

**PATIENT**

Sadie Cavello

**SPECIES**

Canine

**BREED**

Morkie

**SEX**

Spayed Female

**AGE**

16 Years

**WEIGHT**

10.8 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Park Ridge Animal  
 Hospital

**REFERRING VET**

Dr. Rosenblum

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13320

**DATE**

01/22/26

**PRESENTING CLINICAL SIGNS**

Re-evaluate HM recent Wt loss. Rad report hepatomegaly, intestinal thickening, sm kidneys, soft tissue opacity cranial abd. July echo- mild LA enlargement.

Abnormal PE/Chem/CBC/UA Results: Nov 2025- SDMA-21 Cr-1.8 BUN-55 K-5.5 Amy-1636 lipase-1023 HCT-40.5 HGB-13.4 CPL-891

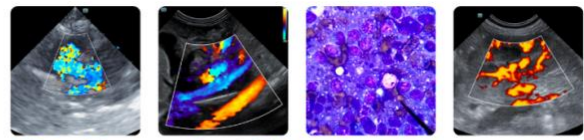
**ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN**

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	--	--	NM	1.3	39	72	0.2
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (lbs)	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	156	1.8	1.3	10.8	2.8	2.4	--

**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 thickening consistent with endocardiosis. Doppler revealed moderate eccentric MR. 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** valvular assessment demonstrated adequate linear morphology. 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.

**Urinary System**



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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 change were noted.

**SPECIES**

Canine

The area of the aortic trifurcation was free of pathology.

**BREED**

Morkie

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. Moderate loss of corticomedullary border demarcation was also present. Bilateral minor pyelectasia was evident. The renal medullary volume was subjectively reduced. The left kidney measured 3.9 cm in length. The right kidney measured 4.3 cm in length.

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**Adrenal Glands**

**AGE**

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The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.53 cm width in the caudal pole. The right adrenal gland measured 0.44 cm width in the caudal pole.

**WEIGHT**

10.8 pounds

**Spleen**

A moderate expansive irregular mixed echogenic mass involving the spleen with associated splenic capsule distortion was visualized with mild surrounding hyperechoic perisplenic omentum measuring approximately 5.0 cm to 5.5 cm in diameter. The non-affected spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

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**Liver & Gallbladder**

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The liver presented mildly enlarged with areas of capsule asymmetry and nonhomogenous nodular hepatic parenchyma exhibiting variable coarse echotexture and normal vascular volume without evidence of congestion. An example of liver nodule measured 0.90 cm in diameter.

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The gallbladder was non distended in size with moderate congealed hyperechoic nonorganized primarily dependent to caudal lumen biliary sludge. The common bile duct was not visualized.

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**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.

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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.

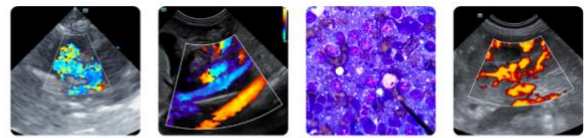
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Normal visible colon wall layers were present with apparent formed feces in lumen.

**Pancreas**

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.



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**Free Abdomen**

No overt significant or swollen visualized mesenteric lymphadenopathy or peritoneal effusion was present.

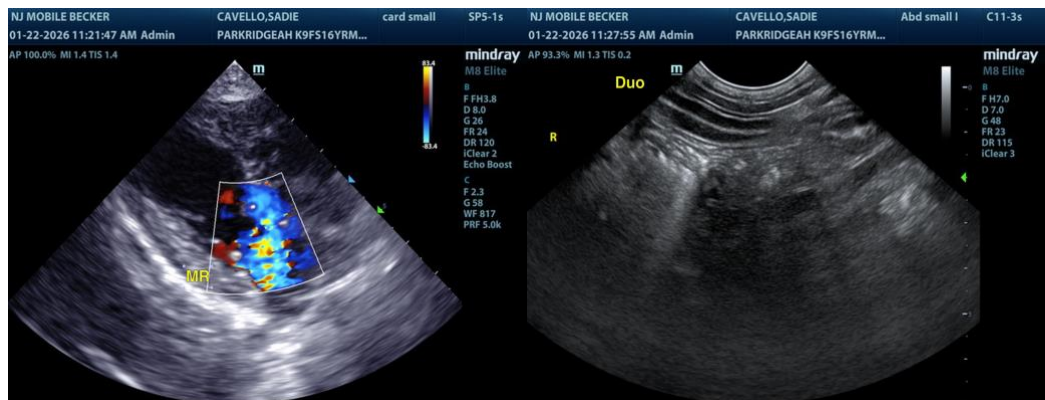
**ULTRASONOGRAPHIC FINDINGS**

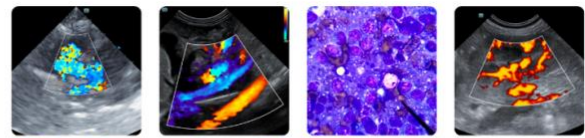
- Chronic mitral valve disease (B1).
- Splenic mass.
- Hepatomegaly exhibiting nonhomogenous nodular parenchyma.
- Congealed nonorganized gallbladder debris (non-mucocele).
- Normal gastrointestinal tract.
- Chronic renal changes exhibiting minor pyelectasia.

**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. Anesthetic risk is considered mild without anesthetic contraindications. Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.

Unfortunately, the hepatosplenic presentation is consistent with multicentric neoplasia, i.e., round cell neoplasia, sarcoma, or other. Assuming normal clotting status and using 25-gauge needle, hepatosplenic FNA cytology could be considered for further clarification with potential for oncology consult.





