



PATIENT

Bella Pascucci

SPECIES

Canine

BREED

Pit

SEX

FS

AGE

7

WEIGHT

83

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Salazar

INVOICE

10542

DATE

1/9/26

PRESENTING CLINICAL SIGNS

lethargy inappetence Temp 102.9 Current meds Temaril P Zenelia Cefpo
Abnormal PE/Chem/CBC/UA Results: Pantcytopenia HCT 35% WBC 3K Neuts 0.13K with bands
Lymoh 0.77 PLT 29K ALT 263 ALP 881 4dx neg

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	-	-	-	1.32	40	75	0.2
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	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	1.0	0.94	83	3.2	2.8	-

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. 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 was noted. 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). Normal measured RVOT velocity was noted. 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.



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Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or 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.

The area of the uterine remnant was normal.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were 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 7.0 cm in length. The right kidney measured 6.7 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen was mildly enlarged with symmetrical mildly rounded splenic capsule contour and primarily homogeneous mildly hypoechoic parenchyma compared to the liver. There were no visualized splenic masses or nodules. Adequate splenic vascularity was noted.

Liver/ Gallbladder

Hepatomegaly was present with symmetrical rounded hepatic capsule contour. Mild homogeneous hypoechoic hepatic parenchyma was noted comparable to the spleen with a mild coarse echotexture. Mild increased portal vascular border prominence was evident. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. No evidence of wall edema was noted. 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 contained mild, variably echogenic, nonshadowing 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.



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Pancreas

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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 were evident.

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Free Abdomen

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No omental masses, overt or significant lymphadenopathy, or evidence of peritoneal effusion was noted.

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ULTRASONOGRAPHIC FINDINGS

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- Normal echocardiogram
- Hepatosplenomegaly exhibiting hypoechoic hepatosplenic parenchyma
- Sonographically normal gallbladder
- Normal gastrointestinal tract with mild gastric ingesta

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The hepatosplenomegaly may indicate reactive, inflammatory, infectious, or neoplastic etiologies. CBC pathology review, expanded infectious disease serology, and clotting status are warranted. Assuming normal clotting status, adequate platelet count, and no pathology on three-view chest radiographs, hepatosplenic FNA cytology is warranted to assess for occult disease as a contributing factor. Pending additional diagnostics, hepato-gastrointestinal support is recommended with clinical monitoring.

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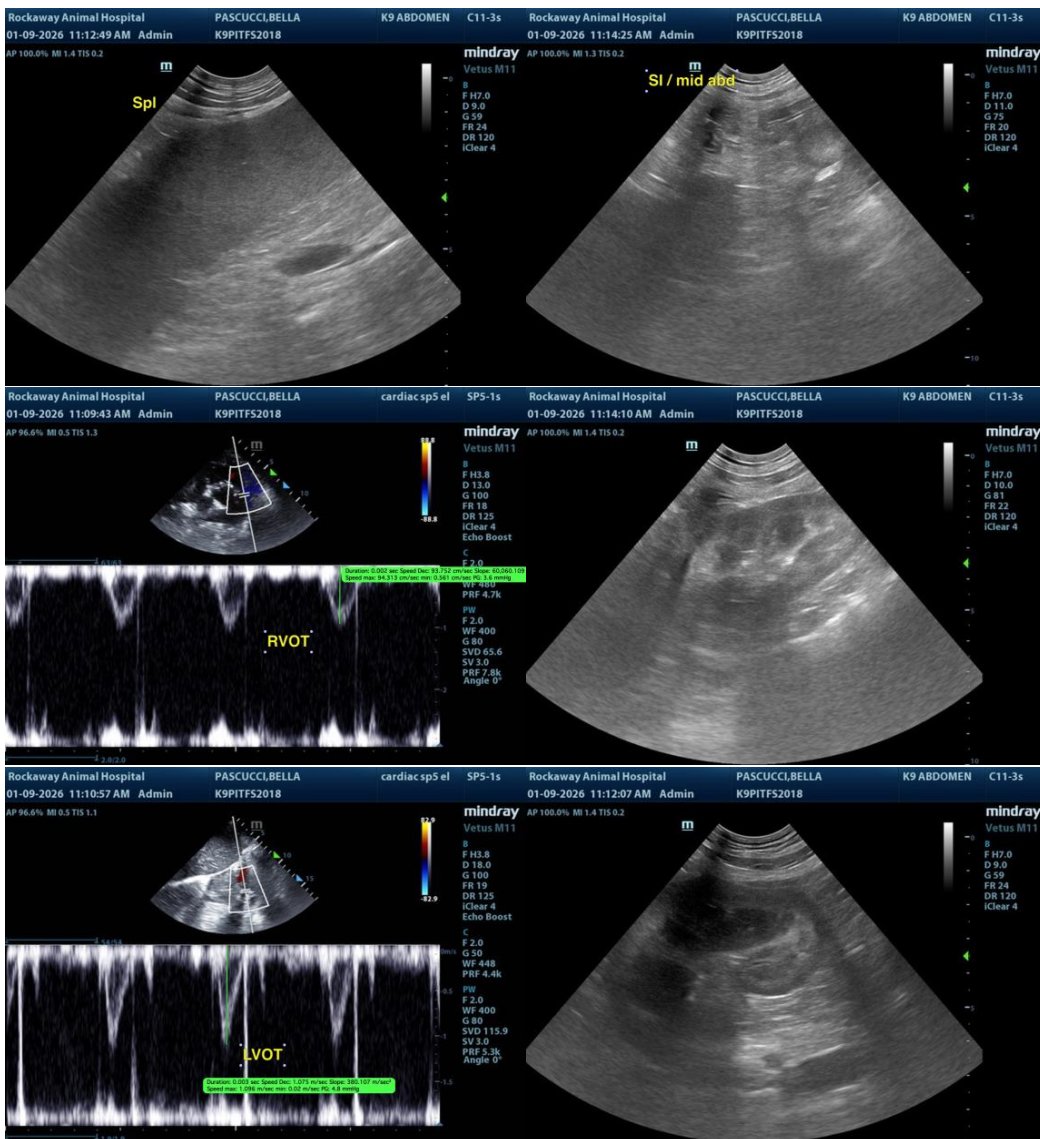
Dr. Salazar

