



PATIENT

Chi Chi Figueroa

PRESENTING CLINICAL SIGNS

anorexia, vomiting, lethargy, hit head on a table several days prior

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

BREED

Chihuahua

SEX

Neutered Male

AGE

5 Years

WEIGHT

7.3 Pounds

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			1.25	1.2	48.6	82.6	0.21
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	81	1.1	0.9		2.0	2.0	

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). 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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

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. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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No evidence of pathology in the area of the residual prostate.

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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 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. No evidence of renal mineral/calculi. The right kidney measured 3.4 cm. The left kidney measured 3.1 cm.
Chi Chi Figueroa	
SPECIES	Adrenal Glands
Canine	The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.0 cm length x 0.35 cm at the caudal pole. The left adrenal gland measured 1.0 cm x 0.32 cm at the caudal pole.
BREED	Spleen
Chihuahua	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.
SEX	Liver
Neutered Male	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.
AGE	Gastrointestinal
5 Years	The stomach presented intact yet mildly prominent wall layering with a normal wall layer ratio. The stomach contained a mild amount of retained anechoic fluid. Ventral gastric body wall measured 0.30 cm.
WEIGHT	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. Duodenum wall measured 0.35 cm. Jejunum wall measured 0.28 cm.
7.3 Pounds	Normal visible colon wall layers were present with apparent formed feces in lumen.
INTERPRETED BY	Pancreas
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
IMAGING PERFORMED BY	Free Abdomen
Diane McFadden	No overt lymphadenopathy or peritoneal effusion was present.
HOSPITAL NAME	ULTRASONOGRAPHIC FINDINGS
Rockaway AH	<ul style="list-style-type: none"> • Normal echocardiogram • Sonographically unremarkable gastrointestinal tract with minor retained gastric fluid, otherwise sonographically unremarkable abdomen
REFERRING VET	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Dr. Maniar	No evidence of overt cardiac or intrabdominal pathology. Potential for mild gastritis suspected. Gastroprotectant protocol and as-needed gastrointestinal support would be reasonable.
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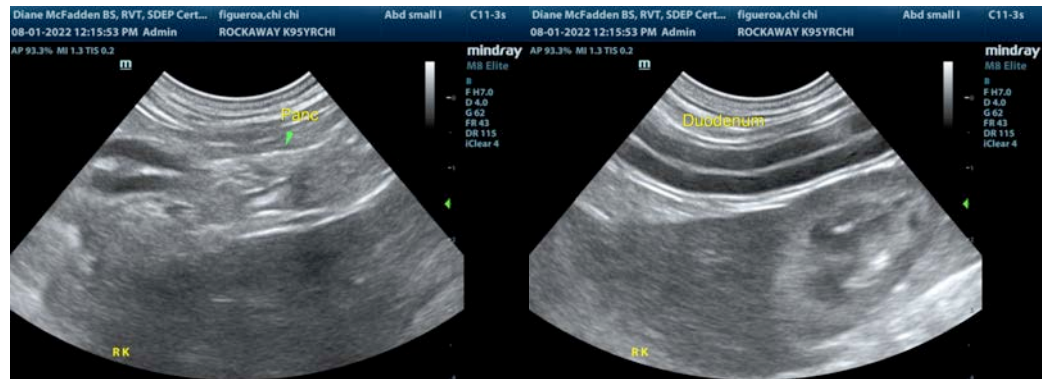
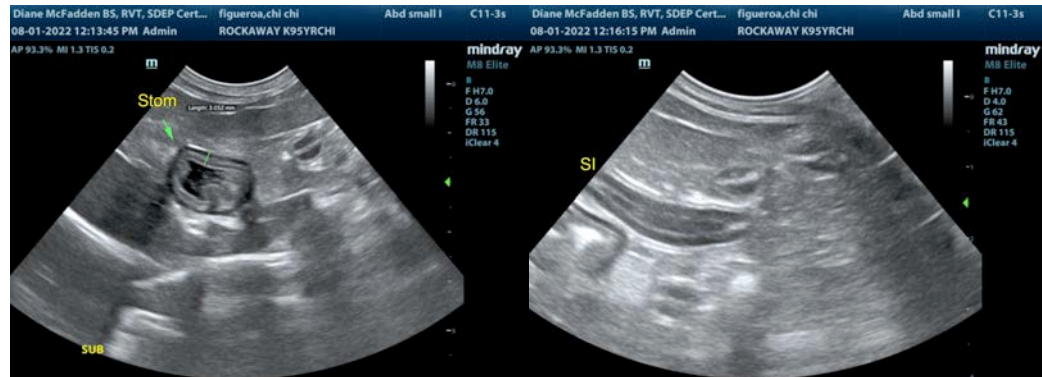
Neutered Male