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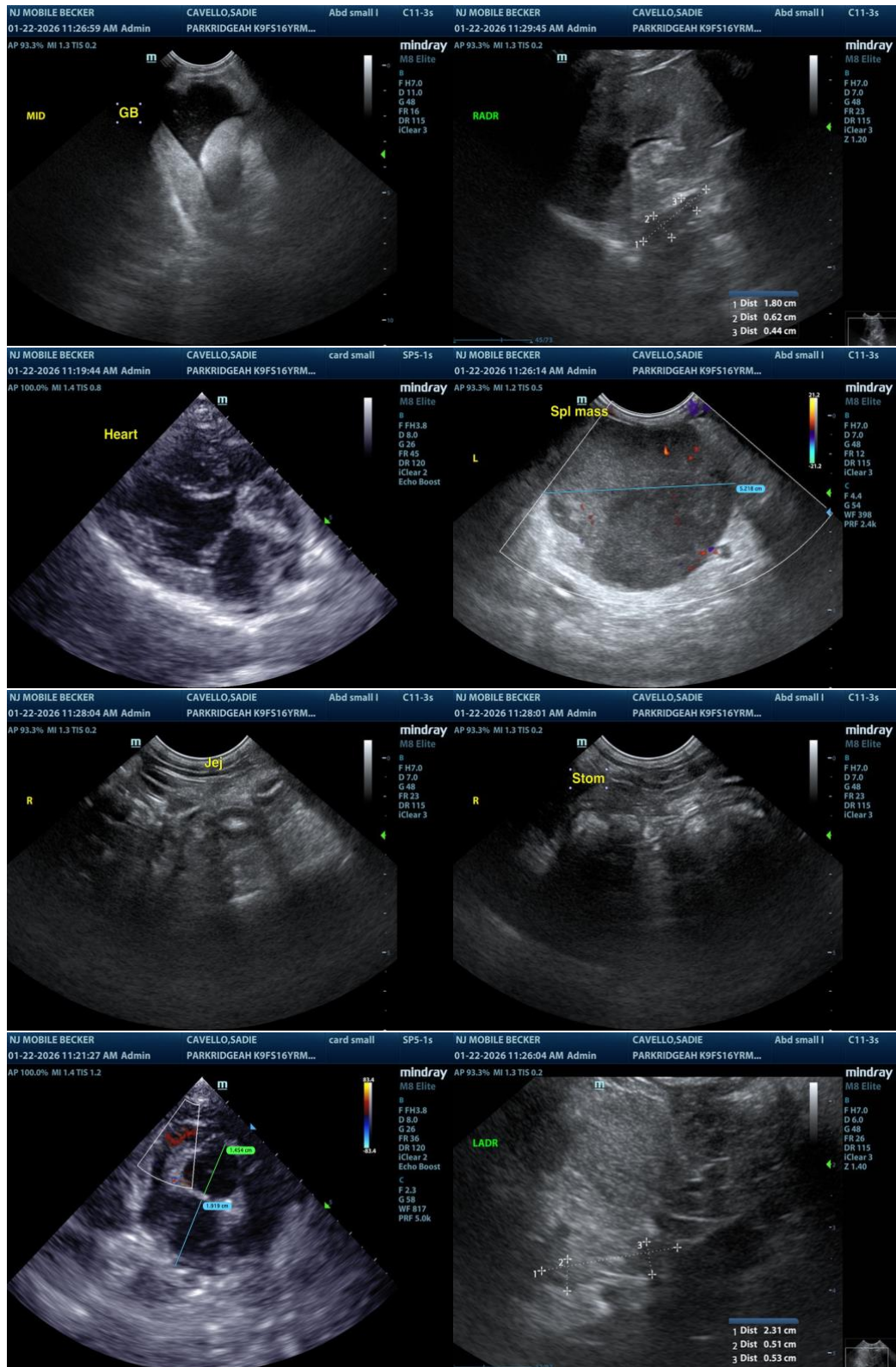
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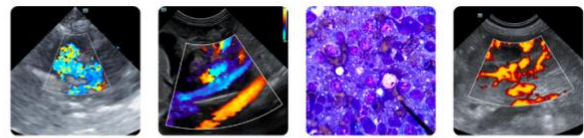
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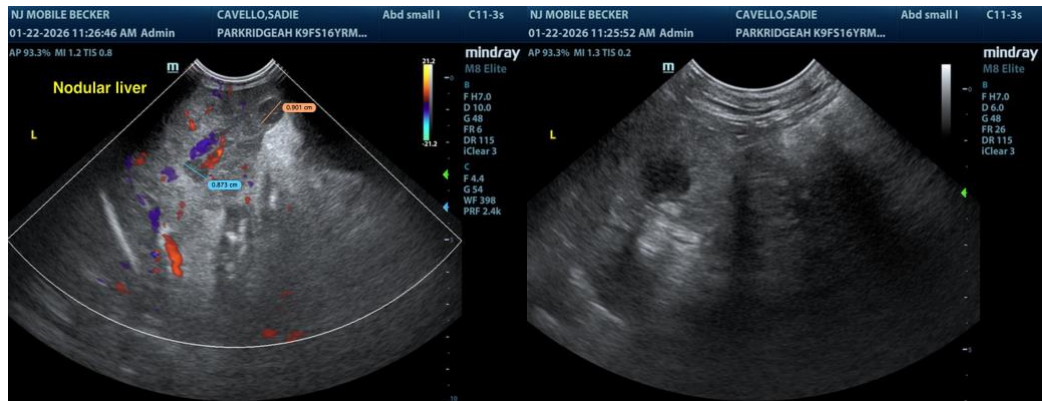
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

[info@SonoPath.com](mailto:info@SonoPath.com)