



PATIENT

Buddy Parzanese

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

9

WEIGHT

9.6

INTERPRETED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Schiess

INVOICE

36843

DATE

12/11/25

PRESENTING CLINICAL SIGNS

History: Shaking , vomiting , possibly had a seizure HM delayed gastric emptying vs fb vs neoplasia .
Hepatomegaly , cognitive dysfunction , decreased appetite Current meds Vetmedin 2.5mg 1/2 BID
Abnormal PE/Chem/CBC/UA Results: ALP 324

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

| CANINE CARDIAC PARAMETERS | MR VMAX (m/s) | TR VMAX (m/s) | LA/AO (M-Mode) | LA/AO (Heart Base; Swe) | FS (%) | EF (%) | EPSS (cm) |
|---------------------------|---------------|---------------|----------------|-------------------------|----------------------|--|--|
| NORMAL PARAMETER | 4.5-5.5 | <2.7 | 1.3 | Up to 1.6 | 28-40 | 40-100 | <0.6 |
| PATIENT | -- | -- | 1.8 | 1.9 | 45 | 90 | NM |
| CANINE CARDIAC PARAMETERS | HR (BPM) | AV VMAX (m/s) | PV MAX (m/s) | BODY WEIGHT | LAD LA MAX 4 Chamber | 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 | 86 | 1.16 | .60 | 9.6 | 3.3 | 2.7 | -- |

Cardiac Presentation

The echocardiogram for this patient presented excessive **left atrial size** expressed both in the LA/AO and LA max measurements. Chamber volumes and echogenicity were normal. Prolapse of the anterior **mitral** valve leaflet was noted. Mitral insufficiency was noted. 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** insufficiency was noted. 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



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The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A moderate amount of sand was noted, measuring approximately 1.2 cm. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The residual **prostate** was prominent (1.3 cm) with embedded urethral calculus (0.38 cm).

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. Mineralization was noted in the kidneys. The left kidney measured 4.14 cm. The right kidney measured 4.02 cm.

Adrenal Glands

The **right adrenal gland** was visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some minor heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal gland measured 1.7 cm x 0.93 cm at the cranial pole and 0.6 cm at the caudal pole.

Mineralization of the **left adrenal gland** was noted. The left adrenal gland measured 1.58 cm x 0.6 cm at the caudal pole and 0.61 cm at the cranial pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume, and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Stage B-2 valvular disease
- Mild mitral and tricuspid insufficiency
- Mild left atrial enlargement- This may be an incidental finding and have no direct bearing on the seizure activity.
- Age related renal changes with mineralization (nonobstructive at the time of the sonogram).
- Urinary bladder and prostatic urethral sand
- Mineralization of the left adrenal gland
- Age-related hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend serial blood pressures in this patient to ensure hypertension is not an issue. Continuation of the current Pimobendan is indicated. Ace inhibitor (0.5 mg/kg SID, progressing to BID) would be appropriate given the persistent mild left atrial enlargement. Skull CT would be appropriate in this patient, given the patient history. Orthopedic examination and/or spinal CT may be appropriate, depending upon clinical exam findings. Eventual dissolution protocol or cystotomy is indicated. Some of the clinical findings, if episodic, may be related to the passage of calculi from the kidneys to the bladder. No obstructive disease is noted at the time of the sonogram, however.

The heart has minor volume overload and is working to compensate for the valvular insufficiency. Target respiratory rate is < 20 resp/minute after therapy. After initiating or adjusting therapy, I recommend recheck on the clinical exam, BUN, Creatinine, USG, Chest radiographs & Blood pressure in 5-7 days. Recheck echo in 6 months, earlier if clinical decompensation is occurring. Minor anesthetic risk for a brief procedure at this time. Repeat preanesthetic echo is ideal if anesthesia is eventually necessary. A suggested anesthetic combination would involve Torbutrol premed, propofol induction, Isoflurane maintenance or equivalent protocol.



