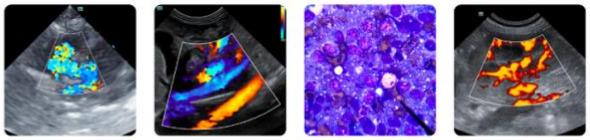


PATIENT

Kujo Weston

SPECIES

Canine

BREED

Pitbull Mix

SEX

Neutered Male

AGE

10 Years

WEIGHT

79 lbs

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Michael Wasserman

HOSPITAL NAME

Highlands Animal Hospital

REFERRING VET

Dr. Frankenberger & Dr. Cindy Wasserman

INVOICE

16421

DATE

06/06/26

PRESENTING CLINICAL SIGNS

This is a staff/employee pet of Highlands Animal Hospital. Two-week history of not eating breakfast. Would eat dinner. No vomiting. No diarrhea. Dasaquin for joint pain. Heartgard prevention. Last night, family watched patient while owner at work. Owner came home from work patient lethargic, head low, not acting right. White MM last night. MM normal earlier today. CRT normal. Long term history of two exploratories for FB ingestion. One enterotomy made by pancreas 2022. 2021 gastrotomy for FB. Today. Dr. Cindy Wasserman aspirated fluid from abdomen. Frank blood. Did not clot in white top tube. (PCV/TS= 58%/5) No bruising at injection sites. Patient NOT sedated for first portion of SDEP. Sedated to obtain RAD views at end of study and survey abdomen further. FNA performed of suspected blood clot in abdomen or mass. Sampled fluid again after scan. Did not clot. Patient was NOT sedated for echocardiogram. Echo performed in the event surgery is needed and to assess for heart base mass. No murmur auscultated. Purpose of sonogram. Assess for neoplastic criteria cause of hemorrhage. Stool is normal. No melena. No hematochezia. Patient normal mentation today upon arrival to ultrasound/slight lethargy.

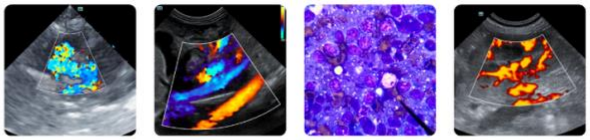
Pertinent Labs: 6/5/26 CBC HCT: 40.5, Eosinophils 1.29k, PLT 213k, Chem 10 within normal limits. Urinalysis not performed. Fecal not performed. Serum hemolyzed in PCV tube today.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

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	35.91	NM	3.98	NM	1.38	3.49	2.72
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	22	0.1	1.0	1.5	NM	NM	NM

Cardiac Presentation

The left atrium is normal in dimension. The left ventricle is normal in dimension, with normal systolic function. The right atrium and ventricle are normal in dimension, with normal systolic function. The anterior and posterior mitral valve leaflets are appropriately thin with adequate apposition, intact chordae, and there is no significant prolapse. There is no significant mitral regurgitation identified. The tricuspid valve leaflets are appropriately thin with adequate apposition, intact chordae, no significant tricuspid regurgitation and no evidence of pulmonary hypertension. The left ventricular outflow tract demonstrated normal laminar flow and the visible aorta is unremarkable. The right ventricular outflow tract assessment revealed normal laminar flow, with appropriate main pulmonary artery diameter and right pulmonary artery distensibility. There is no pulmonic and no aortic valve insufficiency identified.



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There is no visible pericardial, pleural, or free peritoneal fluid documented. No evidence of hepatic venous congestion is noted. The cardiac chambers, pericardial and visible extra-cardiac regions were free of masses, spontaneous echo contrast, or thrombi.

Urinary System

The urinary bladder is adequately distended with anechoic urine. The 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. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure. The cortices are mildly hyperechoic with a slight decrease in corticomedullary distinction. The cortex to medulla ratio is appropriate. There are mild cortical cystic changes and a mildly irregular renal capsule. There is no significant pyelectasis noted. The left kidney measures 6.5 cm. The right kidney measures 6.8 cm.

Adrenal Glands

Both adrenal glands are visualized and have 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 gland measures 0.78 cm. The right adrenal gland measures 0.70 cm.

Spleen

The spleen is diffusely mottled and subjectively prominent with a normal capsular contour. There are several ill-defined hypoechoic nodular changes throughout the spleen. The spleen measures 2.7 cm at the hilus.

Liver

The liver is subjectively normal in size with several ill-defined hypoechoic nodular legions within. The capsule is smooth without significant irregularity. The vasculature is normal. The parenchyma is diffusely heterogeneous. The gallbladder contains a mild amount of suspended echogenic debris and dependent sediment. 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.

