



PATIENT

Teddi Grace
Clemente

PRESENTING CLINICAL SIGNS

On and off diarrhea. Current meds: proviable - on l/d Hills diet- finished metronidazole

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

BREED

Havanese

SEX

FS

AGE

5 years

WEIGHT

12.3 lbs.

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			1.0	1.15	37.8	70.3	0.1
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	134	1.1	0.84		2.5	2.44	

INTERPRETED BY

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

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. 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). Trace PI was present in doppler. 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 2.0 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.

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

ACC Flanders

REFERRING VET

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PATIENT	The area of the aortic trifurcation was free of pathology.
Teddi Grace Clemente	
SPECIES	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. Pinpoint areas of medullary mineral were noted in both kidneys which are likely incidental. The left kidney measured 4.0 cm in length. The right kidney measured 4.3 cm in length.
Canine	
BREED	
Havanese	Adrenal Glands
SEX	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.4 cm length x 0.55 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.0 cm length x 0.43 cm width at the caudal pole.
FS	
AGE	Spleen
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.
WEIGHT	Liver/ Gallbladder
12.3 lbs.	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.
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 was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.41 cm.
IMAGING PERFORMED BY	Pancreas
Jessica Miller	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. The duodenum wall measured 0.35 cm width. The jejunum wall measured 0.32 cm width.
HOSPITAL NAME	Free Abdomen
ACC Flanders	Normal visible colon wall layers were present with subjective semi-formed to possible soft feces in lumen.
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ULTRASONOGRAPHIC FINDINGS

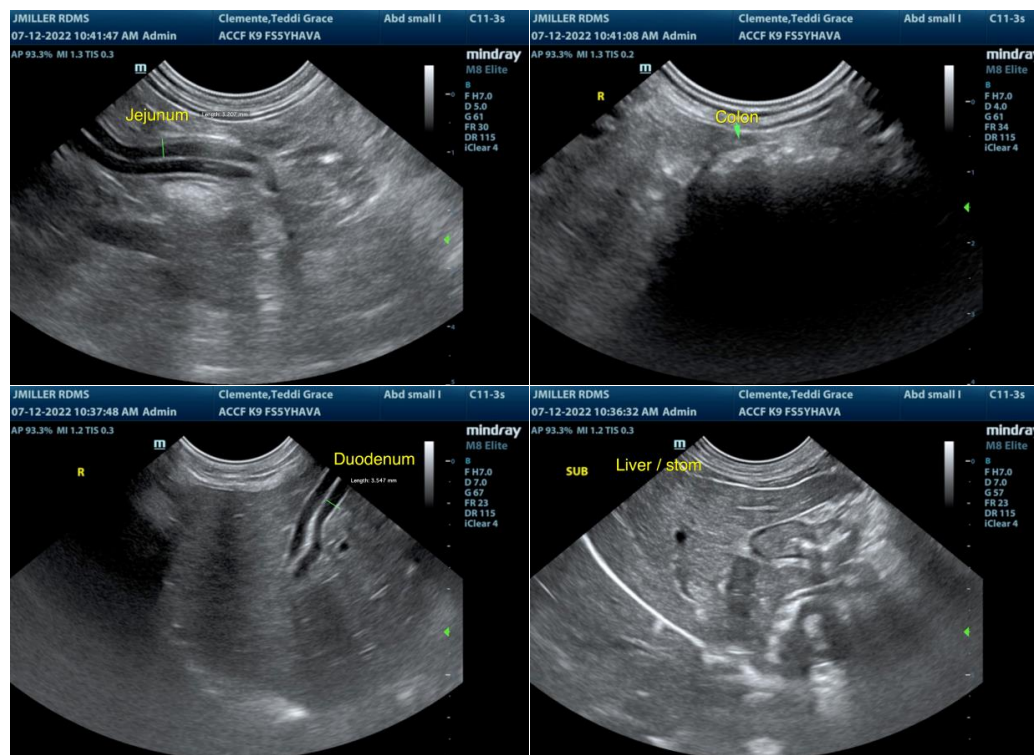
- Normal echocardiogram with trace pulmonic insufficiency - pulmonic Insufficiency is not clinically significant
- Overtly normal gastrointestinal tract and colon
- Pinpoint bilateral medullary mineral - incidental

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of abdominal visceral, specifically gastroenterocolic, pathology as an obvious cause of the patient's inconsistent to recurrent diarrhea.

At times the gastroenterocolic presentation does not always correlate with recurrent or present gastrointestinal signs. In patients with recurrent gastrointestinal signs, considerations may include; dietary Intolerance / food hypersensitivity, dysbiosis, structurally insignificant Inflammatory bowel, occult parasitism, or low-grade to chronic pancreatitis (considered less likely).

A GI panel and/or fresh fecal analysis to rule out parasitic ova / Giardia could be considered. Switching diet to a hydrolyzed diet with continued high colony count probiotics such as Provable along with prophylactic deworming i.e., Panacur 50 mg/kg PO SID for at least 5 consecutive days even if fecal testing is negative and with potential for long-term hydrolyzed diet therapy is suggested.





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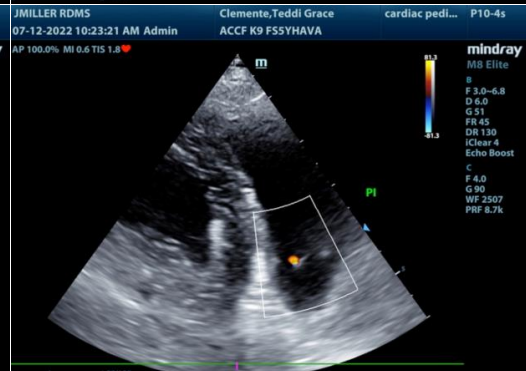
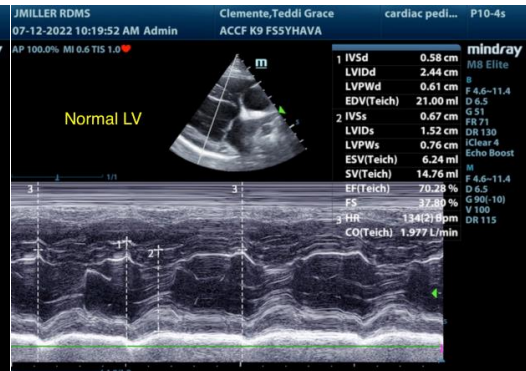
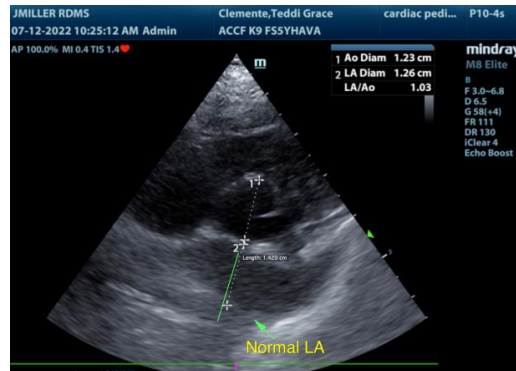
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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