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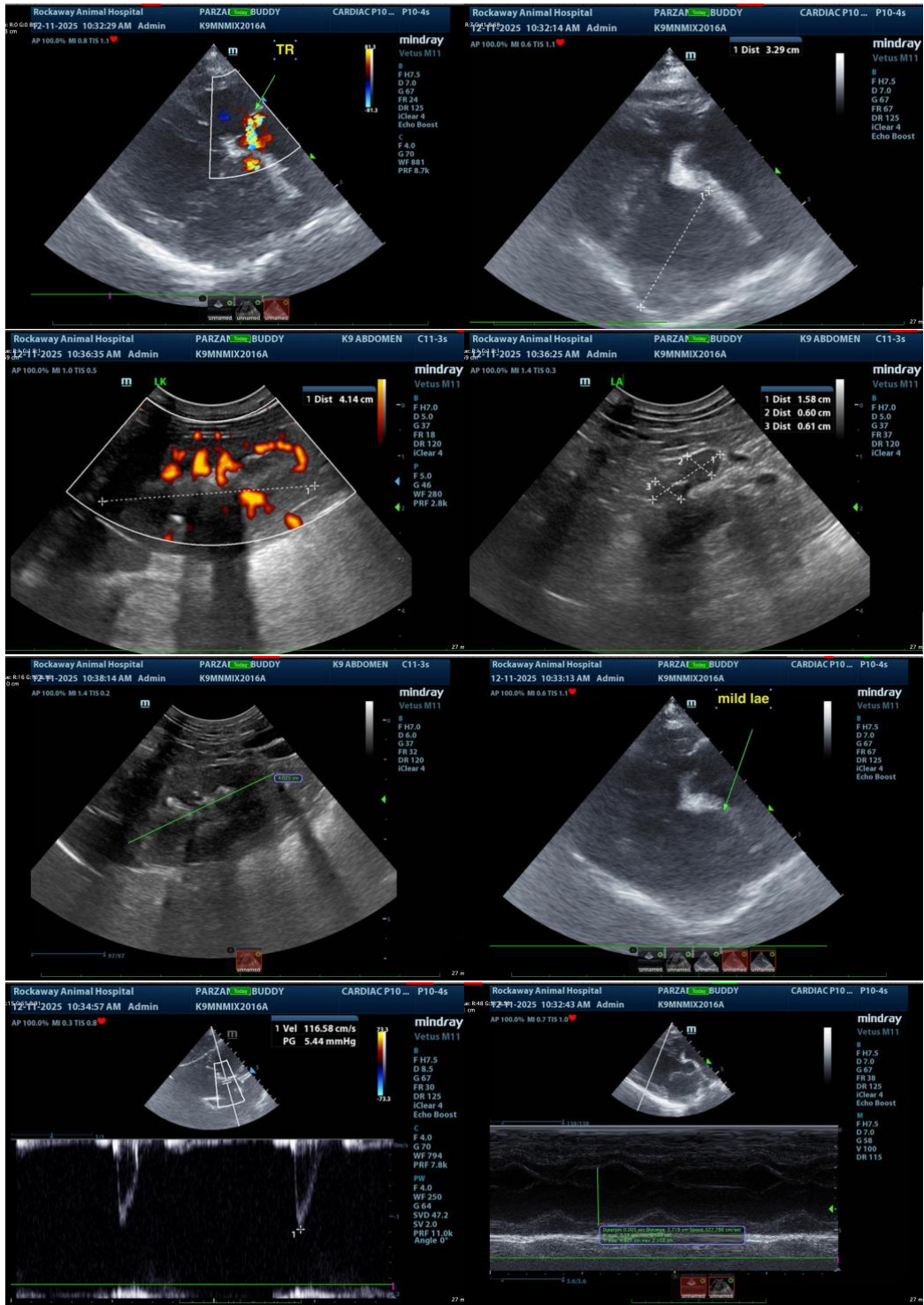
Dr. Schiess

