



PATIENT

Dover Babcock

SPECIES

Canine

BREED

Greyhound

SEX

Spayed Female

AGE

11 years 4 months

WEIGHT

64.2 lbs

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Englewood VC

REFERRING VET

Dr. Ezik

INVOICE

10714

DATE

11/7/2025

PRESENTING CLINICAL SIGNS

Follow up on pleural effusion, splenic nodule and gallbladder debris, refer to previous report.

Abnormal PE/Chem/CBC/UA Results: WBC-5.4 SDMA-15 Cre-1.6.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE CARDIAC PARAMETERS	BW	HR BPM	LAD 4 ch Long	RAD 4 ch Long	La/Ao Heart Base	LVIDd	LVIDs
NORMAL PARAMETER		50-100			<1.6		
PATIENT	29.18 kg	210	5.6	3.8	1.25	3.11	2.05
CANINE CARDIAC PARAMETERS	FS	EPSS	PV V MAX (m/s)	AV V Max (m/sec)	MR Vmax	TR Vmax	RPA distensibility (normal >30%)
NORMAL PARAMETER	28-40	<0.6	0.7-1.6	0.7-1.7	4.5-5.5	< 2.7	
PATIENT	34	0.1	1.4	2.1	NM	NM	NM

Cardiac Presentation

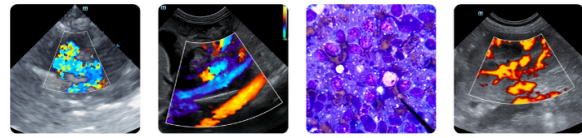
The left atrium is normal in dimension. There are no distinct left atrial thrombi/clots or spontaneous echo contrast appreciated. The left ventricle is normal in dimension as well as wall thickness, and no evidence of restriction. Left ventricular systolic function is normal, with adequate contractility. The right atrium and ventricle are subjectively normal in dimension and systolic function. The anterior and posterior mitral and tricuspid valve leaflets presented normal linear structure, extension in systole, and union in diastole without significant regurgitation. There is no evidence of systolic anterior mitral valve motion documented. The left ventricular outflow tract demonstrated normal laminar flow and subjective structural valvular integrity. The visible aorta is unremarkable. Pulmonary outflow tract assessment revealed normal valve structure, laminar flow, and appropriate diameter and distensibility. There is no evidence of pulmonary hypertension documented. There is no visible pericardial, pleural, or free peritoneal fluid noted.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted, and anechoic urine is present. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and



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spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsules are uniform without significant irregularities noted. The left kidney measures 6.7 cm, and the right kidney measures 5.94 cm.

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Adrenal Glands

The left adrenal gland was visualized and has normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal measures 0.67 cm x 1.91 cm.

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The right adrenal gland is slightly swollen and prominent with a smooth capsule, and isoechoic parenchymal echotexture. The right adrenal measures 1.07 cm x 3.23 cm.

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Spleen

The spleen is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented. The spleen measures 2.1 cm at the hilus. The previously noted hypoechoic nodule is not visualized on this study.

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Liver

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder has thin walls which contain anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident. The previously noted biliary debris is absent today.

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Gastrointestinal

The stomach and intestines are free of stasis and peristaltic activity, with no significant dilation noted. There is normal wall thickness and acceptable curvilinear mural detail. The pyloric-duodenal junction and ileocecolic junction are patent, and the colon contains normal shadowing feces. There is no evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.

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Pancreas

The base and limbs of the pancreas are isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

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Free Abdomen

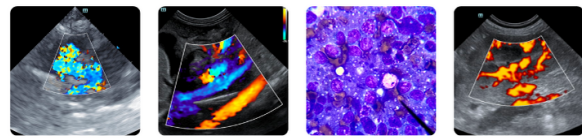
There is no lymphadenopathy.

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There's a persistent and progressive volume of free pleural effusion noted, with moderate fibrin within the pleural space. There's no free peritoneal effusion noted.

ULTRASONOGRAPHIC FINDINGS



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- These findings are consistent with an essentially normal echocardiogram. Any murmur auscultated will be considered functional in origin.
- The right adrenal gland is slightly swollen and prominent. This may be a normal variant as the measurement is only slightly larger than the previous study. However, primary hyperadrenocorticism or adrenal dependent hyperadrenocorticism can't be definitively excluded.
- The previously noted splenic nodule is not noted today. This supports the suspicion of extramedullary hematopoiesis or lymphoid hyperplasia.
- There's a moderate amount of free pleural effusion noted within the thoracic cavity. This is concerning for potential neoplasia disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given these findings, no cardiac therapy is recommended. There are no cardiac contraindications to corticosteroids or fluid therapy as indicated for further treatment. No specific recheck echocardiogram is recommended.

Anesthesia considerations:
 No special cardiac considerations are necessary

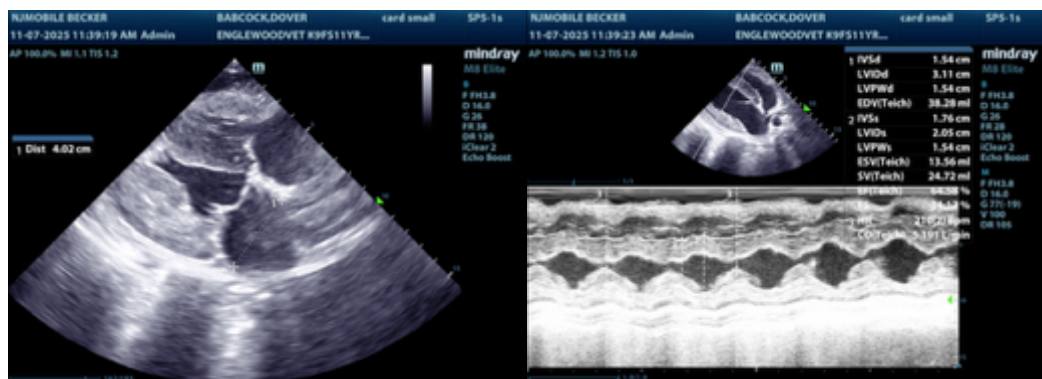
Diet:
 No special considerations are necessary. Any high-quality food from Hills, Royal Canin, Science Diet, Eukanuba, Iams, or Purina is reasonable.

