



## PATIENT

Jessie Wordsman

## SPECIES

Canine

## BREED

Beagle

## SEX

Spayed Female

## AGE

5 Years

## WEIGHT

22 Pounds

## PRESENTING CLINICAL SIGNS

History: Hx of epilepsy + pics, Elevated RR w/ interstitial pattern in lungs, hepatomegaly on rads.

Current meds: pheno, p-lyte, pantoprazole, unasyn, dexamethasone

Abnormal PE/Chem/CBC/UA Results: ^ eos, all else WNL, pheno level normal, 4dx historic lyme + all else neg

## 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	--	<1.5	1.1	1.1	34	67	0.3
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	100	1.6	1.1	--	2.7	2.7	--

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jessica Miller

## HOSPITAL NAME

Rockaway AH

## REFERRING VET

Dr. Kahn

## INVOICE

14811

## DATE

4/18/22

### 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 insufficiency on color 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. 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 insufficiency on color 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). 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 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or



<b>PATIENT</b>	sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. Aortic trifurcation was normal.
Jessie Wordsman	
<b>SPECIES</b>	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 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 5.4 cm in length. The right kidney measured 5.2 cm in length.
Canine	
<b>BREED</b>	<b>Adrenal Glands</b>
Beagle	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.9 cm in length x 0.52 cm width at the caudal pole.
<b>SEX</b>	The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.2 cm in length x 0.45 cm width at the caudal pole.
Spayed Female	
<b>AGE</b>	<b>Spleen</b>
5 Years	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.
<b>WEIGHT</b>	<b>Liver</b>
22 Pounds	The liver was mildly to moderately 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.
<b>INTERPRETED BY</b>	The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
<b>IMAGING PERFORMED BY</b>	<b>Gastrointestinal</b>
Jessica Miller	The stomach presented intact yet mildly prominent wall layering. Minor retained anechoic fluid was present.
<b>HOSPITAL NAME</b>	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.
Rockaway AH	
<b>REFERRING VET</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
Dr. Kahn	<b>Pancreas</b>
<b>INVOICE</b>	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.
14811	<b>Free Abdomen</b>
<b>DATE</b>	No overt lymphadenopathy or peritoneal effusion was present.
4/18/22	<b>ULTRASONOGRAPHIC FINDINGS</b>



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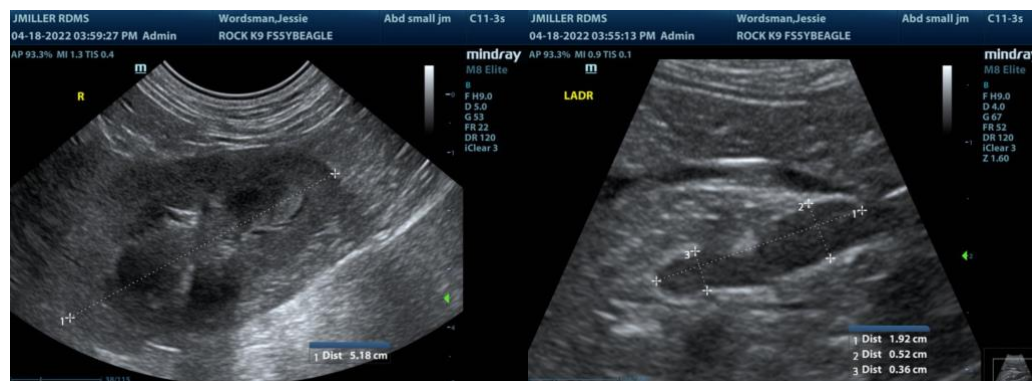
- Normal echocardiogram
- Minor MR/TR
- Mild to moderate hepatomegaly- subjectively benign, potential vacuolar hepatopathy pattern
- Possible mild gastritis

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant cardiac or abdominal visceral pathology. The normal cardiac presentation, without clinical issues, such as systolic dysfunction or clinical pulmonary hypertension indicate that the elevated resting respiration rate in this patient is noncardiogenic in origin.

No evidence of hepatic congestion. Given the lack of reported hepatic enzyme elevations, overall hepatomegaly was nonspecific yet consistent with benign hepatomegaly.

