



PATIENT

Holly Baum

SPECIES

Canine

BREED

Yorkie

SEX

Female Spayed

AGE

15y 4m

WEIGHT

7.4 lbs

INTERPRETED BY

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

PRESENTING CLINICAL SIGNS

History: Seen for hyporexia w/ V+ and D+ on 1/12/26. Low grade HM, no masses or pain palpated on abd.

Abnormal PE/Chem/CBC/UA Results: CBC WNL- Creat-2.3 BUN-78 Phos-7.4, ALT 372 ALP-821 GGT-22 UA WBC-2-3 UPC-0.5 USG-1.020

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	--	--	--	1.3	34	66	0.2
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	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	NM	1.1	0.92	--	2.5	2.3	--

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Whippany Vet

REFERRING VET

Dr. Enoch

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Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 2 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented mildly thickening consistent with mild endocardiosis. Doppler indicated measurable moderate eccentric insufficiency. MR velocity measured 5.8 m/s. 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. Normal measured LVOT velocity with aortic valve insufficiency noted on doppler measuring ~5.0 m/s. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated mild thickening with mild TR noted on doppler. 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 cardiac / pericardial tumors was visible.



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Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm 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 were noted.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Indistinct loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.1 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

The left adrenal gland was asymmetrically enlarged primarily in the caudal pole. Non-homogeneous, mildly nodular left adrenal parenchyma. Example of small, hyperechoic, non-capsule deforming caudal left adrenal nodule measured 0.39 cm in diameter. The left adrenal gland measured 1.3 cm width at the caudal pole. The right adrenal gland was enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.61 cm width in the caudal pole.

Spleen

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.

Liver

The liver exhibited mildly expansive non-homogeneous nodular mass in the mid to left liver measuring 5-6 cm in diameter. Mid to right hepatic parenchyma exhibited mild remodeling with normal vascular volume. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental jejunal corrugation present. The lumen of the small intestine was generalized empty without obstructive pattern to the level of the colon.

Normal visible colon wall layers were present with apparent semi-formed feces and lumen gas.



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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

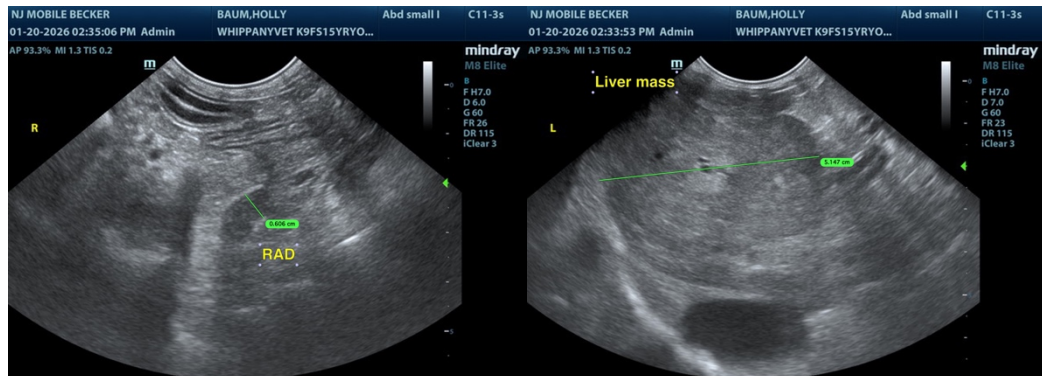
ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (B1)
- Mild TV insufficiency – no overt clinical pulmonary hypertension
- Aortic valve insufficiency
- Liver mass – neoplasia, i.e. carcinoma or similar probable vs unlikely hyperplasia or granuloma
- Nonspecific gastroenteritis pattern with semi-formed fecal matter in colon
- Mild heterogeneous remodeled pancreas
- Enlarged non-homogeneous mildly nodular left adrenal gland with concurrent borderline right adrenomegaly – benign hyperplasia, functional vs non-functional adenomatous change, left adrenal tumor or combination possible
- Bilateral chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is chronic degenerative valvular changes with secondary eccentric mitral valve insufficiency. The lack of left atrial enlargement implies that the risk of complication secondary to mitral valve insufficiency is low at this time and, without current clinical signs, indicates that medical therapy is not required. Prognosis is considered variable and sonographic monitoring is recommended. Recheck echo cardiogram is suggested in 6-12 months, sooner if clinical signs arise.

Assuming normal clotting status, hepatic mass FNA cytology. Adrenal workup if clinical signs consistent with Cushing's Syndrome as well as serial monitoring of systemic BP for evidence of hypertension which may allude to left pheochromocytoma given aortic valve insufficiency is recommended. Spec cPL could be considered to assess for chronic pancreatitis. Gastrointestinal support is recommended.