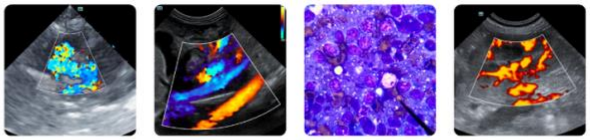
Gastrointestinal

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 ileocecocolic 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.

Pancreas

The pancreas is slightly prominent. The mid-abdomen has multiple irregularities associated with the mesentery, several of which are ill-defined and hypoechoic. The origin of these lesions is not able to be ascertained on this study.

Free Abdomen



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There is a moderate volume of anechoic free peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- The cardiac findings are consistent with an essentially normal echocardiogram. Any murmur will be considered functional in origin. No cardiac cause of the morbidity is identified.
- There is increased renal cortical echogenicity and thickening with a mildly irregular capsular contour. Multifocal cystic cortical changes are noted. This is secondary cystic formation consistent with chronic age-related degeneration and remodeling. There is no evidence of abscessation or suspicion of neoplasia.
- The hypoechoic nodular changes within the liver and spleen are concerning for potential infiltrative neoplastic or metastatic disease given the concurrent presence of a hemoabdomen.
- The gallbladder contains echogenic, suspended and dependent unorganized debris. This is not yet to the level of an organized mucocele, however early/developing mucocele cannot be ruled out. This dependent sediment is often an incidental finding or may be associated with concurrent endocrine disease such as hyperadrenocorticism or diabetes mellitus.
- The prominent pancreas is suspected to be secondary to the peritonitis as a result of the intra-abdominal hemorrhage.
- The lesions within the mid-abdomen are concerning for potential infiltrative neoplasia, however, given their appearance, a blood clot secondary to the intra-abdominal hemorrhage cannot be definitively excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given these findings, no cardiac therapy is recommended. There are no cardiac contraindications to fluid therapy or corticosteroid therapy, as indicated for further assessment and treatment. No specific cardiac recheck is recommended unless a murmur or clinical signs of heart disease develop.

Anesthesia considerations:
No special 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.

Fine needle aspirates of the spleen, liver and mesenteric lesions with cytology are recommended. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally some tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis. Also consider an exploratory laparotomy for further evaluation of the abdomen.

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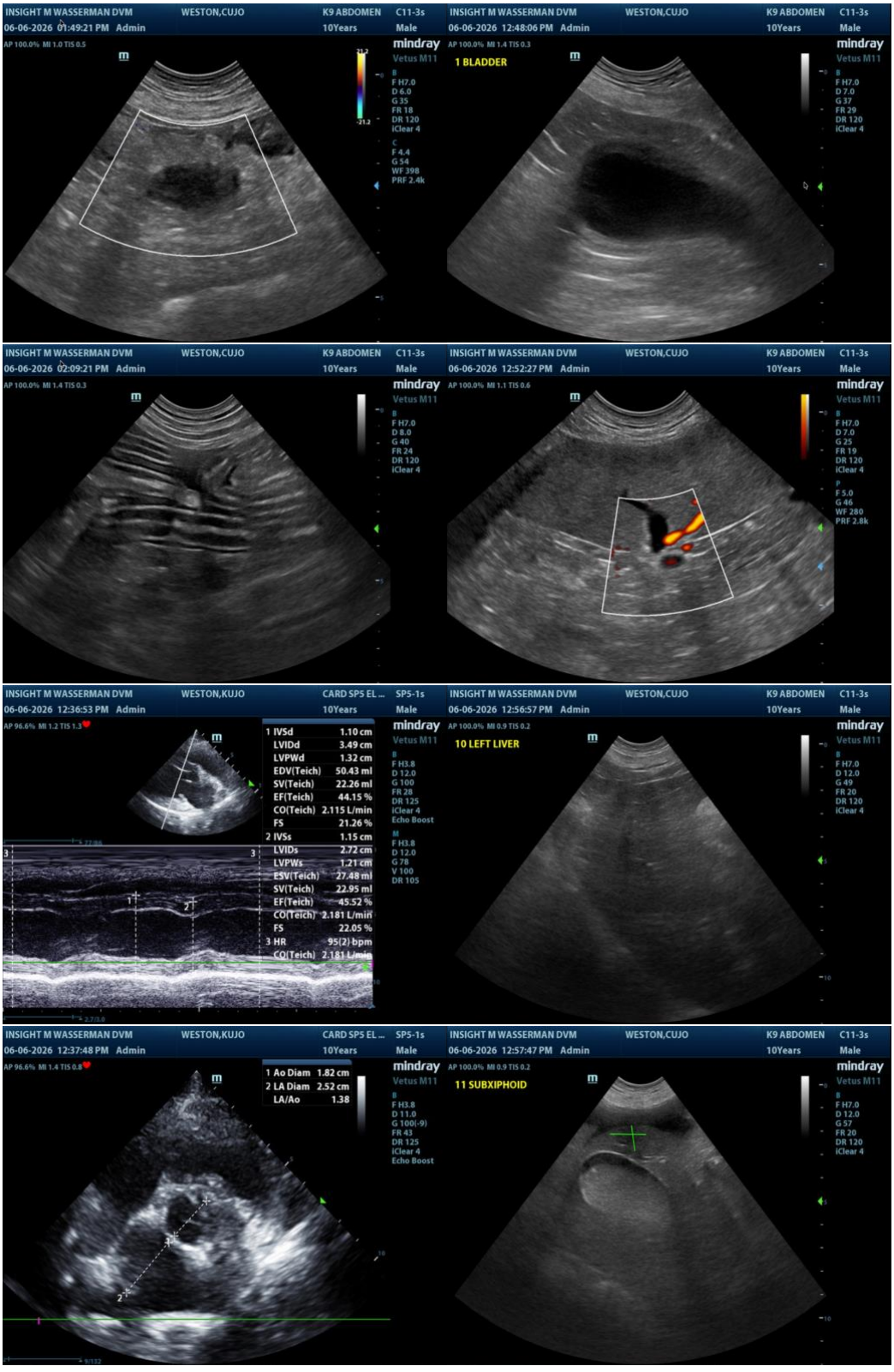