Gastric protectant protocol may be considered if clinical signs consistent with gastritis are present.





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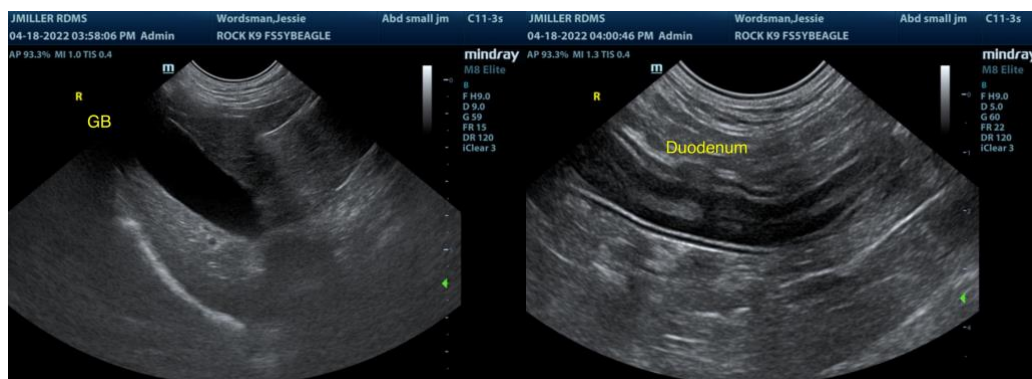
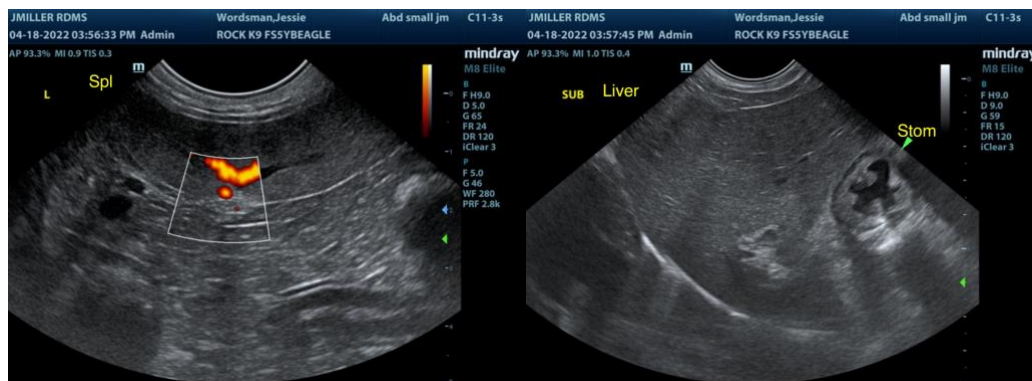
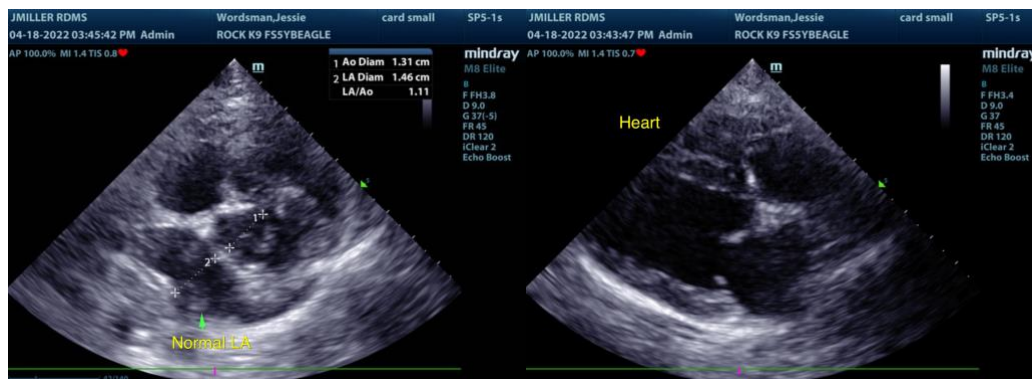
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



**PATIENT**

Jessie Wordsman

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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**info@SonoPath.com**

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