



PATIENT

Sophie Walker

SPECIES

Canine

BREED

Golden Retriever Mix

SEX

Female Spayed

AGE

4y

WEIGHT

66.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ackmann

HOSPITAL NAME

Buffalo VC

REFERRING VET

Dr. Ackmann

INVOICE

13116

DATE

1/23/26

PRESENTING CLINICAL SIGNS

History:

- Sedated with dexmedetomidine and butorphanol.
- History of blood-tinged vomiting in mornings multiple piles for approximately one week, resolved for over one week
- Vomiting occurred 2-3 times in mornings but not daily
- During vomiting episodes, maintained normal appetite, drinking, urination, and defecation
- No diarrhea
- Vomit described as pink-tinged rather than obvious blood
- History of eating inappropriate items and pancreatitis

Abnormal PE/Chem/CBC/UA Results: Temp 103.7 (very excited), remainder of PE WNL Diagnostics: - Radiographs: chest and abdomen: Possible gastric foreign body with mild gas distention, mild gastric ingesta, remainder WNL - CBC/chem 17/lytes: chronic erythrocytosis with reticulocytosis noted yearly since 2022 (BW 1/19/26: RBC 10.23, hematocrit 69.7, hgb 23.6, retic 146.0) - Pancreatitis test: negative

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	--	--	--	1.5	30	60	0.25
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	1.2	0.6	--	3.5	3.3	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 2 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. Minor centralized MR noted on doppler. 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 reduced yet adequate secondary to sedation. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective



PATIENT

Sophie Walker

SPECIES

Canine

BREED

Golden Retriever Mix

SEX

Female Spayed

AGE

4y

WEIGHT

66.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ackmann

HOSPITAL NAME

Buffalo VC

REFERRING VET

Dr. Ackmann

INVOICE

13116

DATE

1/23/26

structural integrity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). Minor pulmonic valve insufficiency noted on doppler. No visible **pericardial** or free pleura fluid was noted. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window. Mild bradycardia secondary to sedation.

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.0 cm in length. The right kidney measured 6.3 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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 was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. 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 normal intact wall layering with a normal wall layer ratio. The lumen of the stomach contained a mild amount of retained anechoic fluid and nonspecific, hypoechoic, non-shadowing ingesta/content. An example of hypoechoic ingesta/content measured ~2.0 cm in diameter.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty without evidence of mechanical/metabolic ileus or hypoechoic shadowing content to the level of the colon.

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



PATIENT

Sophie Walker

SPECIES

Canine

BREED

Golden Retriever Mix

SEX

Female Spayed

AGE

4y

WEIGHT

66.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ackmann

HOSPITAL NAME

Buffalo VC

REFERRING VET

Dr. Ackmann

INVOICE

13116

DATE

1/23/26

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.

Free Abdomen

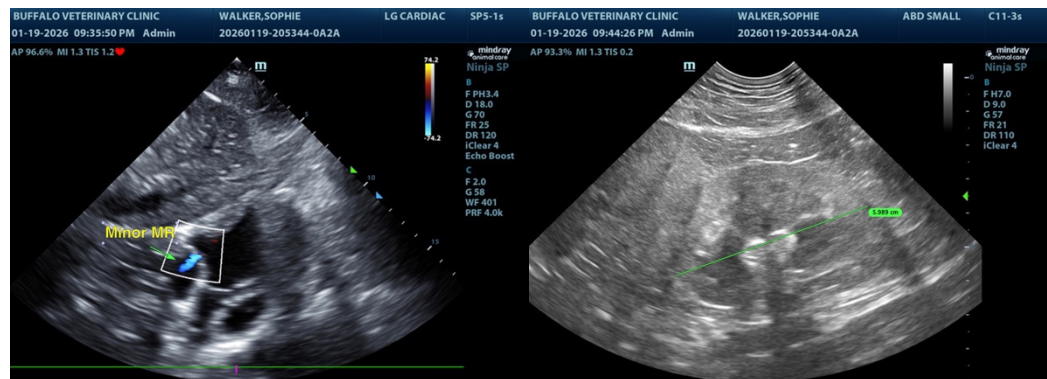
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram given sedation
- Minor MR/TR/pulmonic valve insufficiency – not hemodynamically significant secondary to sedation
- Mild retained gastric fluid and nonspecific hypoechoic ingesta/content
- Normal empty small intestine
- Non-visualized adrenal glands
- Sonographically normal area of pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hypoechoic gastric ingesta/content is nonspecific. It may indicate retained hypoechoic, non-shadowing ingesta, treat or medication, although, non-shadowing, hypoechoic foreign material is possible. Given timeframe from ultrasound to interpretation, documented 12-hour fast and sonographic reassessment of the stomach would be ideal. If persistent retained gastric fluid and hypoechoic ingesta/content, gastric endoscopy, if available, is recommended. Screening cortisol to rule out occult Addison's disease is recommended. If no clinical concern for gastric foreign material, as needed gastro protectant Omeprazole 1 mg/kg SID may prove beneficial.





