



**PATIENT**

Sasha Sumba

**SPECIES**

Canine

**BREED**

Maltese Mix

**SEX**

FS

**AGE**

14

**WEIGHT**

19

**PRESENTING CLINICAL SIGNS**

Seizure disorder, controlled with phenobarbital. Distended abdomen

Abnormal PE/Chem/CBC/UA Results: Heart murmur BW- elevated ALT (mild), elevated ALPK, low TP, ALB-2.4 Mild Non Reg Anemia Abdominal effusion

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART**

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	38	72	0.4
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	--	4.2	4.3	--

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr Sharkawy

**HOSPITAL NAME**

Kew Gardens Animal Hospital

**REFERRING VET**

Dr Nader

**INVOICE**

23438

**DATE**

01/03/2026

**Cardiac Presentation**

The echocardiogram in this patient demonstrated moderate increased left atrial size based on 2 different LA measurement methods. Mild deviated interatrial septum present. The cranial and caudal mitral valve leaflets presented thickening consistent with endocardiosis. Doppler indicated significant eccentric insufficiency. The left ventricle presented thicknesses with linear contour and mild increased LV dimension. 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 mild increased dimension. The right atrium and auricle revealed mild increased dimension. No evidence of masses was noted or chamber overload. Tricuspid valvular assessment demonstrated mild thickened appearance. Color or spectral Doppler assessment of the tricuspid valve was not utilized. 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. Subjective tachycardia was present.

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of



<b>PATIENT</b>	urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
Sasha Sumba	
<b>SPECIES</b>	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.1 cm in length. The right kidney measured 4.1 cm in length.
Canine	
<b>BREED</b>	The area of the iliac trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy or masses.
Maltese Mix	
<b>SEX</b>	<b>Adrenal Glands</b>
FS	The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.55 cm width at the caudal pole The right adrenal gland measured 0.44 cm width at the caudal pole.
<b>AGE</b>	<b>Spleen</b>
14	The spleen was not definitively visualized secondary to peritoneal effusion or volume contraction.
<b>WEIGHT</b>	<b>Liver/Gallbladder</b>
19	The liver presented enlarged in size with symmetrical yet swollen contour. The parenchyma exhibited conserved uniform parenchyma with normal echogenicity isoechoic to the spleen and falciform fat. The hepatic vasculature was dilated in appearance, most notable at the level of the hepatic vein / caudal vena cava junction, without evidence of thrombosis. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.
<b>INTERPRETED BY</b>	<b>Gastrointestinal</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
<b>IMAGING PERFORMED BY</b>	The visualized segments of small intestine presented intact wall layering with normal muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.
Dr Sharkawy	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>HOSPITAL NAME</b>	<b>Pancreas</b>
Kew Gardens Animal Hospital	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.
<b>REFERRING VET</b>	<b>Free Abdomen</b>
Dr Nader	No overt lymphadenopathy was present.
<b>INVOICE</b>	Mild homogenous omental hyperechogenicity was present.
23438	Moderate to significant volume mildly echogenic peritoneal effusion was present.
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## ULTRASONOGRAPHIC FINDINGS

### Primary

- Chronic mitral valve disease (B2)
- RA / RV enlargement
- Subjective tachycardia
- Congested hepatomegaly
- Non-visualized spleen - splenic displacement or volume contraction possible, correlation with clinical history
- Significant volume mildly echogenic peritoneal effusion and generalized omental hyperechogenicity
- Age-related renal changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The degree of LA/ LV enlargement indicates the current and future risk of complication secondary to MR is at least moderately elevated. The degree of left heart enlargement was not definitively consistent with left-sided congestive criteria. Correlation with thoracic radiographs to assess for evidence of pulmonary edema is recommended. The enlarged right heart and concurrent congested liver is consistent with right-sided cardiogenic ascites. Given lack of significant right chamber enlargement considerations may include pulmonary hypertension or tachycardia induced cardiomyopathy. Effusion analysis is recommended.

Empirical therapy for right heart disease, including diuretic protocol and Pimobendan 0.3 mg/kg PO BID, is recommended. DCM criteria was not met, yet consideration for taurine or troponin level, if clinically indicated, may be considered. Echocardiographic and as needed sonographic monitoring required for further prognosis. Recheck echo recommended in 4-6 weeks, sooner if progressive evidence of right heart disease.

Elective anesthesia is not recommended pending further echocardiographic assessment.



