



PATIENT

Maia Espada

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

5

WEIGHT

7.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

12350

DATE

9/30/21

PRESENTING CLINICAL SIGNS

-returned for v/d

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

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	1.0	44.5	79	0.15
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	134	1.0	0.83		1.9	1.77	

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.

Urinary System

The urinary bladder, trigone, and cystourethral junction 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. 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. The left kidney measured 3.9cm in length. The right kidney measured 4.2 cm in length.
Maia Espada	
SPECIES	
Canine	Adrenal Glands
BREED	
Yorkie	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 cm width at the caudal pole and 0.44 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.60 cm width at the caudal pole and 0.69 cm width at the cranial pole.
SEX	
Spayed Female	Spleen
AGE	
5	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	
7.6	Liver/ Gallbladder
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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 mildly prominent isoechoic to subtly hypoechoic walls. Anechoic content was present in the gallbladder. The gallbladder wall width measured 0.20 cm in width. The cystic and common bile ducts were normal.
IMAGING PERFORMED BY	Gastrointestinal
Jenn	The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension was present. Mild to moderate retained anechoic fluid was noted. No evidence of retained ingesta, foreign material, or mechanical pyloric outflow obstruction. The gastric body wall width measured 0.40 cm.
HOSPITAL NAME	
Rockaway AH	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 width measured 0.34 cm. The jejunum wall width measured 0.34 cm.
REFERRING VET	
Dr. Maniar	Normal visible colon wall layers were present with semi-formed to soft feces in lumen.
INVOICE	Pancreas
12350	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 were evident.
DATE	Free Abdomen
9/30/21	No overt lymphadenopathy or peritoneal effusion was present.



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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Normal echocardiogram
- Persistent gastritis / gastroenteritis pattern with gastric stasis
- Nonspecific mildly prominent gallbladder walls - potential for a mild cholecystitis or emerging gallbladder wall edema

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the gallbladder was nonspecific yet potentially indicative of mild gallbladder inflammation or wall edema. Correlation with a full CBC/Chemistry panel is suggested to assess for underlying metabolic disease or hepatopathy which may be a contributing factor to recurrent gastrointestinal signs and gastric stasis in this patient. Otherwise, potential for structurally insignificant inflammatory bowel process, dietary indiscretion / food intolerance, may be considered. Pending additional diagnostics, hospitalization with supportive care for persistent gastroenteritis is recommended. No overt evidence of gastrointestinal foreign material or mechanical obstruction.