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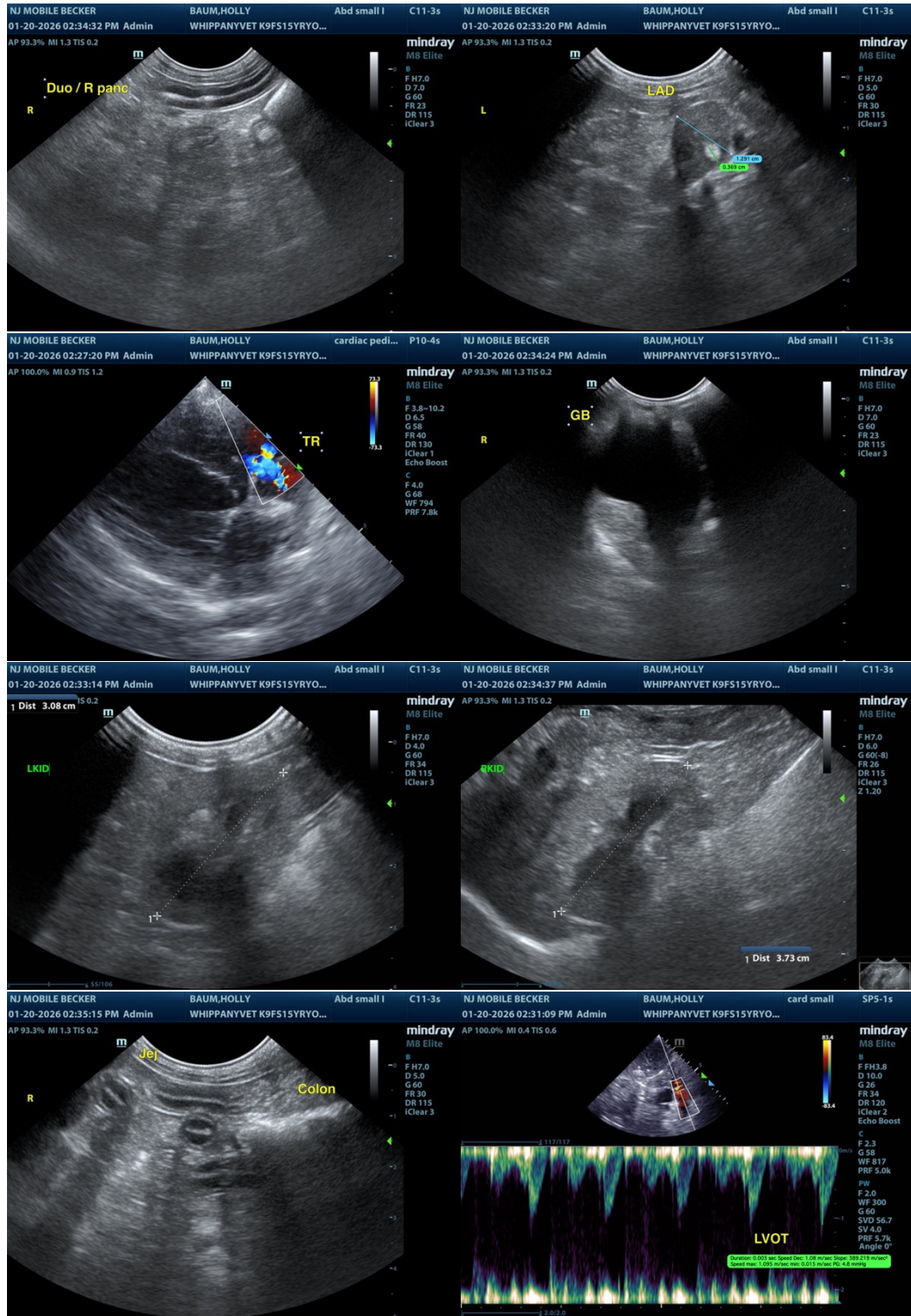
Dr. Enoch

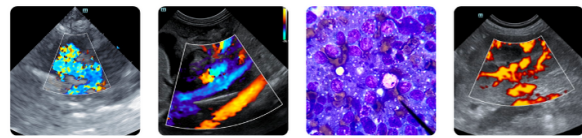
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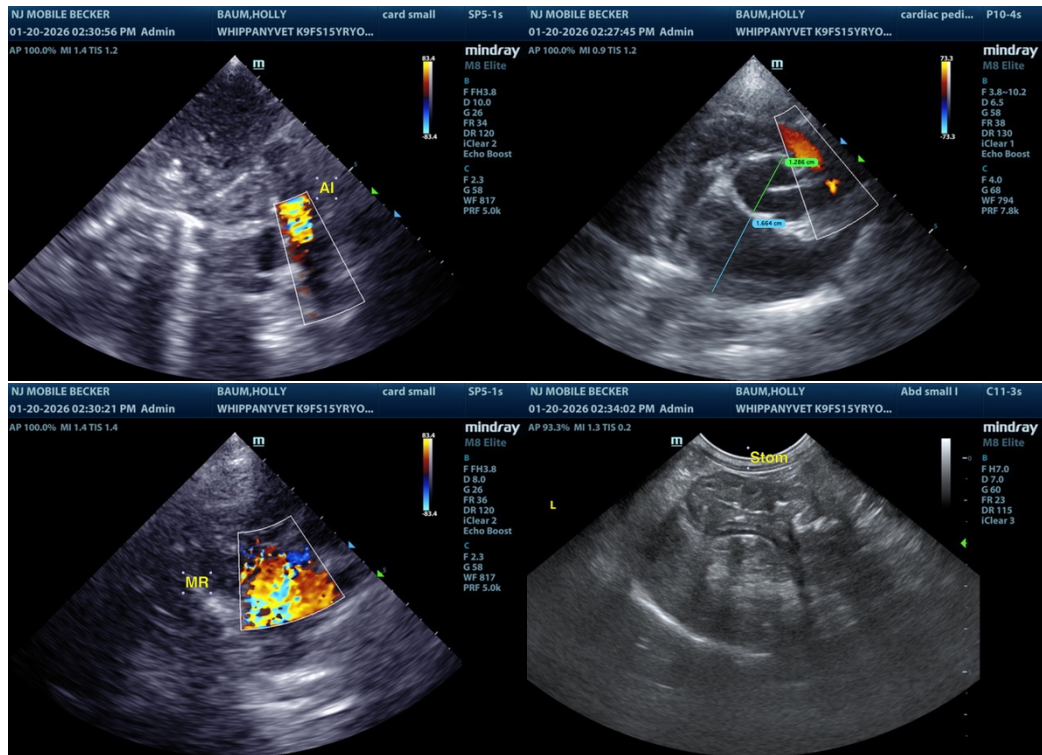
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@sonopath.com