



PATIENT

Riley Melendez

SPECIES

Canine

BREED

Poodle X

SEX

Female

AGE

12 Weeks

WEIGHT

7.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

46483

DATE

4/7/23

PRESENTING CLINICAL SIGNS

Increased RR elevated GGT.

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	<1.6	28-40	40-100	<0.6
PATIENT			NM	1.0	45.5	79	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	BELOW	BELOW	BELOW	BELOW
PATIENT	NM	1.0	0.6		2.0	2.2	

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. 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 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. 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 evidence of elevated 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 1.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. No mineral or calculi. 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.



PATIENT	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was noted. Non-specific mildly increased medial cortex echogenicity noted. Adequate corticomedullary border demarcation. No pyelectasia. The left kidney measured 4.1 cm. The right kidney measured 4.1 cm.
Riley Melendez	
SPECIES	Adrenal Glands
Canine	The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm at the cranial pole. The right adrenal gland measured 0.40 cm at the caudal pole.
BREED	
Poodle X	Spleen
SEX	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.
Female	
AGE	Liver
12 Weeks	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. Normal hepatic vascular volume. No evidence of a portosystemic shunt. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal. No evidence of post-hepatic cholestasis.
WEIGHT	
7.2	
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 moderate echogenic, nonshadowing ingesta most consistent with post prandial presentation without 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.
Jenn	Normal visible colon wall layers were present with apparent formed feces in lumen.
HOSPITAL NAME	Pancreas
Rockaway AH	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. Maniar	The area of the uterus and bilateral ovaries was overtly normal.
INVOICE	Intermittent very scant pocket of physiologic incidental free fluid noted, commonly seen in puppies. No omental masses or omental lymphadenopathy.
46483	
DATE	ULTRASONOGRAPHIC FINDINGS
4/7/23	<ul style="list-style-type: none"> • Normal echocardiogram • Normal volume liver • Sonographically unremarkable gallbladder and common bile duct. • Mild gastric ingesta – sonographically consistent with food.



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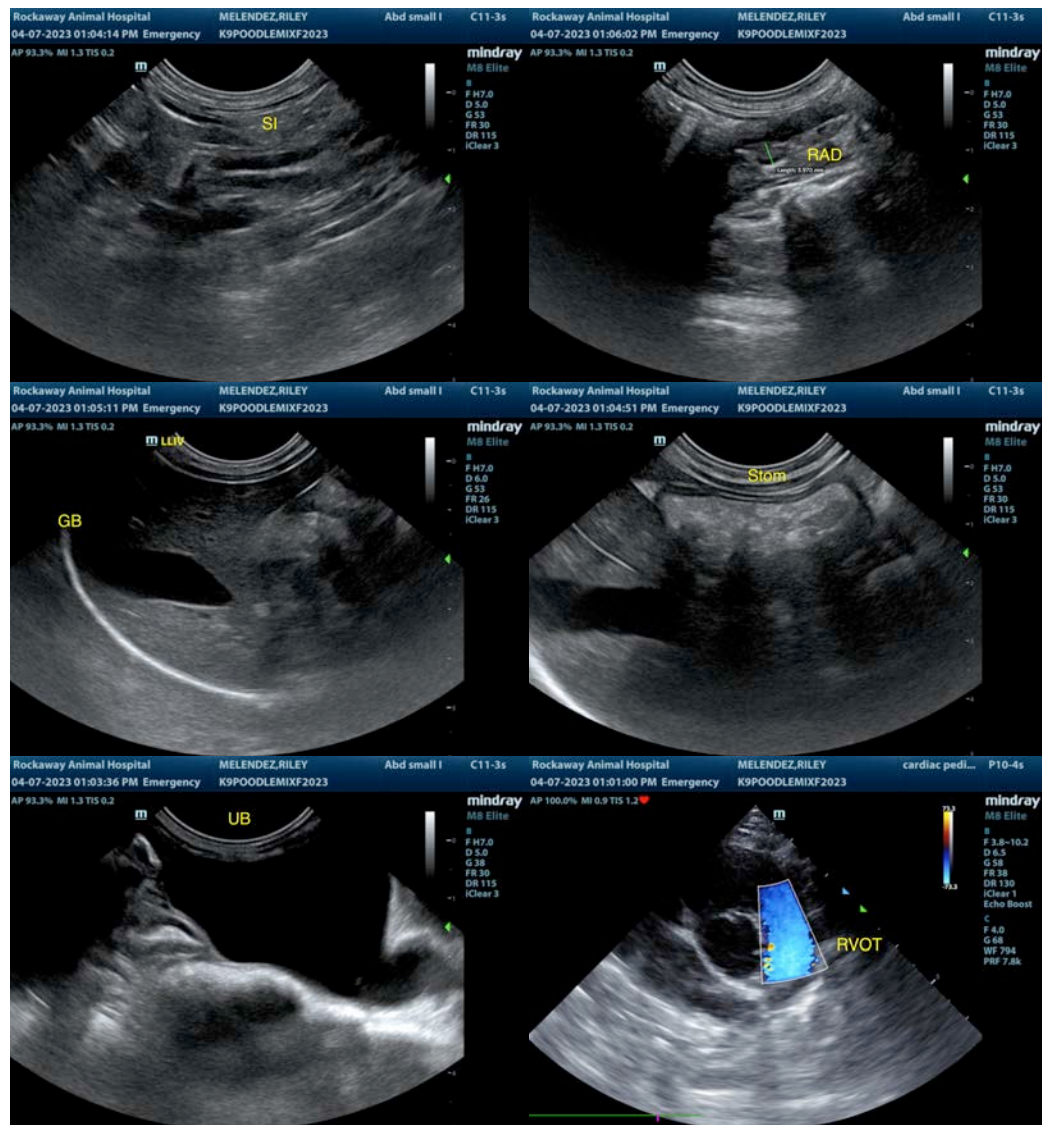
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The normal cardiac structure and function without clinical issues such as LV systolic dysfunction, left or right heart chamber enlargement, overt stenotic disease, valvular insufficiencies, or congenital defect indicate that the increased respiration rate in this patient is non-cardiogenic in origin. No indication for cardiac medications. No overt evidence of visceral abdominal pathology. No indication for a portosystemic shunt. The elevated GGT is of unclear clinical significance given lack of concurrent ALP or ALT elevation. Potential for mild non-obstructive cholestasis or emerging hepatocellular disease cannot be definitively excluded, yet no evidence of structural hepatobiliary pathology. Monitoring of hepatic enzymes going forward is suggested.





