



PATIENT PRESENTING CLINICAL SIGNS

Grace Wallace History: bloody stool, possible mild peritoneal effusion on rads, decreased appetite; ate piece of area rug. not on any meds.

SPECIES Abnormal PE/Chem/CBC/UA Results: PCV 56%, TS 7.2, CPL pending, full BW pending

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

BREED

Pit Bull

SEX

Spayed Female

AGE

8 Years

WEIGHT

82 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	<1.3	28-40	40-100	<0.6
PATIENT	5.2	2.0	1.3	1.34	34	63	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	126	1.7	0.8	--	4.0	4.7	--

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Kim

INVOICE

16815

DATE

8/11/22

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 MR was 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 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. Mild TR was 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). 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



PATIENT	sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. The aortic trifurcation was normal.
Grace Wallace	
SPECIES	Normal size and margination was 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 7.2 cm in length. The right kidney measured 7.0 cm in length.
Canine	
BREED	Adrenal Glands
Pit Bull	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.6 cm in length x 0.58 cm width at the caudal pole.
SEX	The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.1 cm in length x 0.64 cm width at the caudal pole.
Spayed Female	
AGE	Spleen
8 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
82 Pounds	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 yet mildly prominent wall layering. The lumen of the stomach was empty with mild luminal gas and without evidence of retained ingesta, fluid 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 mechanical/metabolic small intestinal ileus or other mural pathology.
Diane McFadden	
HOSPITAL NAME	Intact yet mildly prominent wall layering was noted in the descending colon. Semi-formed feces were present.
Newton VH	
REFERRING VET	Pancreas
Dr. Kim	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.
INVOICE	Free Abdomen
16815	No omental masses or evidence of overt lymphadenopathy was present. No signs of peritoneal free fluid noted.
DATE	ULTRASONOGRAPHIC FINDINGS
8/11/22	



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- Overtly normal cardiac structure and function
- Minor MR/TR
- Gastroenterocolitis pattern- subjectively mild

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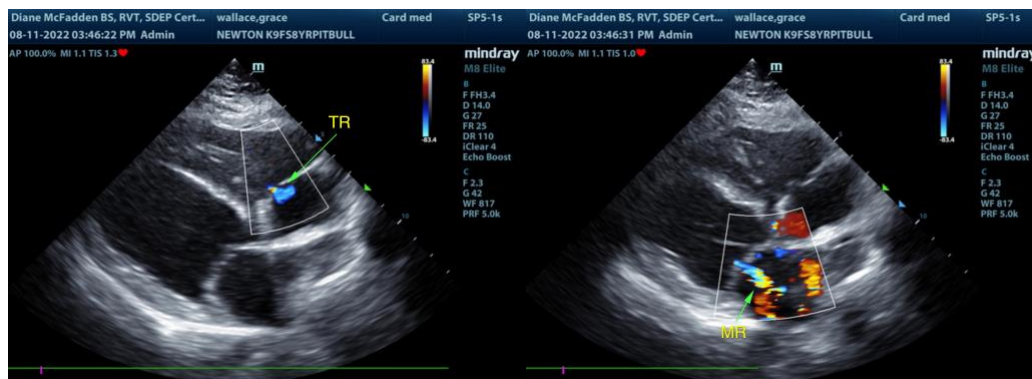
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of left or right heart chamber enlargement, systolic dysfunction or evidence of clinical pulmonary hypertension. The minor MR and TR may be incidental findings or potentially indicate early degenerative valvular changes. However, the hemodynamic effects of the MR and TR appear to be minimal without evidence of left or right heart chamber enlargement. No indication for cardiac medications. Monitoring for the development of a murmur going forward with potential recheck sonogram if murmur is noted or clinical signs suggestive of heart disease arise.

Dietary indiscretion/food allergy, occult parasitism, enterotoxin insult, acute hemorrhagic diarrhea syndrome, infectious gastroenterocolitis possible. Technically, the possibility of small pieces of passing foreign material, given the patient history, cannot be definitively excluded, yet without evidence of obstructive gastroenterocolic pattern there is no indication for surgical intervention.