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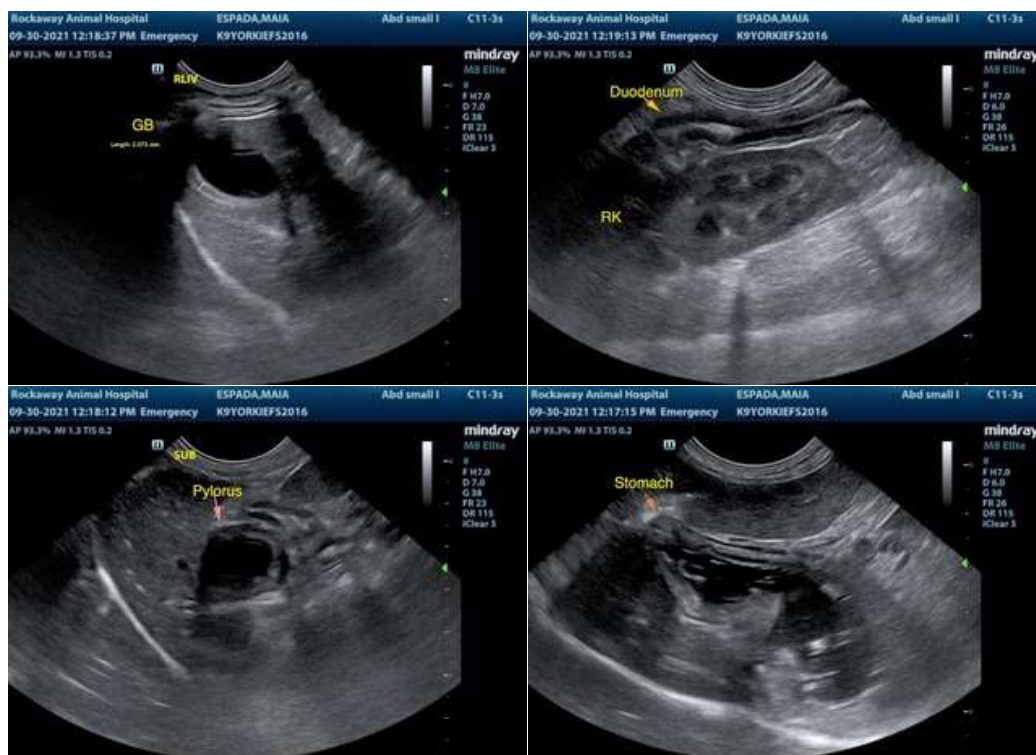
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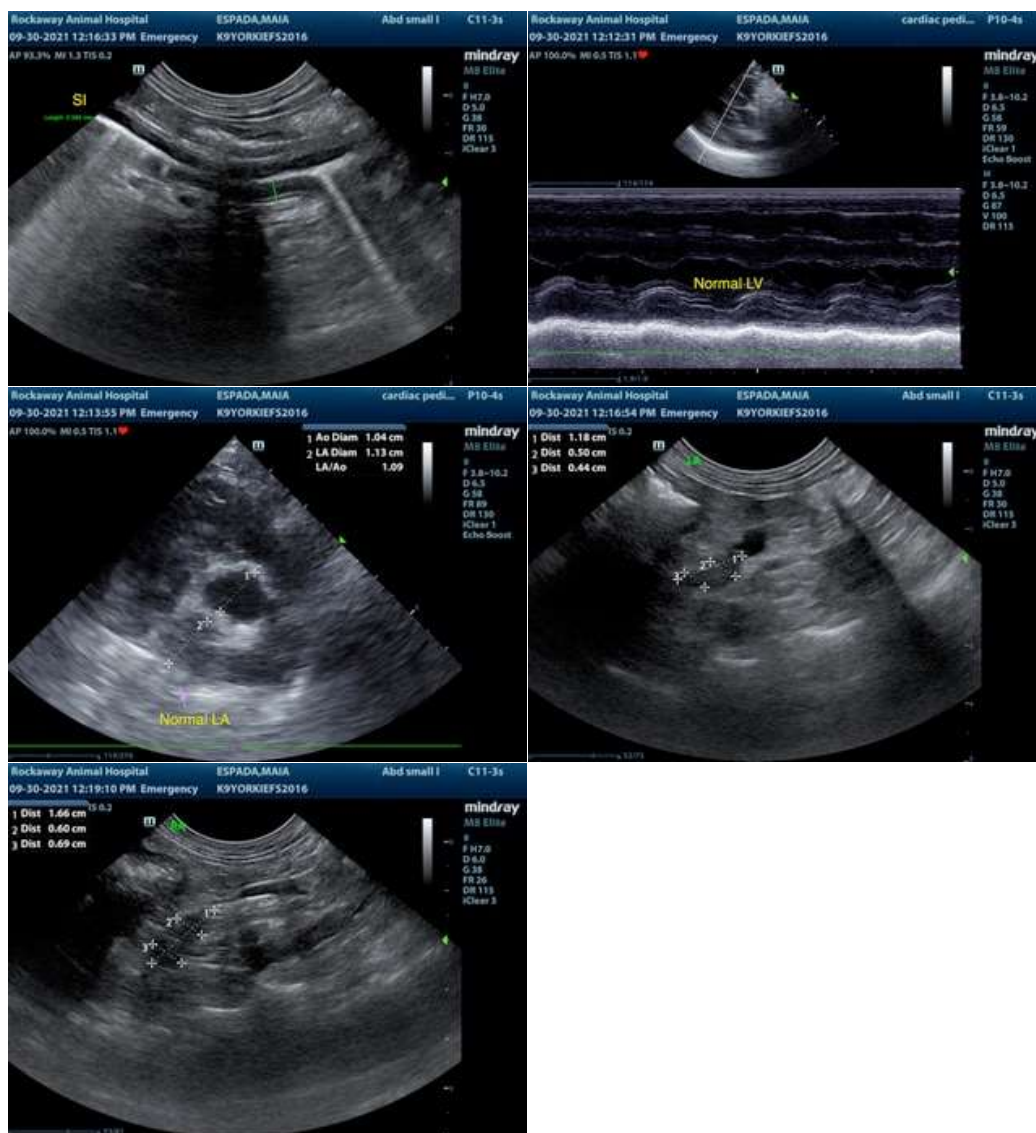
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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