



PATIENT

Louie Kieta

SPECIES

Canine

BREED

Beagle Mix

SEX

Neutered Male

AGE

8 Years 3 Months

WEIGHT

23.5 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Megan Bray

HOSPITAL NAME

Taylorville Veterinary
Clinic

REFERRING VET

Dr. Ashleigh Bisset

INVOICE

12176

DATE

11/10/25

PRESENTING CLINICAL SIGNS

Diagnostics being performed for pre-operative staging for left front limb amputation on Wednesday 11/12/25. Diagnostics include echocardiogram, abdominal ultrasound, three view thoracic radiographs, full senior bloodwork with cardiac bnp value added on. - Grade 5/6 murmur - Large mass involving entire antebrachium extending from top of carpus to just above the elbow on the ventrolateral side - Mass is rapidly growing and has spindle cells on aspirate.

Abnormal PE/Chem/CBC/UA Results: Bloodwork being sent to lab today.

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	1.75	45	78	0.3
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	1.7	0.8	--	3.5	3.2	--

Cardiac Presentation

The echocardiogram in this patient demonstrated mild to moderate increased **left atrial** dimension based on 2 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented thickening consistent with endocardiosis. Mild septal leaflet prolapse. Doppler indicated moderate eccentric insufficiency. The **left ventricle** presented normal thicknesses with mild to moderate 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 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 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.

The area of the residual prostate appeared normal and free of pathology.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

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 5.0 cm in length. The right kidney measured 5.3 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.50 cm width at the caudal pole.

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 intact wall layering. The stomach was nondistended containing mild yet strongly shadowing ingesta or echo measuring approximately 1.6 cm in diameter.

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.



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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

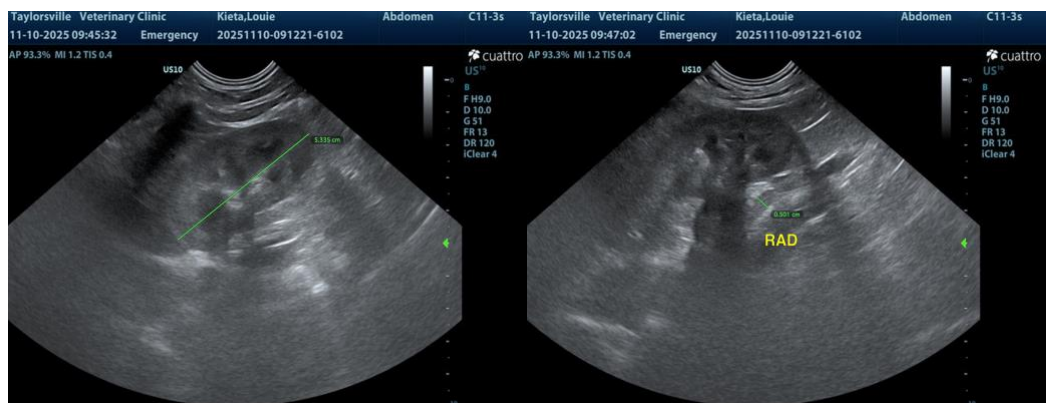
ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease with mild valve prolapse (B2).
- Overall, sonographically normal abdomen.
- Strongly shadowing gastric ingesta or potential echo.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild to moderate increased LA dimension with concurrent mild LV enlargement indicates the current and future risk of complication, secondary to MR, is mild to moderately elevated, yet overall, the heart appears to be stable. Pimobendan 0.30 mg/kg BID is recommended and initially, administered 3-5 days prior to anesthesia. Once on Pimobendan for 3-5 days, mild to moderate increased anesthetic risk will likely be mildly reduced, however, if anesthesia is immediately indicated, the following protocol is suggested with clinical monitoring and judicious perioperative fluid administration. 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. No indication for additional medications. Cardiac prognosis is considered variable. Sonographic monitoring is advised with recheck echo suggested in 6 months or sooner if clinical signs arise.

The strongly shadowing gastric ingesta or echo was nonspecific and nonobstructive with considerations including dense ingesta, treat or medication with nonobstructive or unknown gastric foreign body not excluded. Correlation with most recent meal ingestion is recommended. If documented NPO or if nonreported gastrointestinal signs are present or arise, sonographic reassessment of the stomach is indicated following documented 12 hour fast.





