


PATIENT

Dolce Haupt

PRESENTING CLINICAL SIGNS

lethargic; anorexic; hx of being lyme positive. On carprofen , entyce and doxycycline

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: wnl

BREED

Lab

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART
SEX

FS

AGE

10yr

WEIGHT

71lb

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	5.3	2.0		1.25	32.4	62	0.37
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	117	1.0	0.7		3.7	3.4	

Cardiac Presentation

The echocardiogram in this patient demonstrated normal left atrial size based on 2 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. Mild centralized MR present 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 borderline subnormal as 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. 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. Minor TR present 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 pleural 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 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Newton VH

REFERRING VET

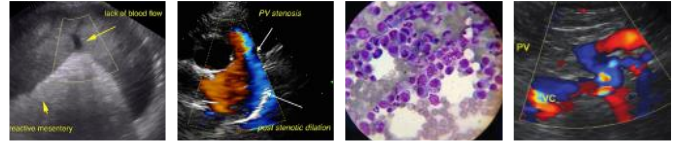
Dr. Chabora

INVOICE

13500ag

DATE

04/17/2023



PATIENT	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 7.1 cm in length. The right kidney measured 7.3 cm in length.
Dolce Haupt	
SPECIES	The area of the aortic trifurcation was free of pathology.
Canine	Adrenal Glands
BREED	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.64 cm width at the caudal pole and 2.2 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.74 cm width at the caudal pole and 2.9 cm length.
Lab	Spleen
SEX	The spleen exhibited normal size and contour with mild parenchymal heterogeneity. Intermittent subtle hypoechoic parenchymal nodules were present, an example measured 0.58 cm in diameter. 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.
FS	
AGE	Liver/Gallbladder
10yr	The liver presented 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. 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	
71lb	
INTERPRETED BY	Gastrointestinal
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate non-shadowing ingesta along with luminal gas with no signs of ileus, obstruction or foreign material.
IMAGING PERFORMED 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.
Diane McFadden	Normal visible colon wall layers were present with apparent formed feces in lumen.
HOSPITAL NAME	Pancreas
Newton VH	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.
REFERRING VET	Free Abdomen
Dr. Chabora	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
INVOICE	ULTRASONOGRAPHIC FINDINGS
13500ag	<ul style="list-style-type: none"> • Normal echocardiogram with borderline LV hypocontractility-no evidence of DCM criteria, patient/age related variant, athletic state, hypothyroidism if subnormal T4 may present in this manner. • Mild compensated MR • Mild TR - no pulmonary hypertension
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- Non-specific mild chronic renal changes.
- Mild heterogenous spleen with intermittent subtle parenchymal nodules-benign/age related splenic changes likely i.e., hyperplasia, hematopoiesis or similar. Infiltrative splenic neoplasia is thought less likely.
- Mild hepatic parenchymal remodeling -benign.
- Structurally unremarkable GI tract with gastric ingesta.

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

Lab

Overall, largely a mild geriatric abdomen with no overt evidence of significant abdominal visceral pathology. The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material. No overt evidence of intra-abdominal neoplastic criteria. Assuming normal clotting status and using a 25g needle, a splenic FNA for screening cytology could be considered to ensure only benign changes are present or if evidence of weight loss.

