



PATIENT PRESENTING CLINICAL SIGNS

Angee Bowers hx of low grade MCT on face incompletely excised hx of hydronephrosis hydroureter left side grade 5/6 left systolic murmur presented for acute V/D suspect pancreatitis

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

Canine

BREED

Jack Russell

SEX

Spayed Female

AGE

15 Years

WEIGHT

8.8

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	1.32	5085		0.18
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	NM	1.1	0.8		2.8	2.6	

Cardiac Presentation

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable eccentric mitral insufficiency. 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 or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** 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. No echographically detectable evidence of infiltrative disease was visible. The cranial **mediastinum and pericardial** regions were free of masses in the visible window.

Urinary System

INVOICE

25753

DATE

9/23/21

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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.

The left kidney is enlarged in size owing to previously diagnosed chronic to end stage hydronephrosis. Only minor cortical and septate parenchyma was present in the left kidney. Concurrent previously



PATIENT	noted left hydroureter measuring 1.0 cm was noted exiting the right kidney, extending for a visualized 1-2 cm caudally.
Anngee Bowers	
SPECIES	Normal size and margination were present in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia present. The right kidney measured 3.7 cm.
Canine	
BREED	The area of the aortic trifurcation was free of pathology.
Jack Russell	
SEX	Adrenal Glands
Spayed Female	The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.87 cm at the cranial pole and 0.59 cm at the caudal pole. The right adrenal gland was not definitively visualized.
AGE	Spleen
15 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
8.8	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 exhibited intact yet subjective mild prominent wall layering. A mild amount of retained variably echogenic ingesta and chyme was present with focal areas of ingesta exhibiting hypoechoic non-shadowing appearance. Gastric body wall measured 0.40 cm.
IMAGING PERFORMED BY	The small intestine presented intact wall layering with subjective propensity for segmental to generalized mucosa. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Jejunum wall measured 0.36 cm. Duodenum wall measured 0.37 cm.
Jenn	
HOSPITAL NAME	The colon walls presented intact yet moderate prominent wall layering with mild thickened to echogenic submucosa. Generalized mild colonic distention noted containing soft to nonformed feces.
Rockaway AH	
REFERRING VET	Pancreas
Dr. Maniar	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
INVOICE	Free Abdomen
25753	No overt lymphadenopathy or peritoneal effusion was present.
DATE	ULTRASONOGRAPHIC FINDINGS
9/23/21	<ul style="list-style-type: none"> Chronic mitral valve disease (ACVIM B1/emerging B2)



PATIENT

Angee Bowers

- Moderate generalized gastroenterocolitis pattern with probable mild gastric hypomotility and nonformed feces

SPECIES

Canine

- Mildly heterogeneous pancreas – not overtly consistent with active pancreatitis, potential for low-grade or chronic pancreatic inflammation or reactive pancreatic changes possible.

BREED

Jack Russell

- Left kidney chronic to end stage hydronephrosis with concurrent left ureter
- Moderate right kidney chronic changes with mild pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Spayed Female

The cause of the murmur is most likely consistent with chronic degenerative valvular changes and eccentric mitral valve insufficiency. The lack of left atrial enlargement and overall lack of significant left or right heart enlargement indicate that the risk for future complication is relatively low, although prognosis is highly variable. No overt indication for cardiac medications at this stage. Baseline monitoring of resting respiration rate recommended with recheck echocardiogram indicated in 6 months, sooner if clinical signs consistent with heart disease develop.

AGE

15 Years

Dietary indiscretion, acute gastroenterocolic insult, infectious gastroenterocolic disease, inflammatory bowel disease, or other possible. Fresh fecal analysis to assess for parasitic ova/giardia, GI panel to include PLI, TLI, cobalamin and folate +/- resting cortisol to rule out occult Addison's disease warranted. Medical therapy for gastroenterocolitis and low-grade pancreatitis would be appropriate. No evidence of intraabdominal metastasis from previous mast cell tumor.