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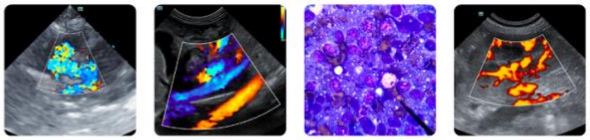

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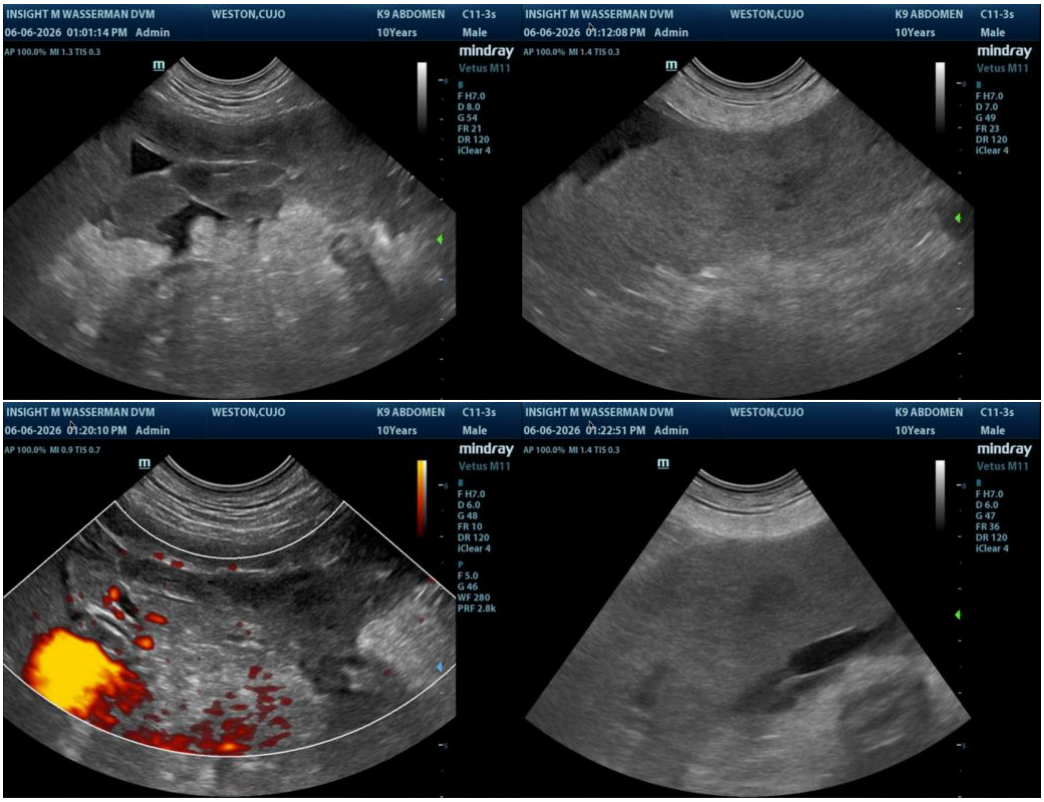

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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