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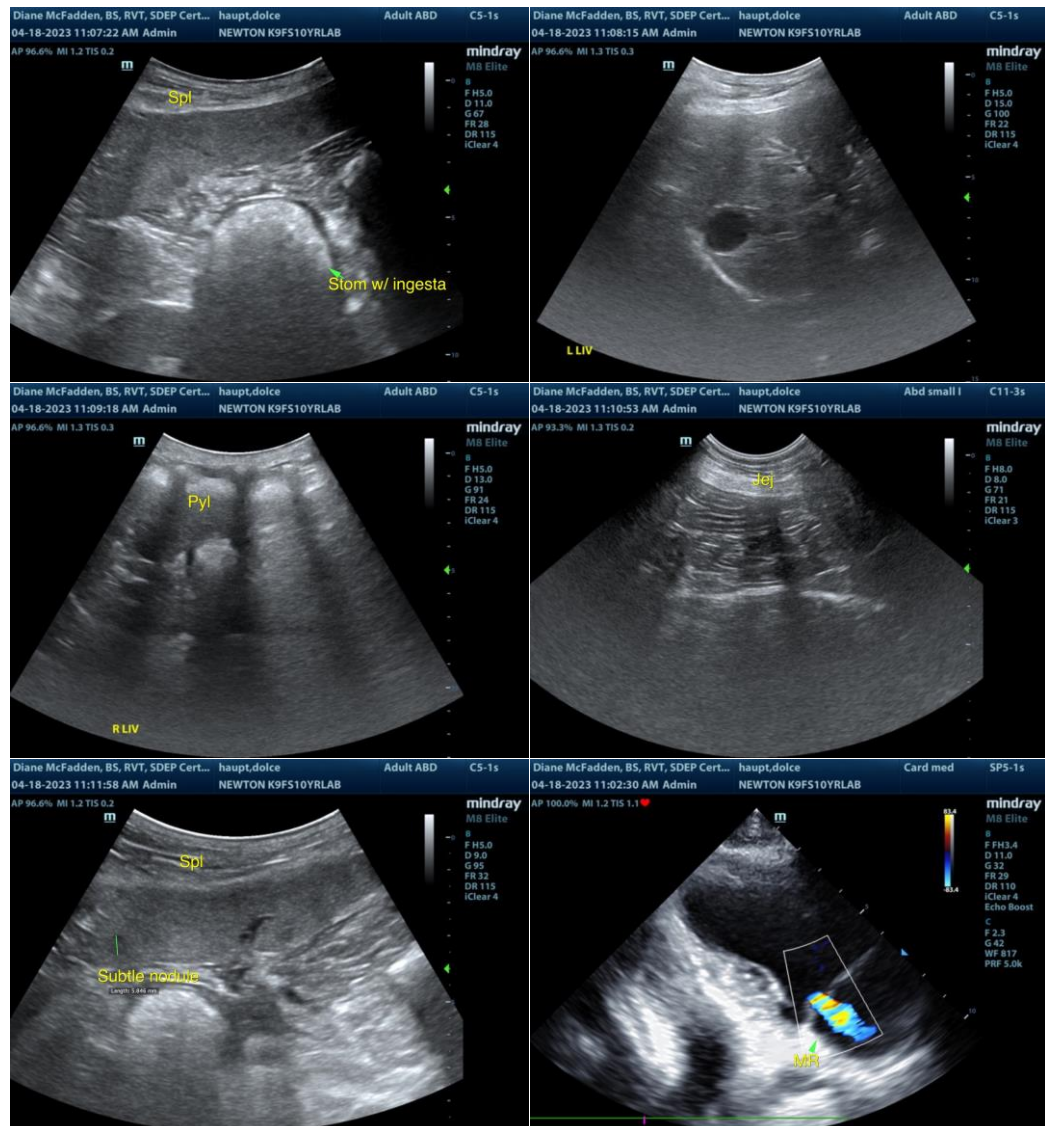
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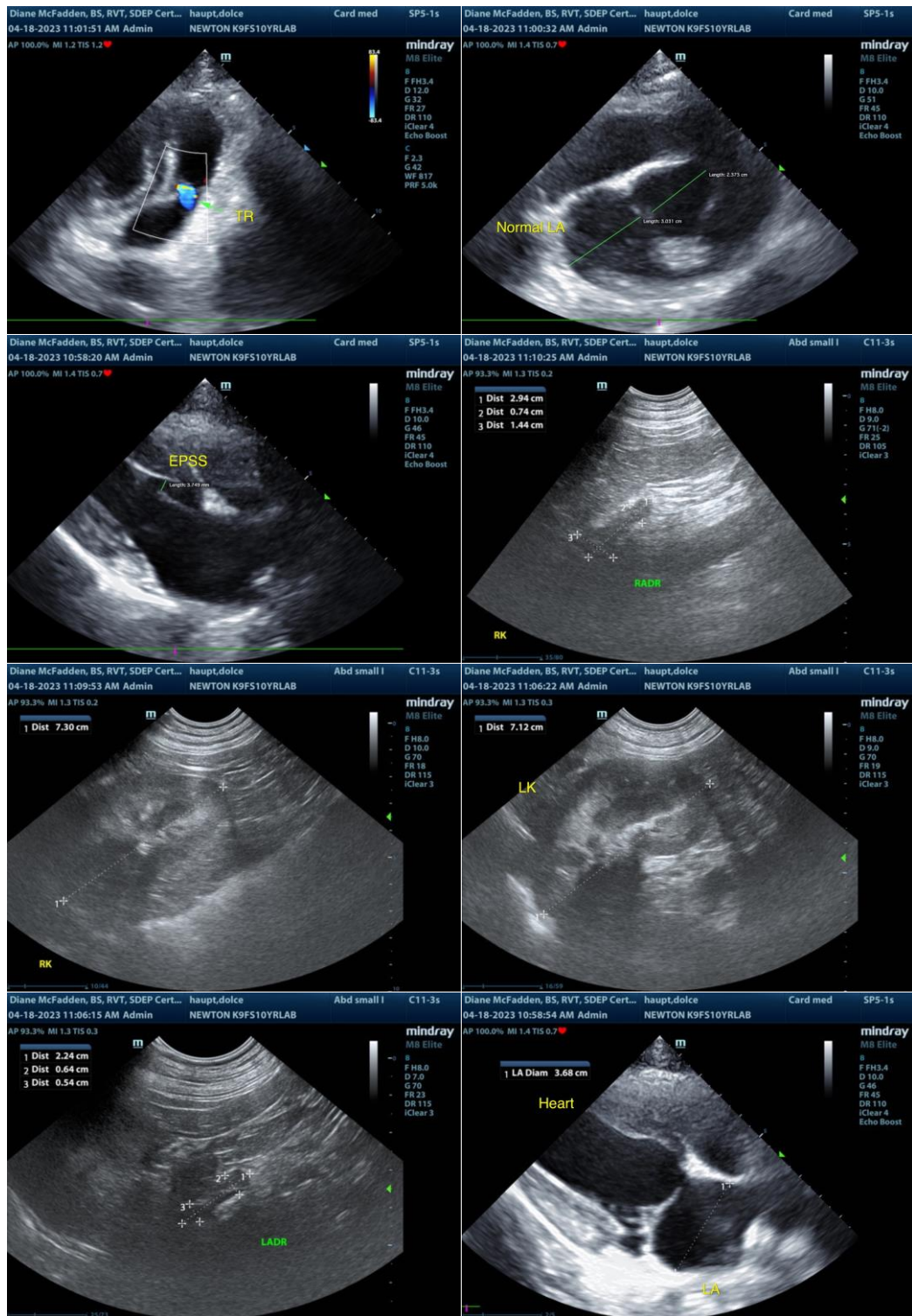
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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mac.daniel@sonopath.com

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