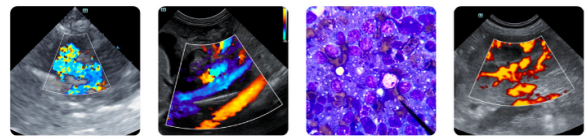
Activity:
 No special considerations are necessary.

An ACTH stimulation test and low dose dexamethasone suppression test are indicated to evaluate for potential adrenal dependent hyperadrenocorticism.

Thoracocentesis is recommended with fluid analysis and cytology for further characterization of the pleural fluid.

In the absence of more significant cardiac changes, this fluid is not considered likely to be cardiogenic in nature.





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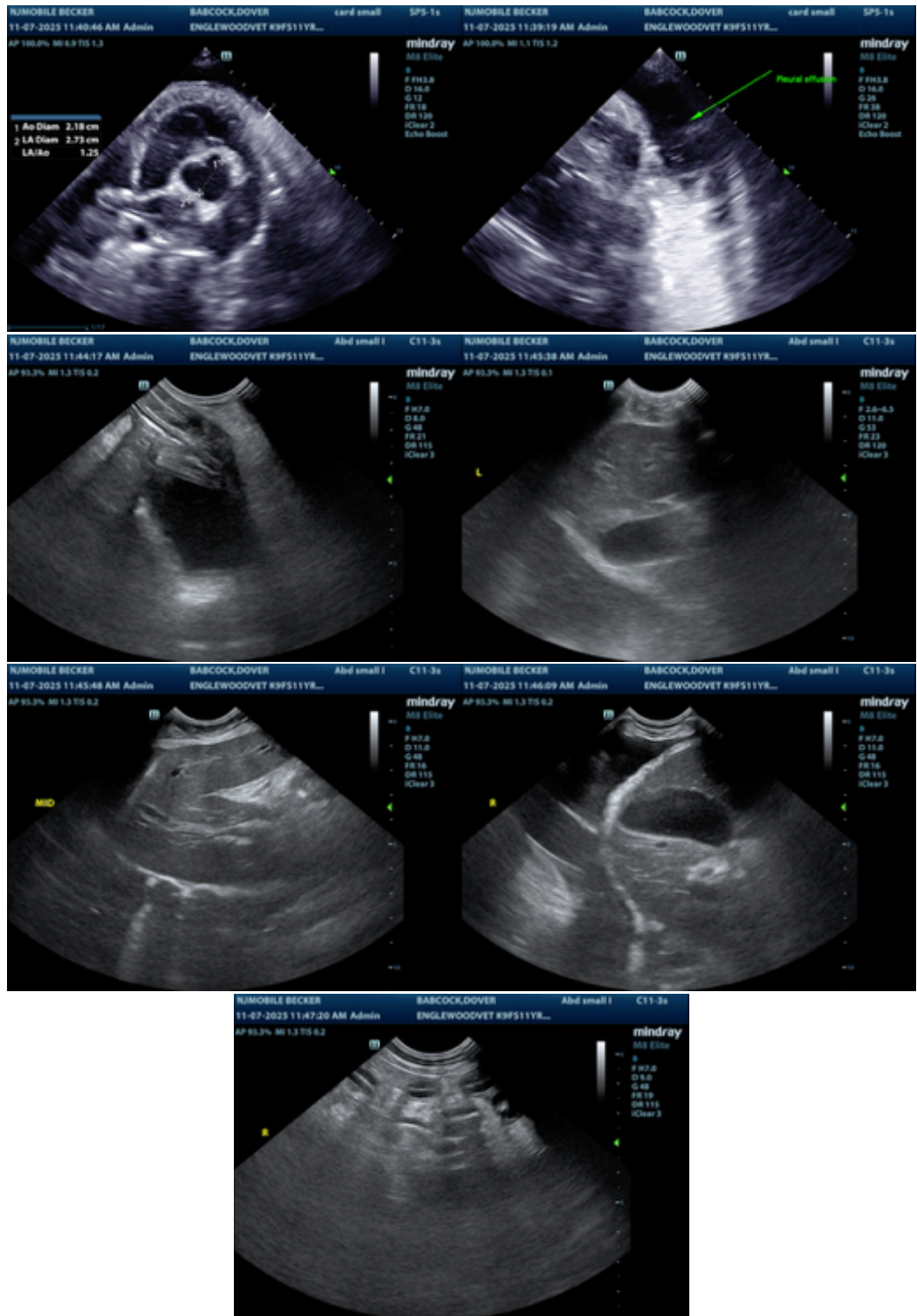
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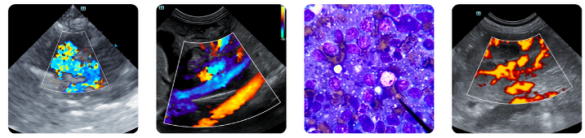
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com