiency was present on Doppler, not considered clinically significant. No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of infiltrative disease was visible. The cranial **mediastinum and pericardial regions** were free of masses in the visible window. No evidence of arrhythmia was noted.



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Urinary System

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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 was noted.

The residual prostate was free of pathology.

No evidence of medial Iliac or sublumbar lymphadenopathy/masses. Subjective normal laminar distal aorta and iliac flow are noted on Doppler.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation or pyelectasia was present. Pinpoint medullary mineral was noted in both kidneys. Right kidney small cranial cortical cyst was present. The left kidney measured 3.7 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.4 cm length x 0.59 cm width at the caudal pole. The right adrenal gland measured 1.6 cm length x 0.59 cm width at the caudal pole. No evidence of adrenal tumors was noted.

Spleen

The spleen was normal in size and contour with subtle splenic parenchyma heterogeneity and normal splenic vascularity. No masses, nodules, or neoplastic criteria.

Liver/ Gallbladder

The liver presented enlarged in size. The liver exhibited normal to possible mild decreased hepatic parenchyma echogenicity. The liver parenchyma exhibited a moderately coarse echotexture with evidence of minor parenchymal remodeling. No hepatic masses or nodules were noted. 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. Normal hepatic vascular volume is present. The gallbladder was non-distended in size containing primarily anechoic content with minor congealed echogenic gallbladder debris in the cranial lumen. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate, variably echogenic, primarily non-shadowing ingesta with mild luminal gas. No evidence of mechanical pyloric outflow obstruction was noted. The stomach was otherwise normal.

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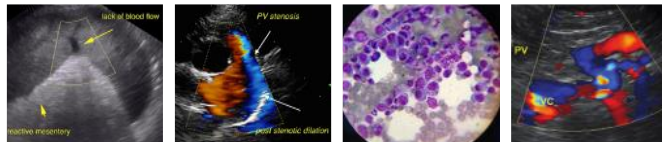
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The small intestine presented intact wall layering and subjective maintained 1:3 muscularis/mucosa ratio with generalized, variably echogenic, gastrointestinal ingesta and segmental fluid. No evidence of a mechanical small intestinal obstructive pattern or foreign material to the level of the colon.

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

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Pancreas

The parenchyma of the pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

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Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal free fluid/peritonitis were noted.

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ULTRASONOGRAPHIC FINDINGS

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- Compensated mitral valve disease (ACVIM mild B2) - no evidence of endocarditis or clinical pulmonary hypertension
- Nonspecific hepatomegaly
- Minor gallbladder debris (non-mucocele)
- Generalized gastrointestinal ingesta - post prandial presentation, potential for generalized gastroenteritis pattern or metabolic gastrointestinal stasis
- Nonhomogeneous variably hyperechoic pancreas - age-related pancreatic changes, remodeling +/- fibrosis owing to previous inflammation, chronic pancreatitis possible
- Moderate chronic renal changes with right kidney cyst - no evidence of pyelonephritis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Correlation of the nonspecific hepatomegaly with full CBC/Chemistry panel/Urinalysis +/- C/S if not done is suggested. Screening hepatic FNA cytology, assuming normal clotting status could be considered if clinically indicated.

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Assessment for evidence of cranial abdominal or subxiphoid discomfort in the area of the pancreas as well as a Spec cPL +/- a full GI panel to include PLI/TLI/Cobalamin/Folate if evidence of gastrointestinal signs is warranted.

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No evidence of significant structural or functional cardiomyopathy or pericardial disease as an obvious cause of the patient's collapsing episodes, although the mild LA enlargement may suggest mild increased risk for complications secondary to MR. Pimobendan 0.3 mg/kg PO BID with recheck echocardiogram suggested in 6 months, sooner if clinical signs consistent with heart disease arise, is recommended.



