



PATIENT

Reagan Campbell

SPECIES

Canine

BREED

German Shepard

SEX

Female

AGE

3y

WEIGHT

60 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Griffin

HOSPITAL NAME

Northside VC

REFERRING VET

Griffin

INVOICE

13018

DATE

1/6/26

PRESENTING CLINICAL SIGNS

History: Historical Grade 4/6 murmur since a puppy with difficulty breathing for last 24 hrs

Abnormal PE/Chem/CBC/UA Results: PE: Grade 5/6 murmur with arrhythmia auscultated Rads: minor pleural effusion with perihilar edema, severe enlargement of cardiac silhouette and rounding of cardiac silhouette

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

No obvious pathology in the area of the uterus, if intact.

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 6.7 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen presented mild caudal medial folding not consistent with splenic pathology and likely is a patient variant. 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 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 cystic and common bile ducts were normal.

Transdiaphragmatic view revealed significant comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, echogenic, non-shadowing ingesta without signs of obstruction or foreign material.

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.

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.

Free Abdomen Heart

No obvious ascites or significant omental lymphadenopathy or peritoneal effusion was present.

Severe left atrium and ventricular enlargement with evidence of left heart volume overload, decreased LV contractility and tachycardia. Eccentric MR noted on doppler. Pericardial comet tail artifact and minor volume pericardial and pleural effusion.

ULTRASONOGRAPHIC FINDINGS

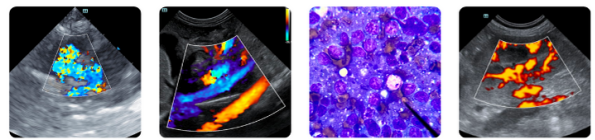
- Severe cardiomyopathy including left heart volume overload, eccentric MR, LV systolic dysfunction and tachycardia
- Congestive hepatomegaly
- Sonographically normal mildly folded spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full echocardiographic workup is required for further clarification. However severe, potentially end-stage cardiomyopathy is present with considerations including primary cardiomyopathy, i.e. DCM or non-obvious congenital defects such as PDA or secondary to considerations such as Taurine deficiency, hypothyroidism, myocarditis, tachycardia-induced cardiomyopathy or thought less likely, infiltrative disease such as lymphoma, all potentials. The left heart volume overload predisposes to pulmonary congestion while the tachycardia predisposes to the right-sided CHF as evidence by hepatic congestion. Consider hospitalization with stabilization including IV diuretic therapy and respiratory support.

Pimobendan 0.3 mg/kg PO BID, Lasix Spironolactone combination both 1-2 mg/kg PO BID and +/- ACE inhibitor 0.5 mg/kg SID-BID is recommended pending further echocardiographic assessment.

Even if stabilized, severely increased risk for CHF, progressive malignant arrhythmia, pulmonary hypertension and sudden death possible. Unfavorable prognosis.



