



PATIENT

Rocco Robinson

SPECIES

Canine

BREED

French Bulldog

SEX

Neutered Male

AGE

2 Years

WEIGHT

32.5 Pounds

PRESENTING CLINICAL SIGNS

History: acute onset of tremor and acting dazed no v/d or urinary/defecation during episode Current meds IVF Plasmalyte

Abnormal PE/Chem/CBC/UA Results: mild stress leukogram ALT 212 remainder WNL

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	1.26	43.2	77.8	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				
PATIENT	180	1.7	1.7	--	3.0	3.5	--

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Kahn

INVOICE

12951

DATE

9/8/21

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, 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.
Rocco Robinson	No overt pathology in the area of the residual prostate or aortic trifurcation.
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 5.1 cm in length. The right kidney measured 5.1 cm in length.
Canine	
BREED	Adrenal Glands
French Bulldog	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.6 cm length x 0.40 cm width at the caudal pole.
SEX	The right adrenal gland was indistinctly visualized without overt pathology, subjectively measuring 0.54 cm at the caudal pole.
Neutered Male	
AGE	Spleen
2 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
32.5 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. Normal subjective hepatoportal vascular volume was present. 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 wall layering with a normal wall layer ratio. Minor retained non-shadowing echogenic ingesta/chyme was present in the stomach. The gastric body wall measured 0.40 cm.
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 ileus, obstruction or foreign material. The jejunum wall measured 0.40 cm.
Jenn	Normal visible colon wall layers were present with apparent formed feces in lumen.
HOSPITAL NAME	Pancreas
Rockaway AH	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.
REFERRING VET	Free Abdomen
Dr. Kahn	No overt lymphadenopathy or peritoneal effusion was present.
INVOICE	ULTRASONOGRAPHIC FINDINGS
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- Normal echocardiogram
- Minor retained gastric ingesta/chyme
- Sonographically unremarkable liver- suspect low grade hepatopathy

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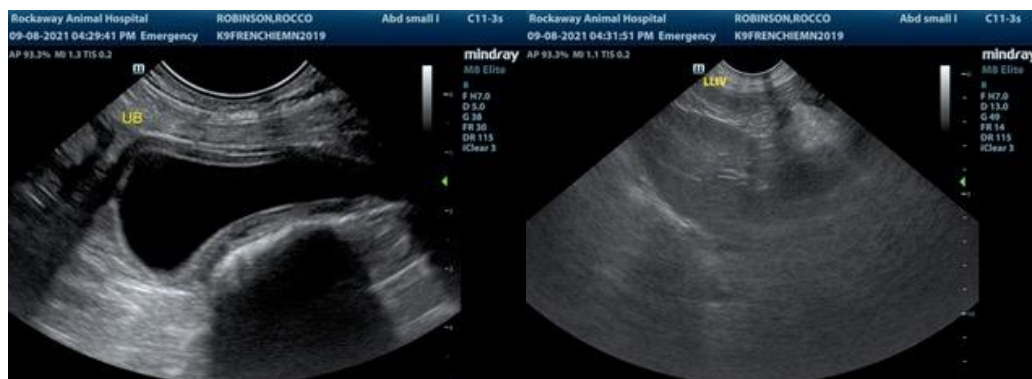
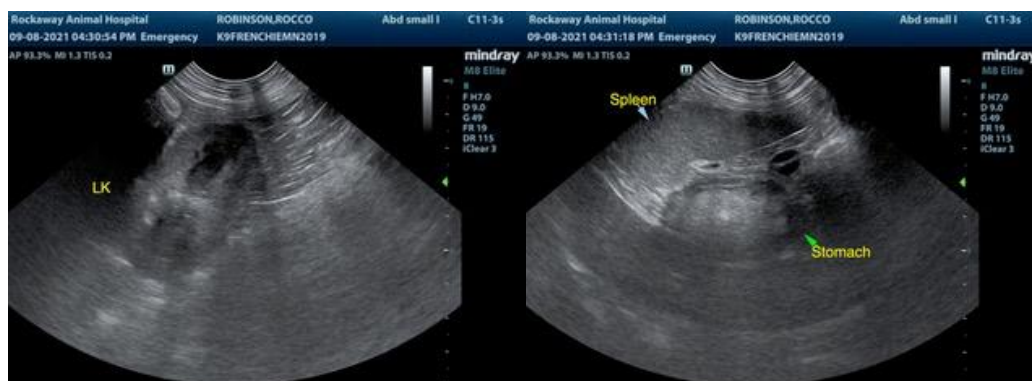
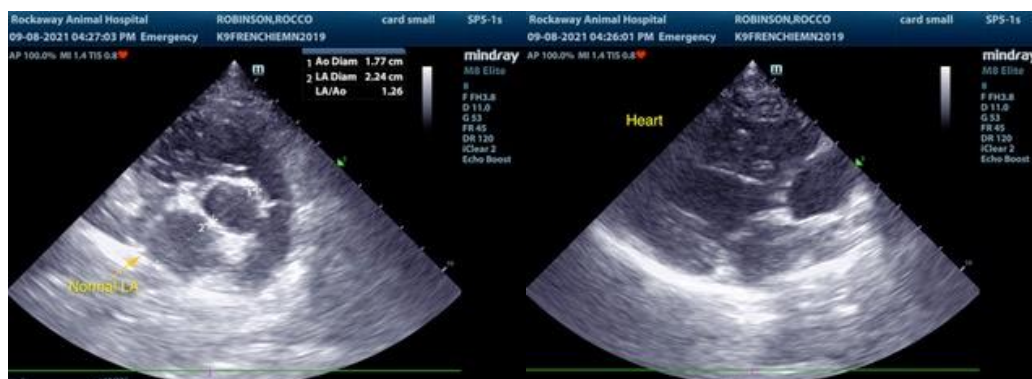
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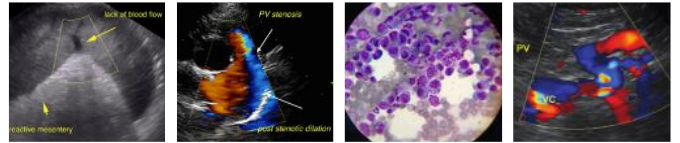
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural or functional cardiomyopathy as well as no evidence of overt arrhythmogenic disease. Correlation with ECG assessment may be considered. Given the stress leukogram, potential for occult Addison's disease considered unlikely. The normal sonographic appearance of the liver, in light of the mild ALT elevation, may indicate low-grade primary hepatic parenchymal disease, microvascular dysplasia/portal vein hypoplasia or hepatotoxic insult. An obvious portosystemic shunt was not noted and considered unlikely given the lack of urinary bladder sediment, renal mineralization and overall normal hepatic size and volume. Fasting and postprandial bile acids may be considered if clinically indicated. Continued supportive care recommended.





