



PATIENT

Bella Prospero

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

14 Years

WEIGHT

23 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

All Creatures Great
and Small Denville

REFERRING VET

Dr. Silas

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12294

DATE

11/17/25

PRESENTING CLINICAL SIGNS

Coughing, Lethargic, Anorexia, Fever 104.1, Abdominal Pain, X-Rays possible mass (Liver) vs Hepatomegaly, possible mediastinal mass. Current meds: Clavamox, no better, it was prescribed at ER, then had Doxy saw no improvement
Abnormal PE/Chem/CBC/UA Results: 4dx neg Bw wnl

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	1.1	42	74	0.1
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	0.8	--	2.0	2.1	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size and structure. Chamber volume and blood echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented minor irregular age-related changes that are not clinically significant at this time with adequate extension in systole and union in diastole. No overt significant MR on doppler. The **left ventricle** presented normal free wall and septal thicknesses with linear contour. The **myocardium** presented some echogenic remodeling consistent with expected age-related change. **Contractility** of the ventricular walls was adequate and in normal range for this breed and patient size. The **left ventricular outflow** tract demonstrated normal laminar flow with subjectively unremarkable structure. Subjective assessment of the **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated expected findings for this age patient. No overt significant TR on doppler. The **right ventricle** was of normal size (1/3 diameter of LV), 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 pleural fluid was noted. The **mediastinum** was free of masses in the visible window.

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Nondependent particulate mild sediment was present without evidence of calculus formation. The



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ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

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The visualized medial iliac lymph nodes were normal without evidence of inflammatory or neoplastic criteria.

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Normal size and margination was 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Suspect discrete cortical infarcts, mild medullary mineral and intermittent cortical cysts were visualized. The left kidney measured 4.8 cm in length. The right kidney measured 5.1 cm in length.

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Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.58 cm width in the caudal pole. The right adrenal gland measured 0.50 cm width in the caudal pole.

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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.

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Liver

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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Gastrointestinal

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.

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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.

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

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Pancreas

The pancreas was normal in size and mild capsule asymmetry with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen



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No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Normal cardiac structure/function for age.
- Bilateral chronic renal changes exhibiting suspect cortical microinfarcts, mild medullary mineral and small cortical cysts.
- Benign hepatomegaly.
- Mild gallbladder debris (non-mucocele).
- Sonographically normal gastrointestinal tract.
- Pancreatic remodeling.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely, geriatric abdomen without evidence of significant abdominal visceral or structural/function cardiomyopathy as an obvious contributing factor to the patient's clinical signs and fever. The coughing in this patient is noncardiogenic in origin. No obvious evidence of cranial mediastinal or abdominal neoplastic criteria. Assuming normal clotting status, screening hepatic FNA cytology could be considered for further clarification. Mild chronic pancreatitis may be suspected if cranial abdomen/subxiphoid discomfort on palpation. Correlation with a spec cPL is recommended. Respiratory and gastrointestinal support is indicated.