WEIGHT

8.8

INTERPRETED BY

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

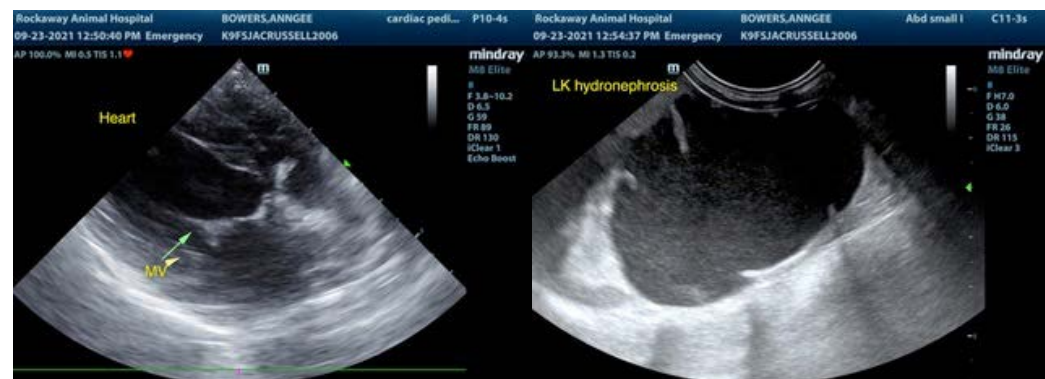


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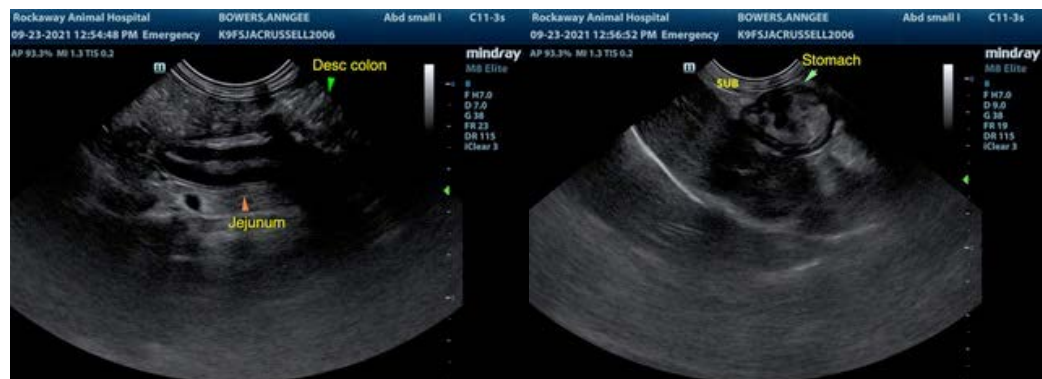
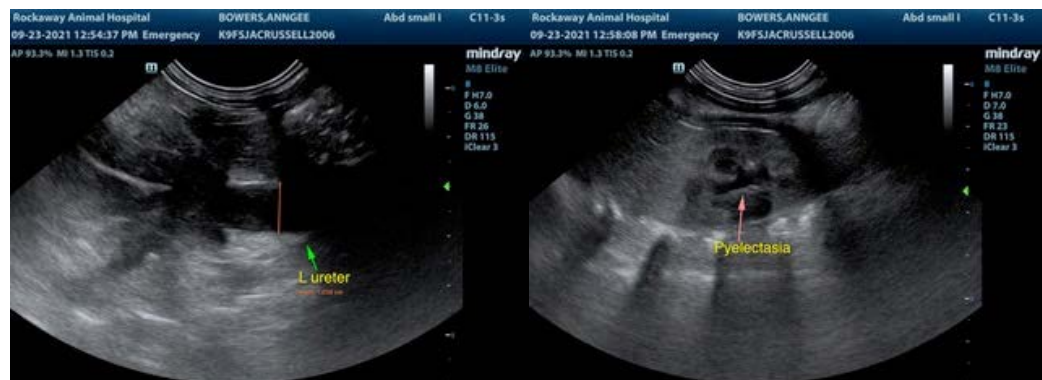
Dr. Maniar

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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 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