



PATIENT PRESENTING CLINICAL SIGNS

Tillie Belle Van Ert History: Vomiting and anorexia. Previously dx pancreatitis just under 2 weeks ago. Has not eaten in at least a day.

SPECIES Abnormal PE/Chem/CBC/UA Results: Previous unremarkable CBC and Serum Chem. Abnormal cPL.
Canine Hepatomegaly, Enlarged heart - VHS of ~12.5.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

Yorkie

SEX

Spayed Female

AGE

11 Years

WEIGHT

10 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Elliot

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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	1.5	39.1	72.6	0.22
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	133	1.0	0.9	--	2.3	1.9	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size and structure. Chamber volume and blood echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented minor irregular age-related changes that are not clinically significant at this time with adequate extension in systole and union in diastole. The **left ventricle** presented subjective borderline excessive free wall and septal thicknesses with primarily maintained linear contour. The **myocardium** presented some minor echogenic remodeling consistent with expected age-related change. **Contractility** of the ventricular walls was adequate and in normal range for this breed and patient size. The **left ventricular outflow** tract demonstrated normal laminar flow with subjectively unremarkable structure. Subjective assessment of the **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated expected findings for this age patient. The **right ventricle** was of normal size (1/3 diameter of LV), echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). No dilation due to heartworm disease, cuor pulmonale, stenosis, or pulmonic hypertension was noted. No visible **pericardial** or free pleural fluid was noted. The **mediastinum** was free of masses in the visible window.

Urinary System

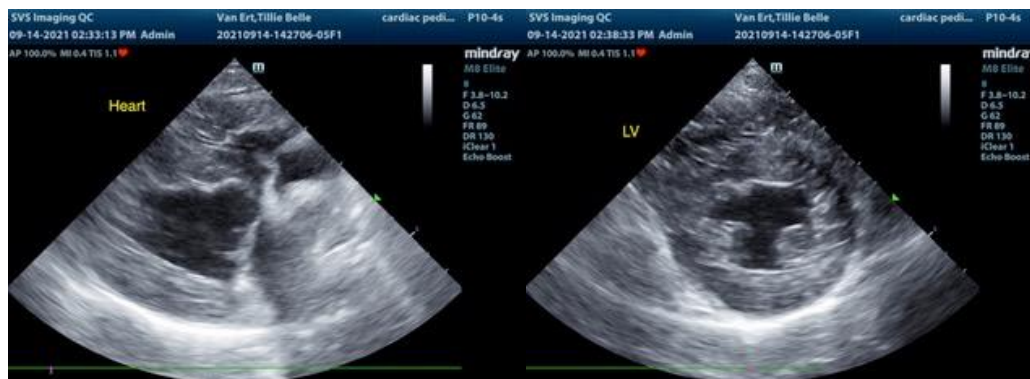
The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae