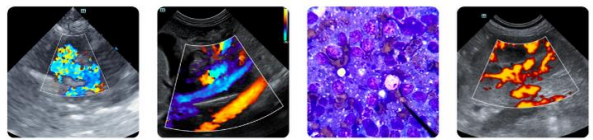
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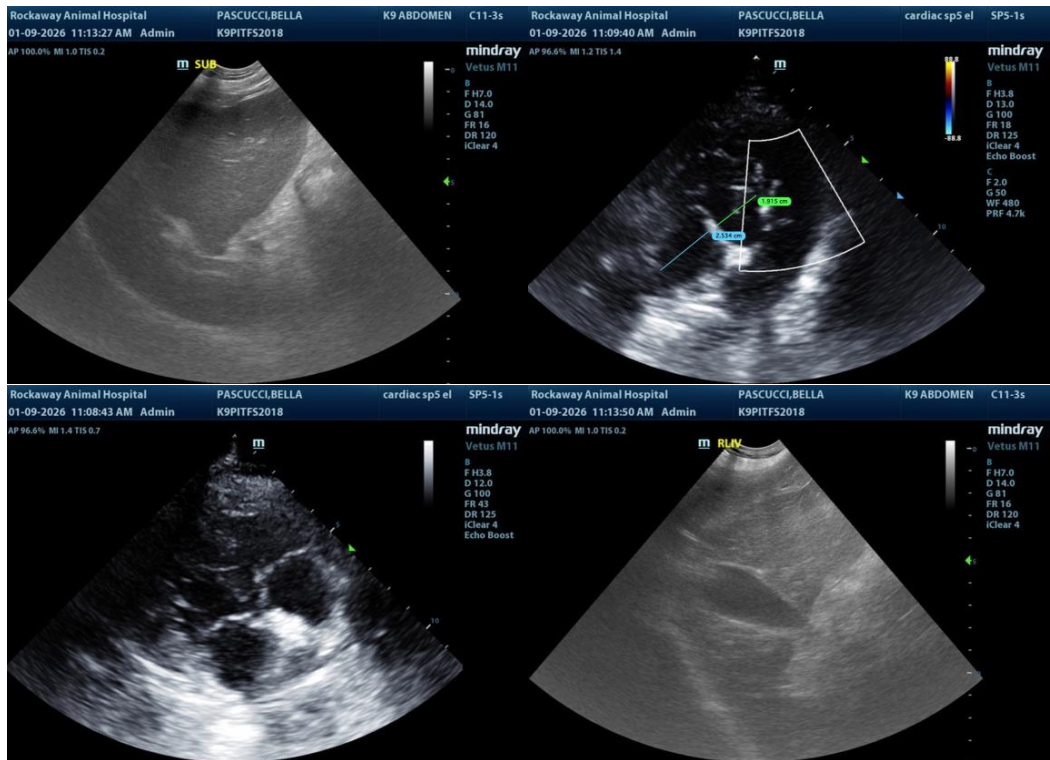
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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