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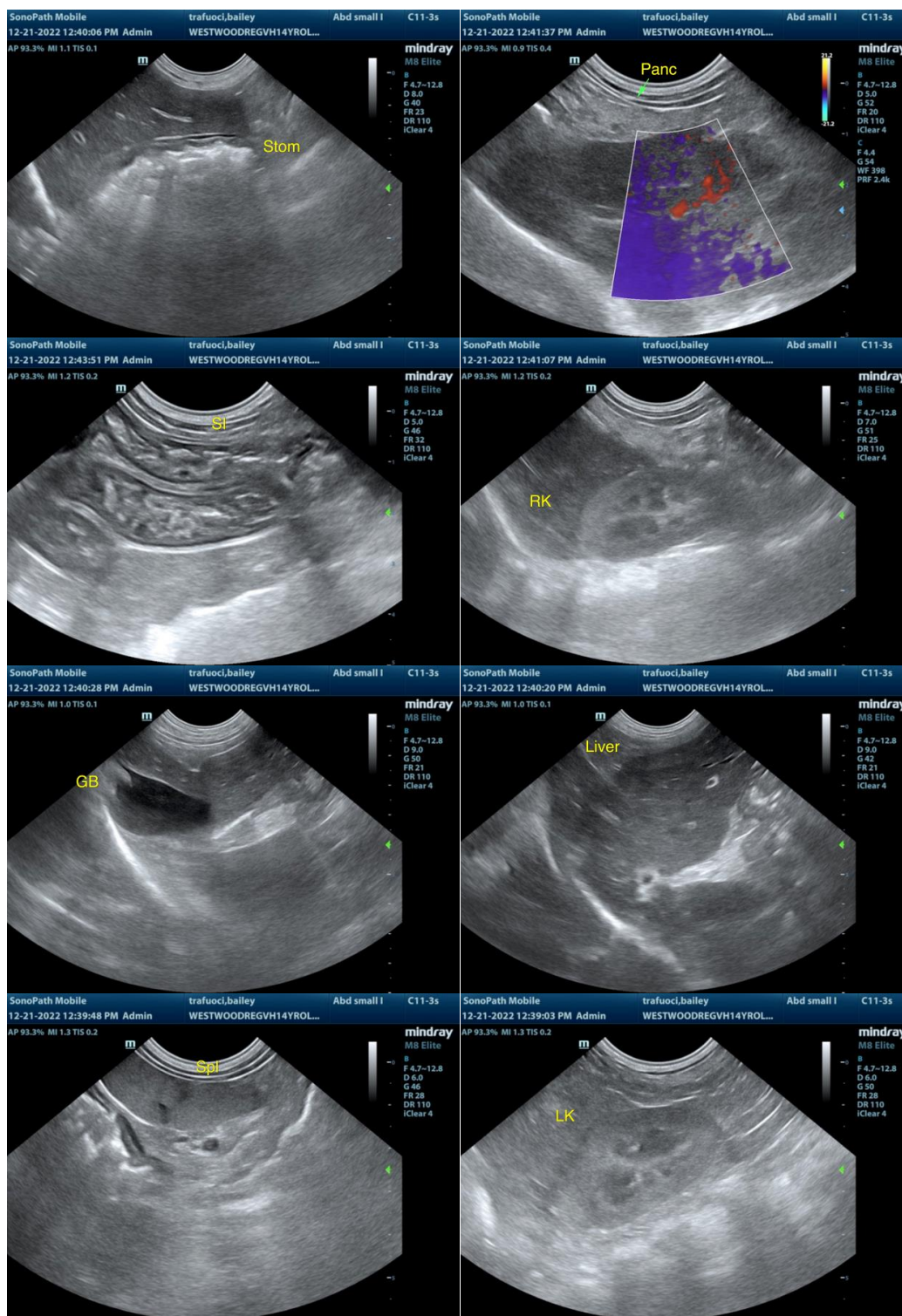
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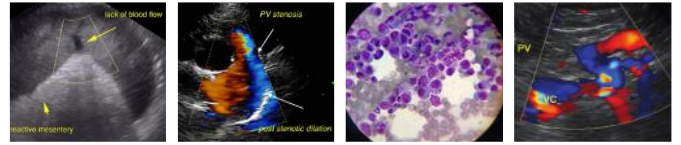
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