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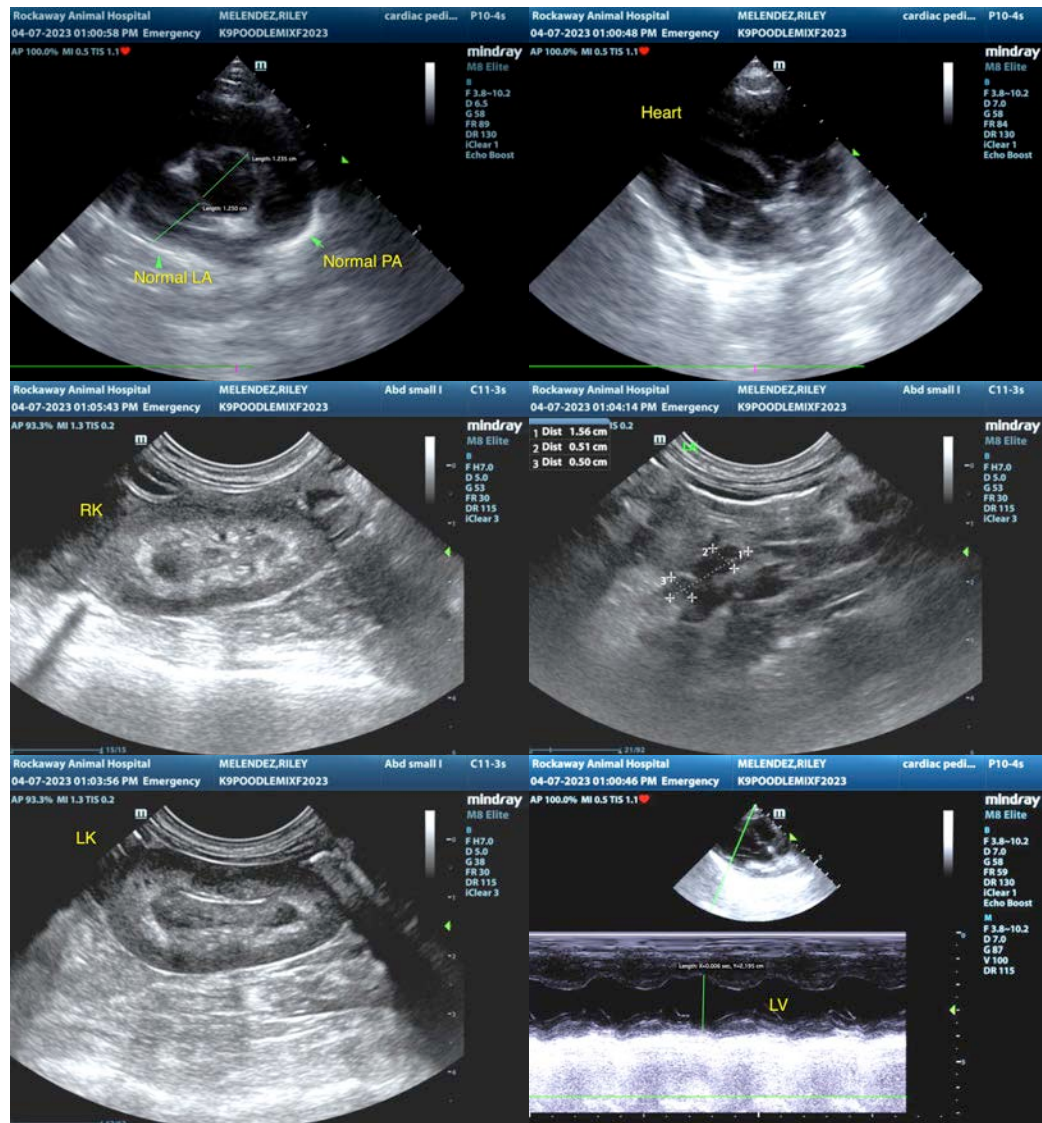
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com