PATIENT

Sophie Walker

SPECIES

Canine

BREED

Golden Retriever Mix

SEX

Female Spayed

AGE

4y

WEIGHT

66.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ackmann

HOSPITAL NAME

Buffalo VC

REFERRING VET

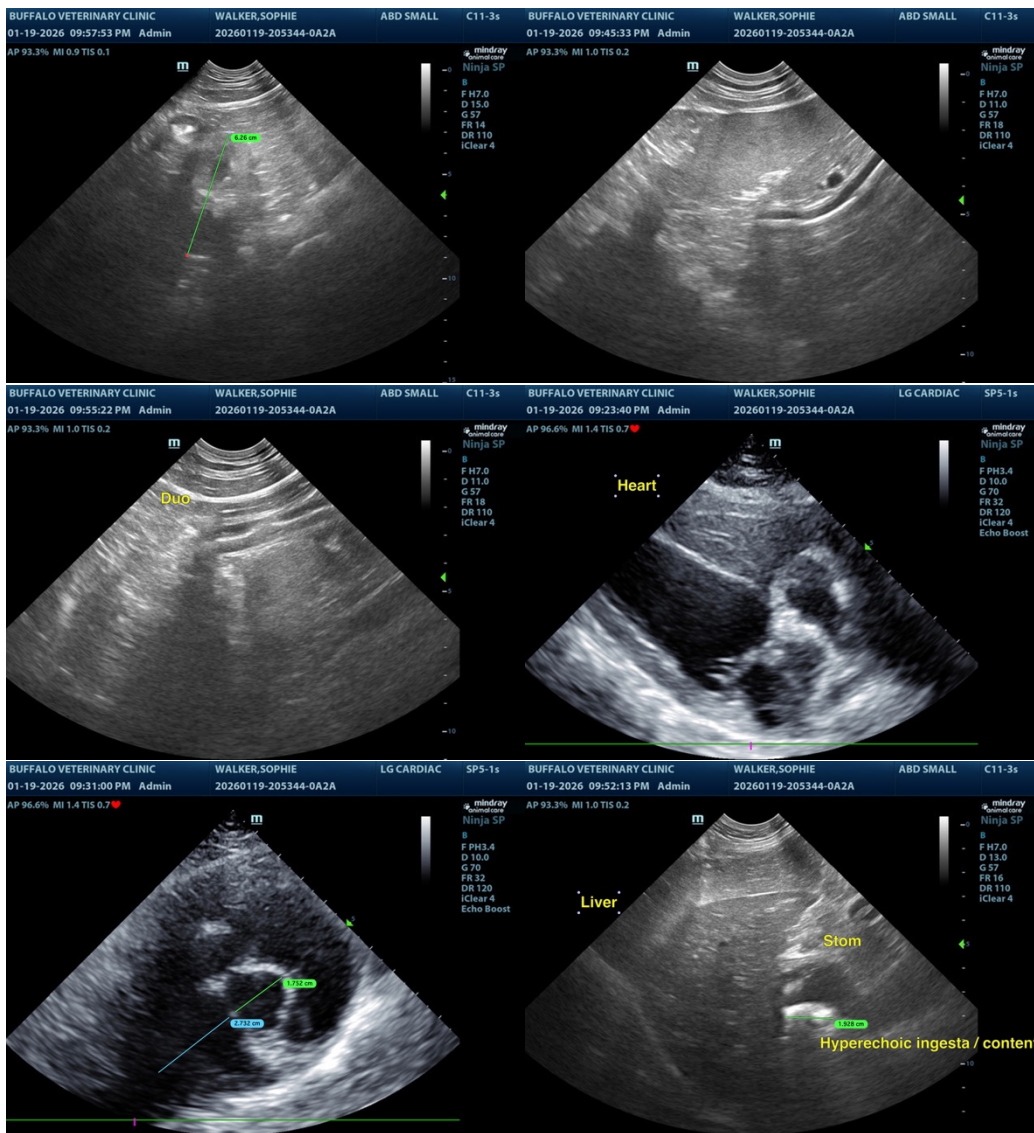
Dr. Ackmann

INVOICE

13116

DATE

1/23/26



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