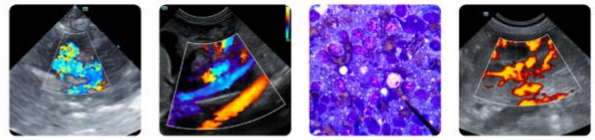
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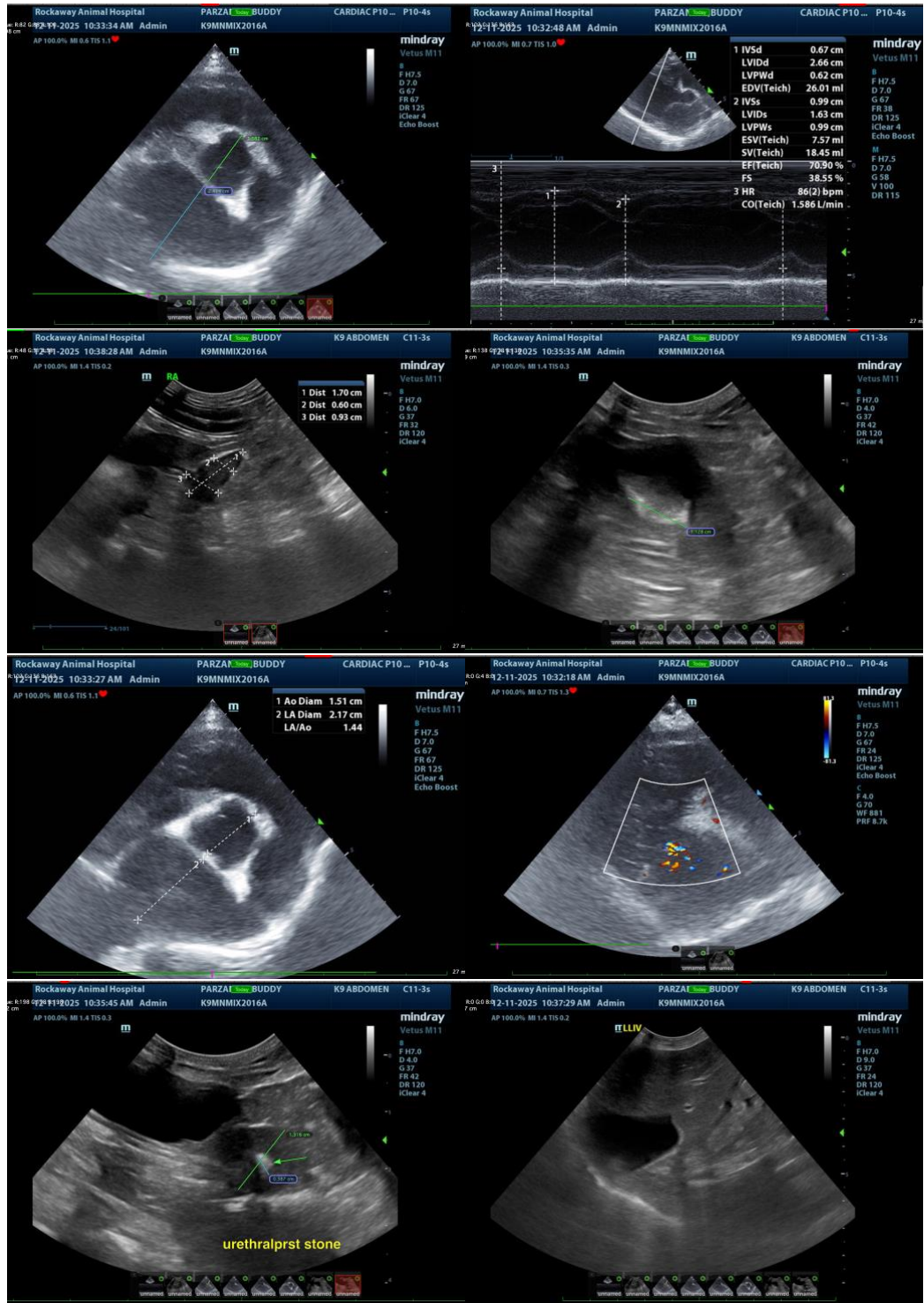
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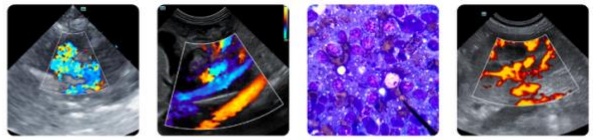
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com