PATIENT	were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
Tillie Belle Van Ert	
SPECIES	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.1 cm in length. The right kidney measured 4.6 cm in length.
Canine	
BREED	Adrenal Glands
Yorkie	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 1.1 cm width at the caudal pole. A well-defined, hyperechoic nodule was present in the mid to caudal left adrenal gland. The nodule was asymmetrical, mildly expansive and uniformly echogenic. No evidence of mineralization. The nodule measured 1.5 cm length x 1.0 cm width.
SEX	The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 1.6 cm length x 0.60 cm width in the caudal pole.
Spayed Female	
AGE	Spleen
11 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
10 Pounds	The liver presented mildly 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. The gallbladder was non distended in size with mild echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.
INTERPRETED BY	Gastrointestinal
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The stomach presented intact yet subjective mild prominent wall layering. The lumen was empty with mild luminal gas. No evidence of retained ingesta, fluid or foreign material. The gastric body wall measured 0.4 cm.
IMAGING PERFORMED BY	The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. The duodenum wall measured 0.36 cm.
Sarah Pender, CVT	
HOSPITAL NAME	Pancreas
SVS Imaging QC	Normal visible colon wall layers were present with apparent formed feces in lumen.
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PATIENT	The left limb of the pancreas extending to the pancreas base exhibited subjective mild prominent size and asymmetrical contour with subtle hypoechoic to non-homogenous parenchyma compared to adjacent omentum.
Tillie Belle Van Ert	
SPECIES	Free Abdomen
Canine	Subtle primarily peri-intestinal to peri-pancreatic reactive mesentery. No overt lymphadenopathy or effusion present.
BREED	ULTRASONOGRAPHIC FINDINGS
Yorkie	<ul style="list-style-type: none"> Overtly normal cardiac structure and function, suspect minor pseudohypertrophic left ventricular changes Mild chronic renal changes Nodular left adrenal gland Benign hepatopathy with mild gallbladder debris (non-mucocele) Gastroenteritis pattern Mildly prominent left pancreas- potential persistent low-grade to possible resolving pancreatitis
SEX	
Spayed Female	
AGE	
11 Years	
WEIGHT	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
10 Pounds	Assuming normal blood pressure, the mild subjective pseudohypertrophic left ventricular changes may be owing to dehydration.
INTERPRETED BY	Considerations for the nodular left adrenal changes may include adenoma, hyperplasia or potential for neoplasia such as adenocarcinoma or pheochromocytoma. Screening blood pressure recommended. Sonographic monitoring of the left adrenal gland for evidence of progressive nodular changes or increased size suggested with initial recheck in 4 weeks. Potential for occult infiltrative gastrointestinal neoplasia possible yet considered less likely differential diagnosis. Empirical therapy for subacute gastroenteritis and persistent pancreatitis recommended. Correlation with recheck CBC, chemistry panel and urinalysis suggested.
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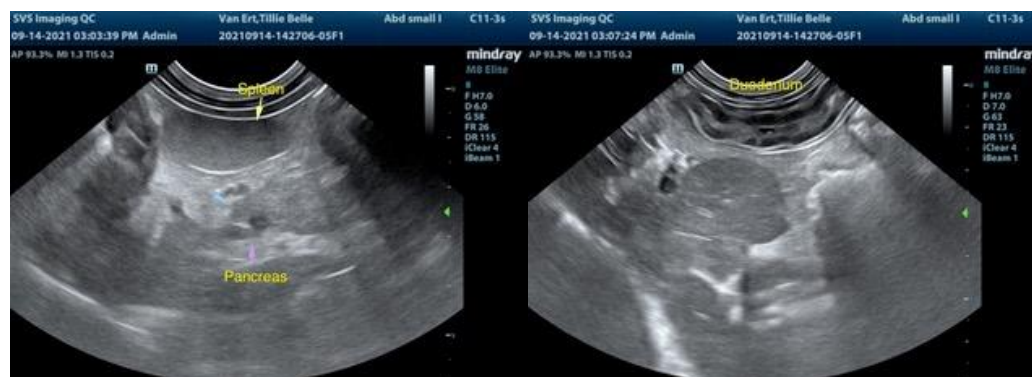
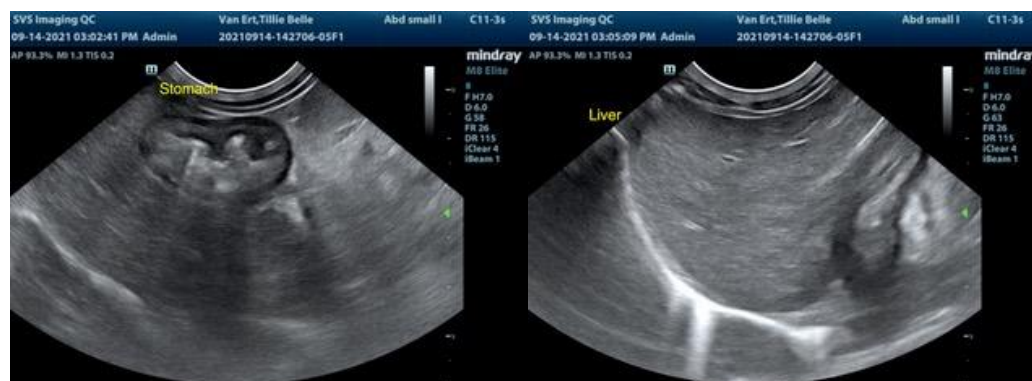
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Tillie Belle Van Ert

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.

SPECIES

Canine

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.

BREED

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info@SonoPath.com

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