Empirical therapy for acute hemorrhagic diarrhea syndrome would be reasonable with monitoring of clinical response. Correlation with pending CPL is suggested, although sonographic evidence of significant or active pancreatitis was not present.





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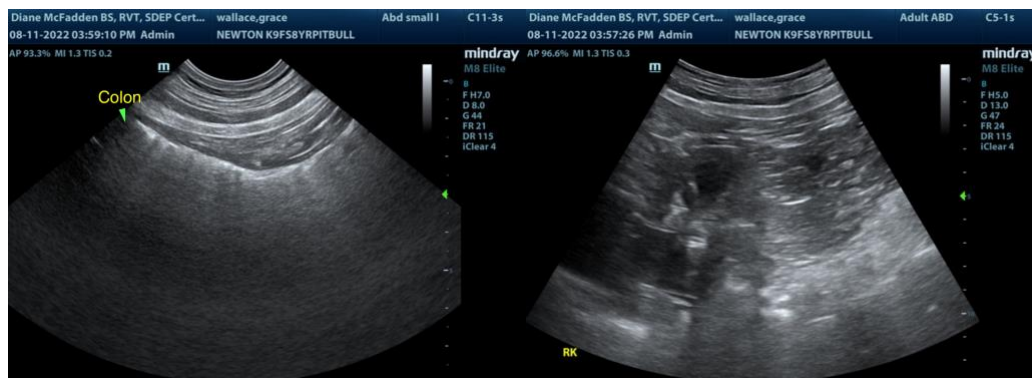
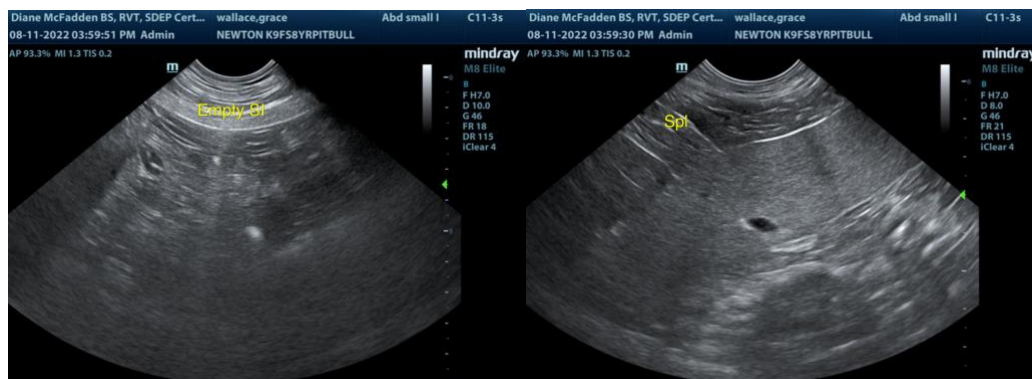
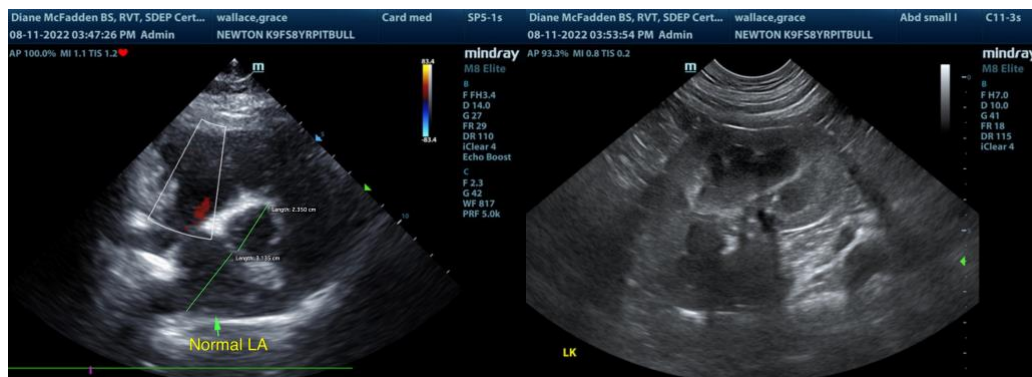
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



PATIENT

visible in the image/video clips provided.

Grace Wallace

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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