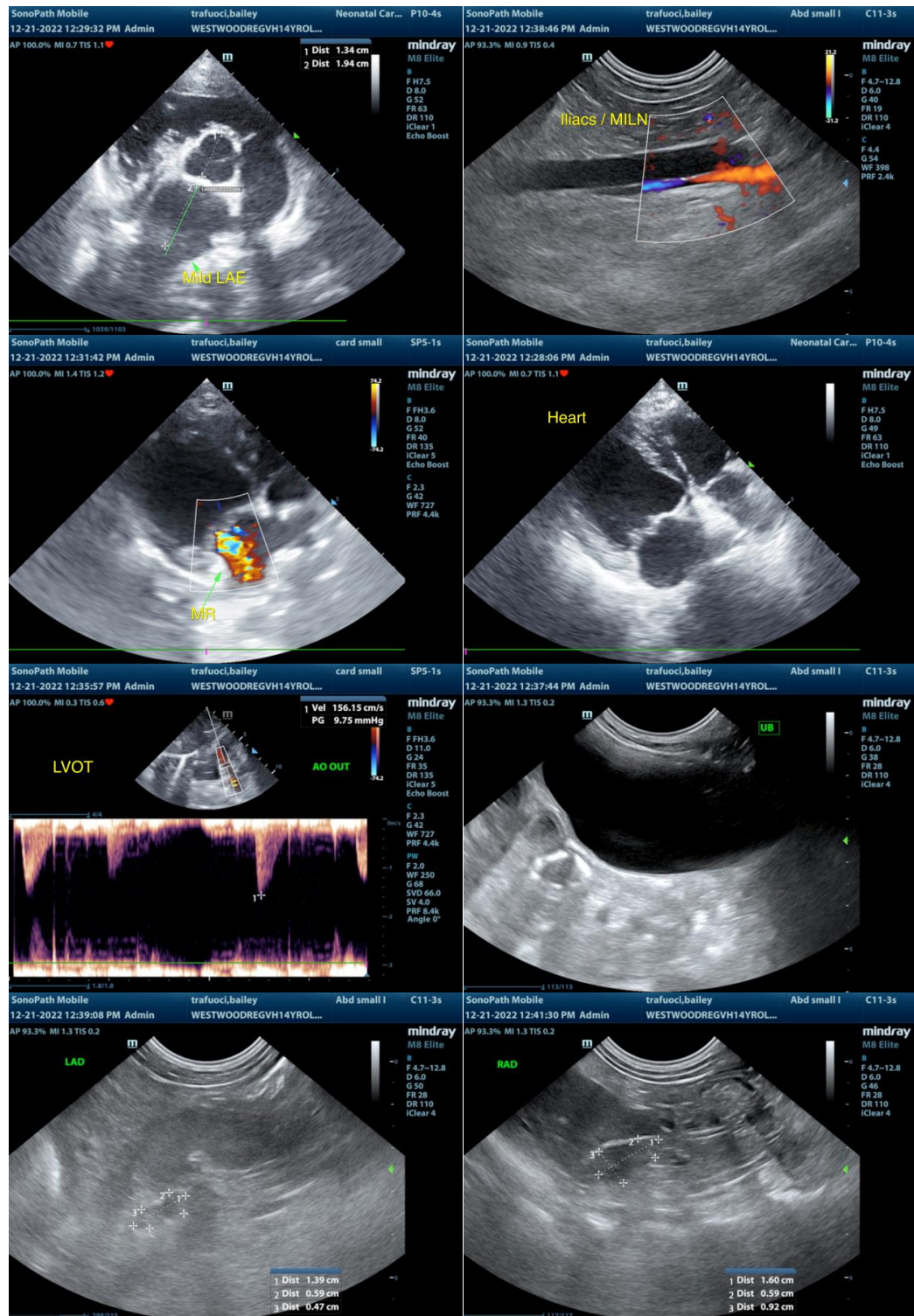
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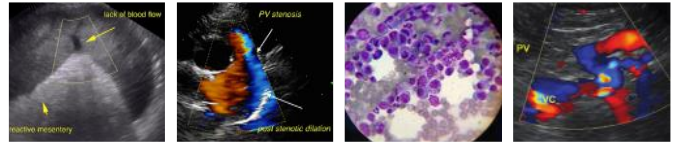
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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