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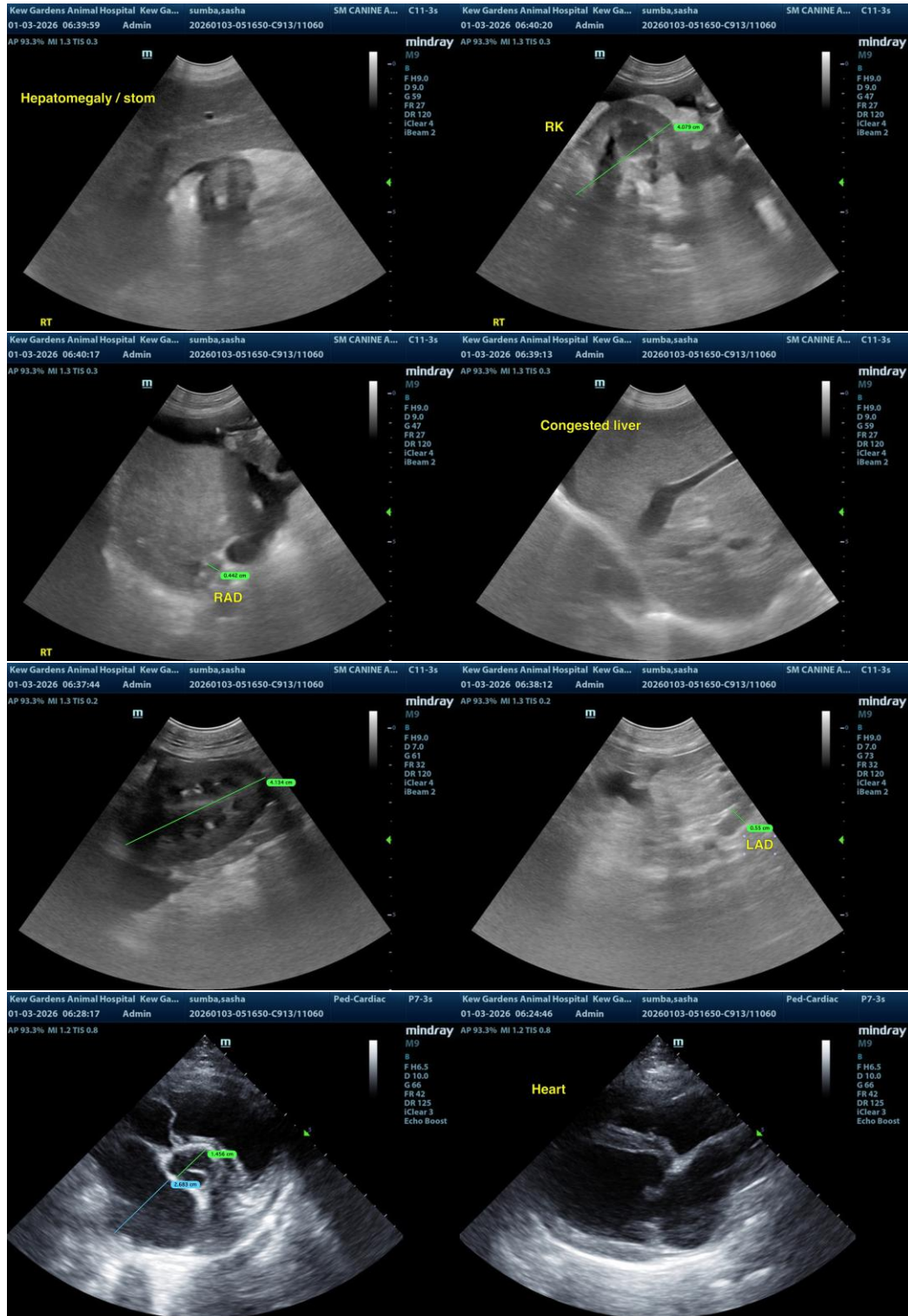
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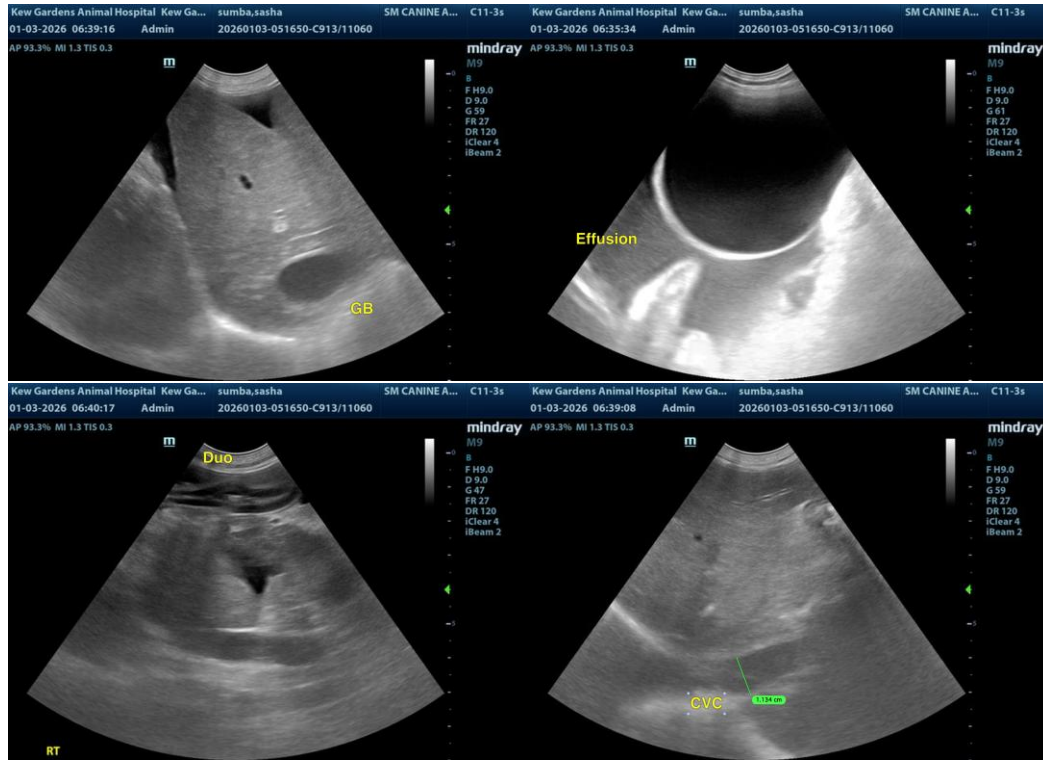
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)