AGE

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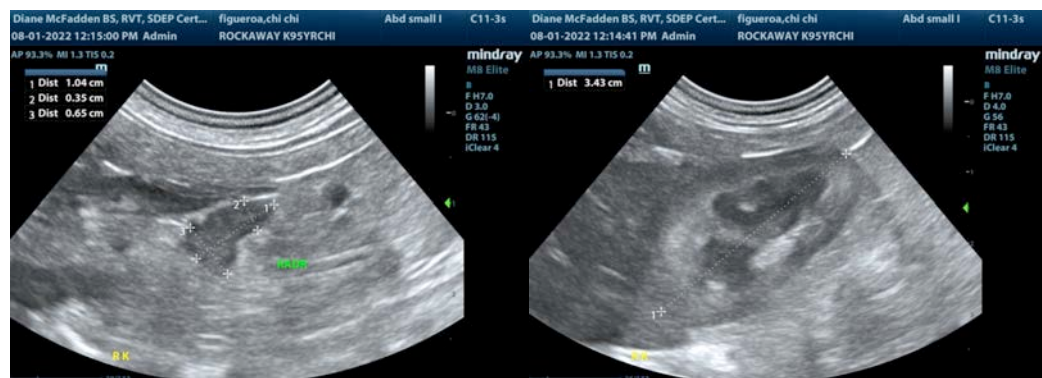
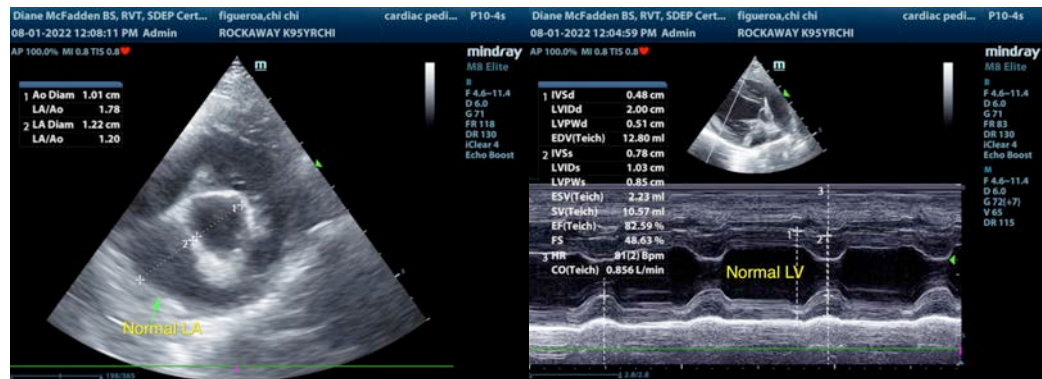
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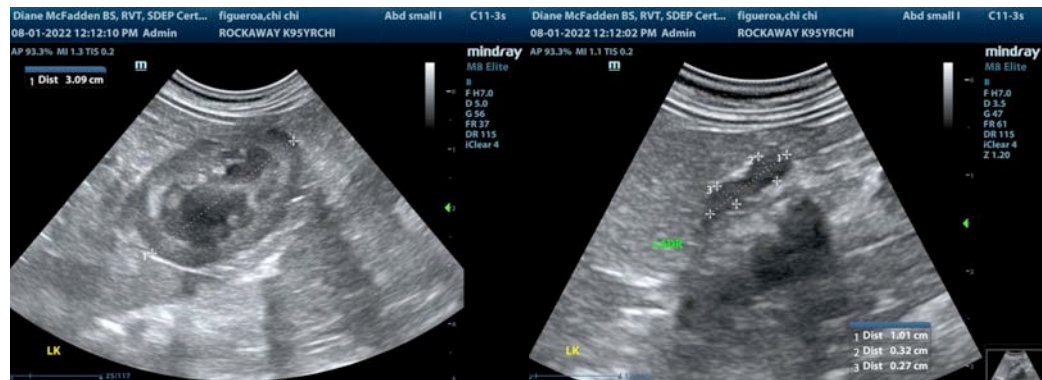
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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