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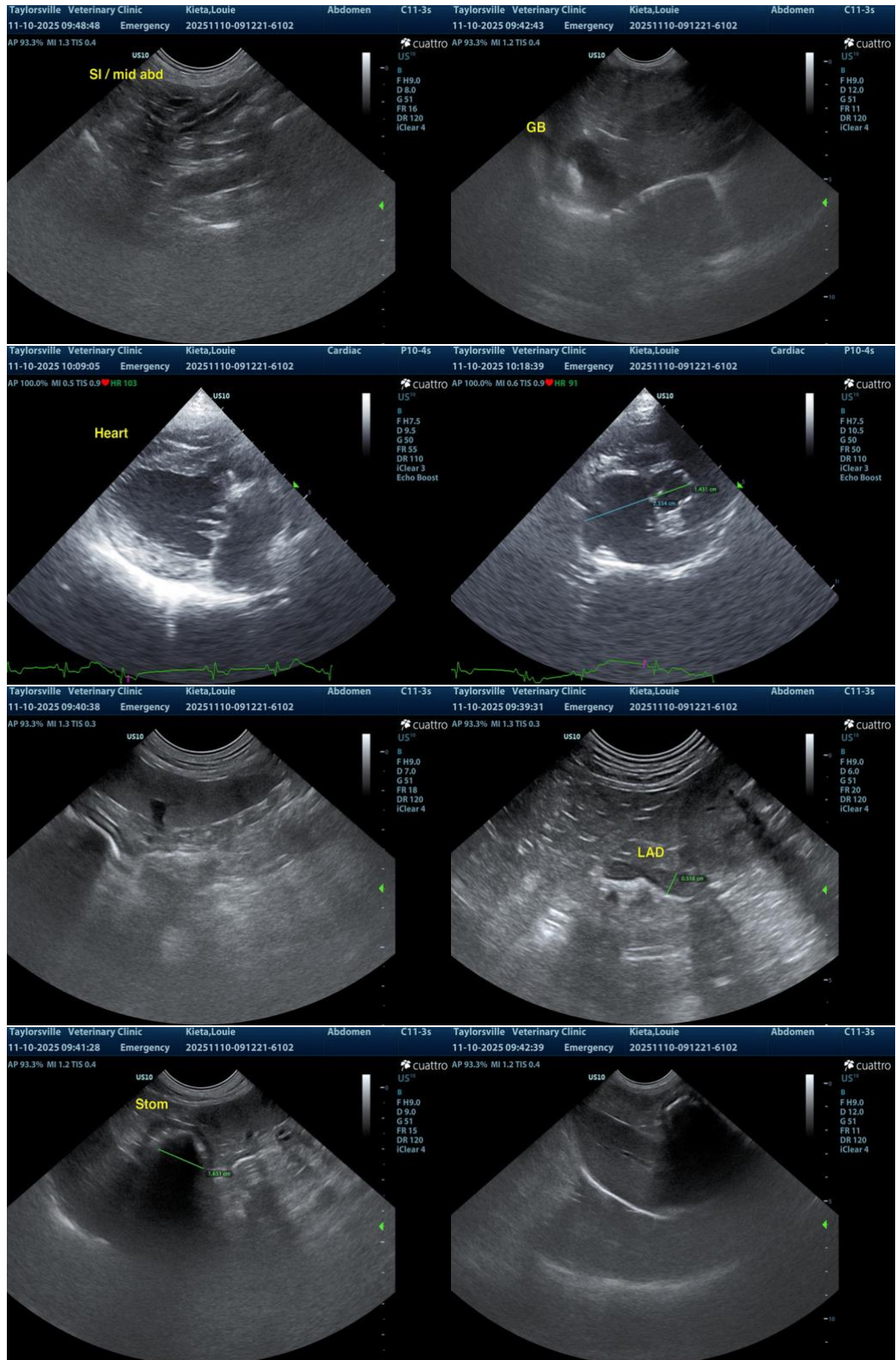
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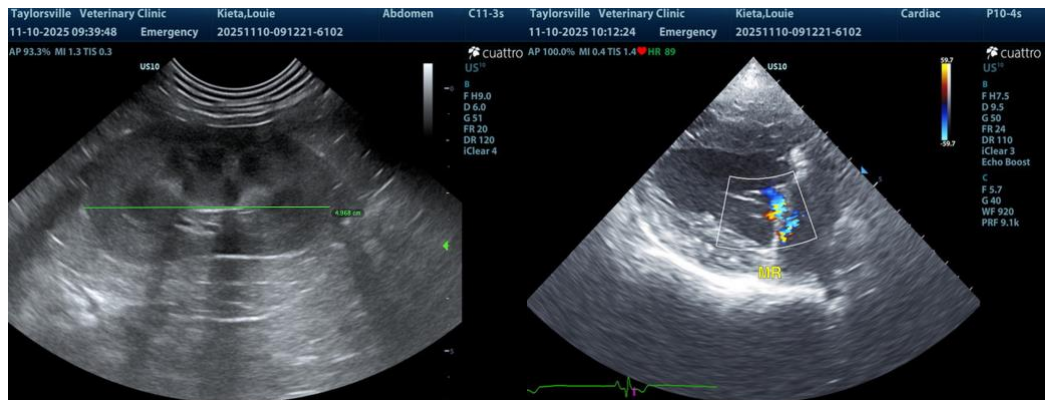
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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