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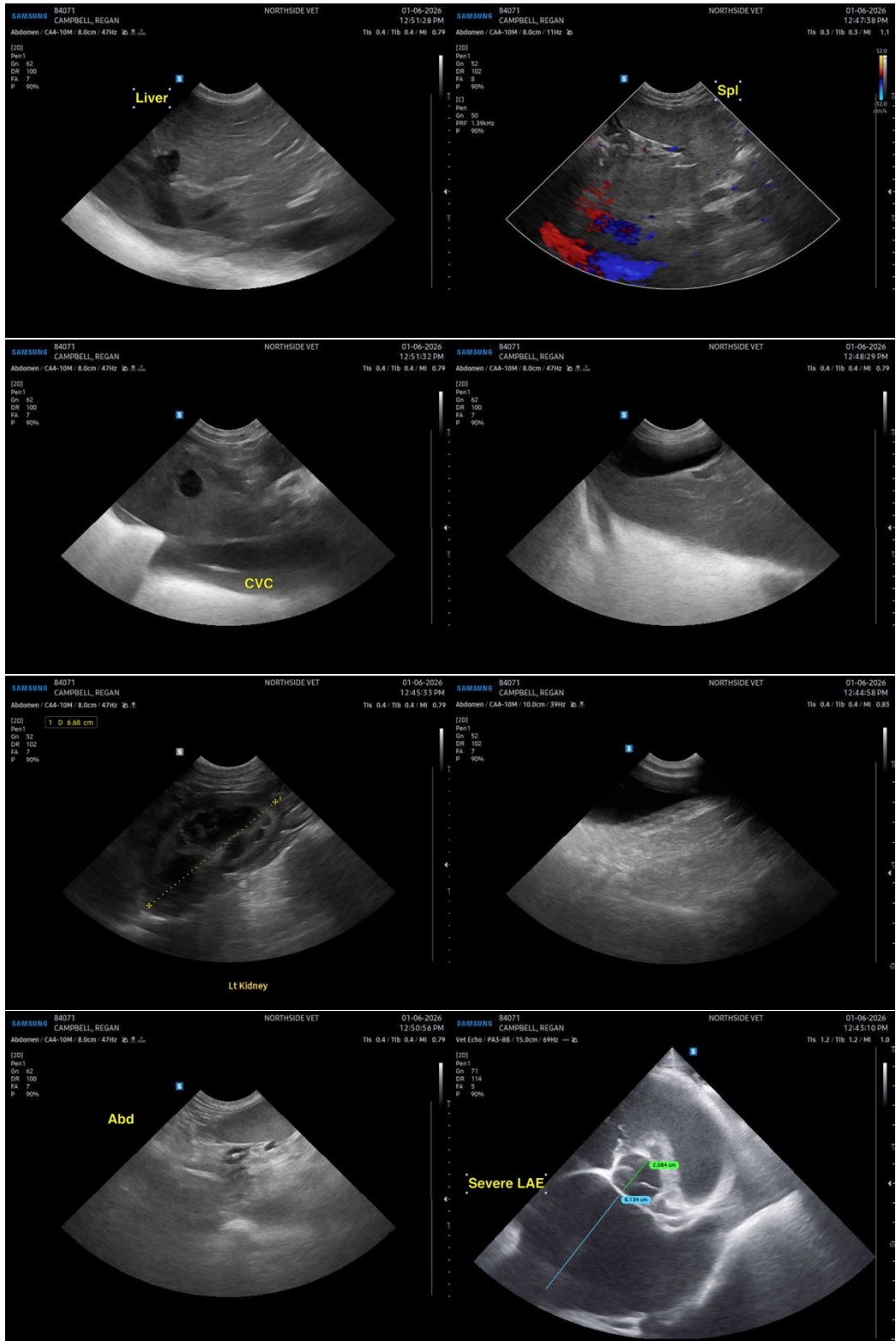
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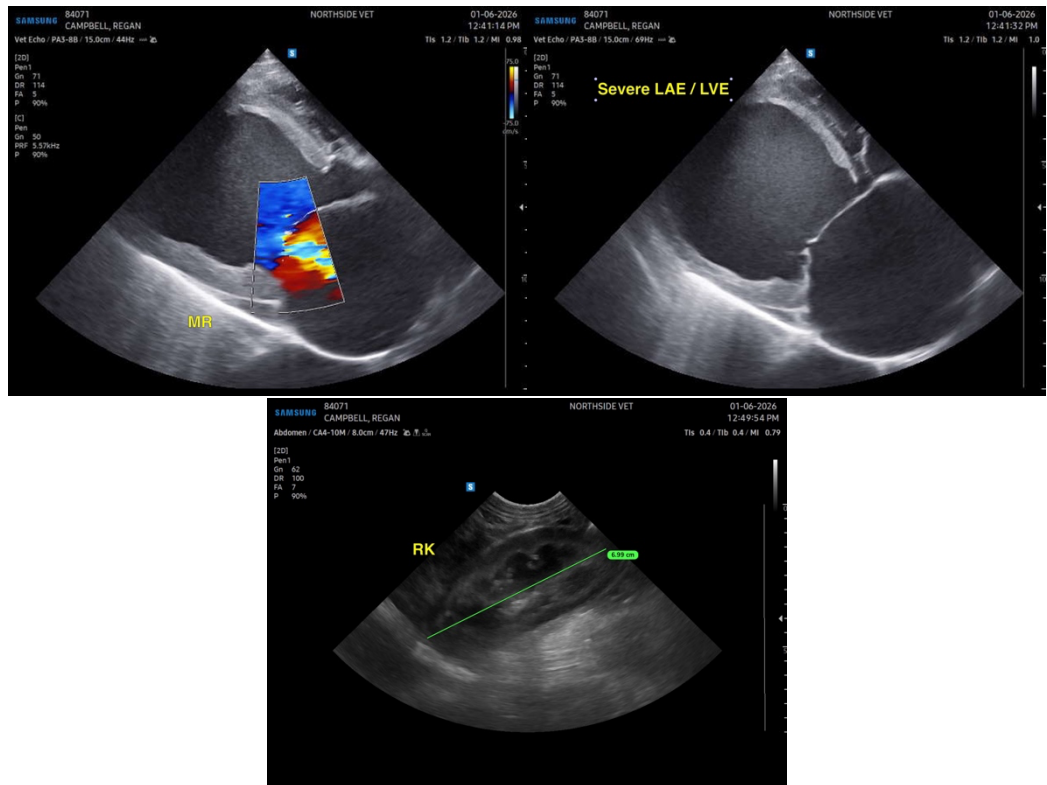
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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