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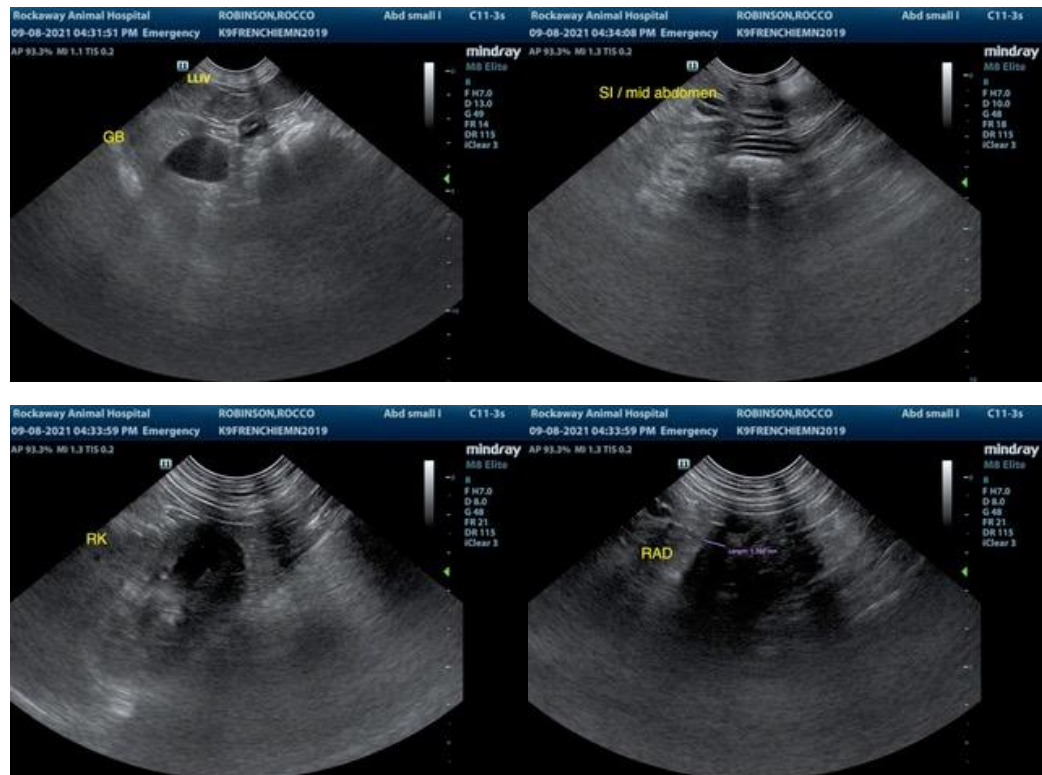
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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