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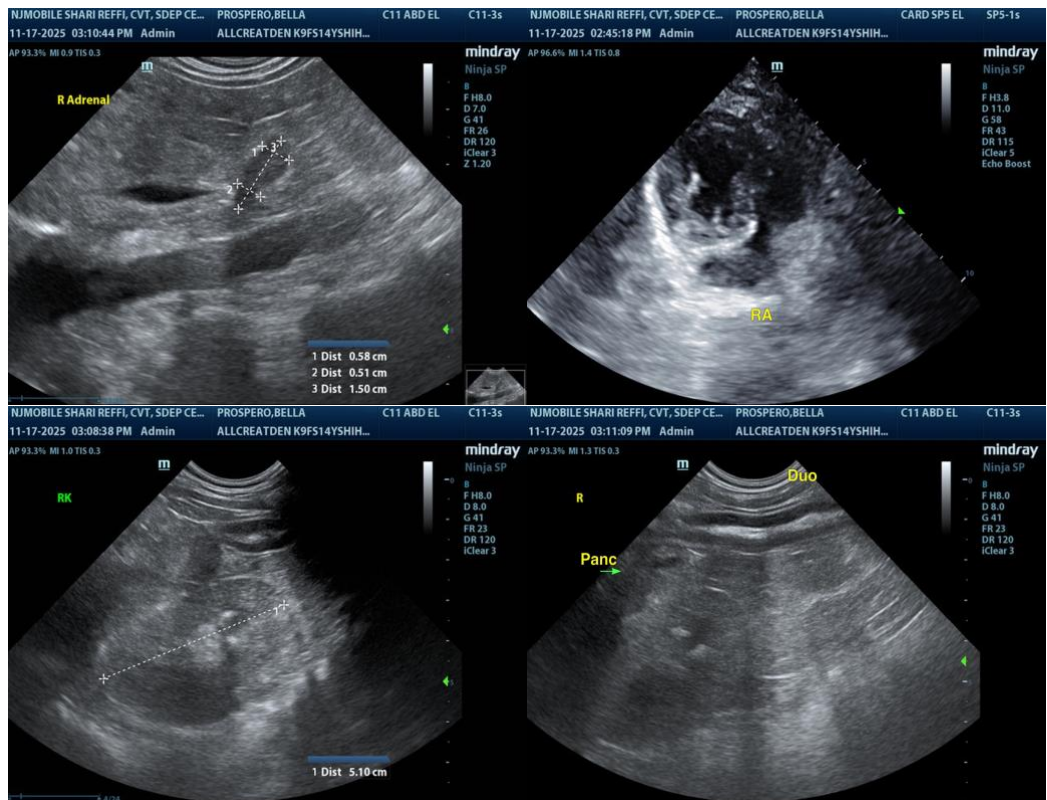
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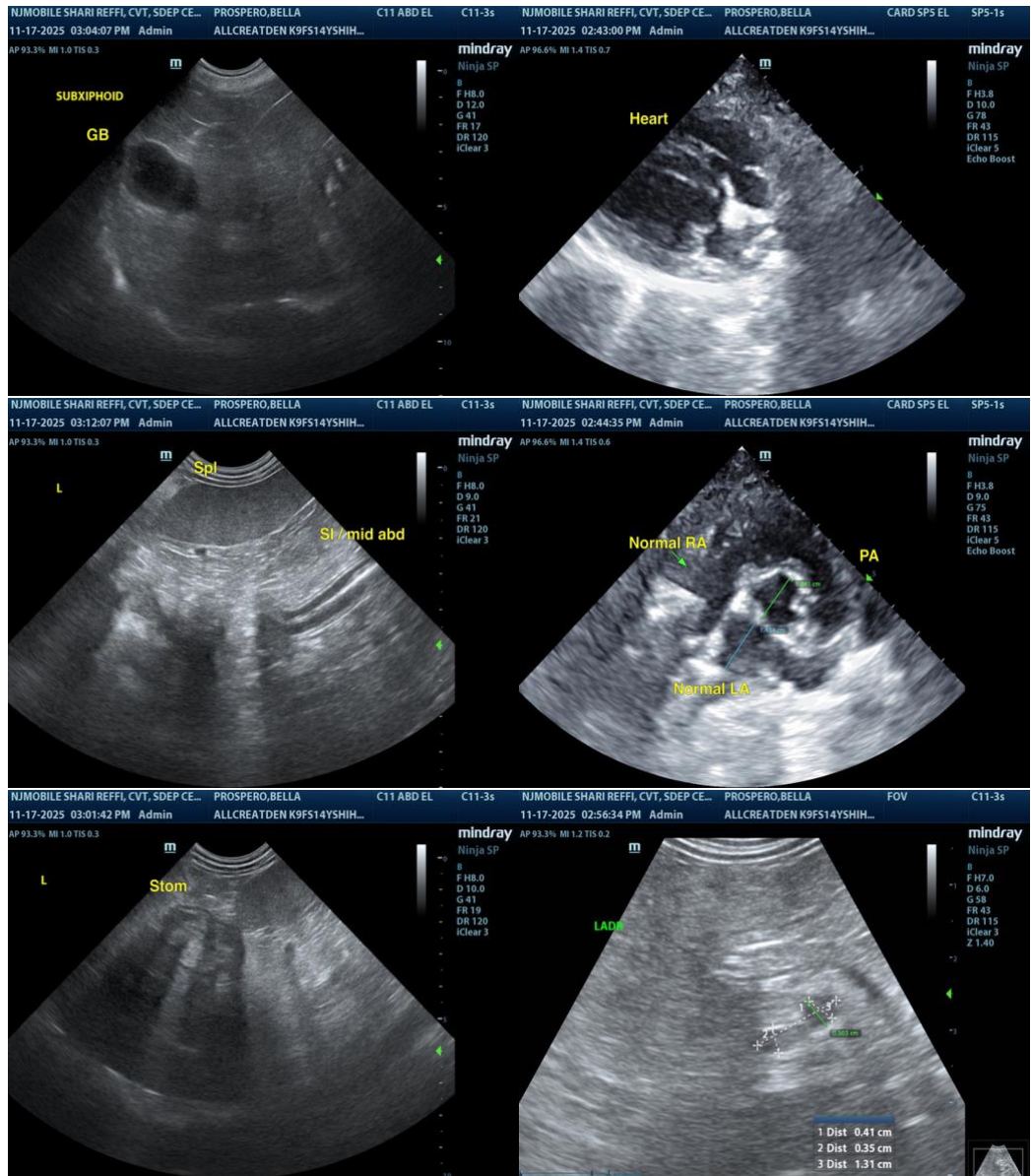
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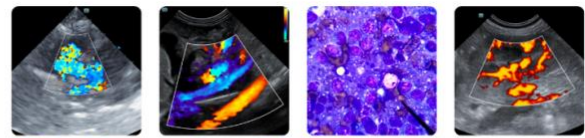
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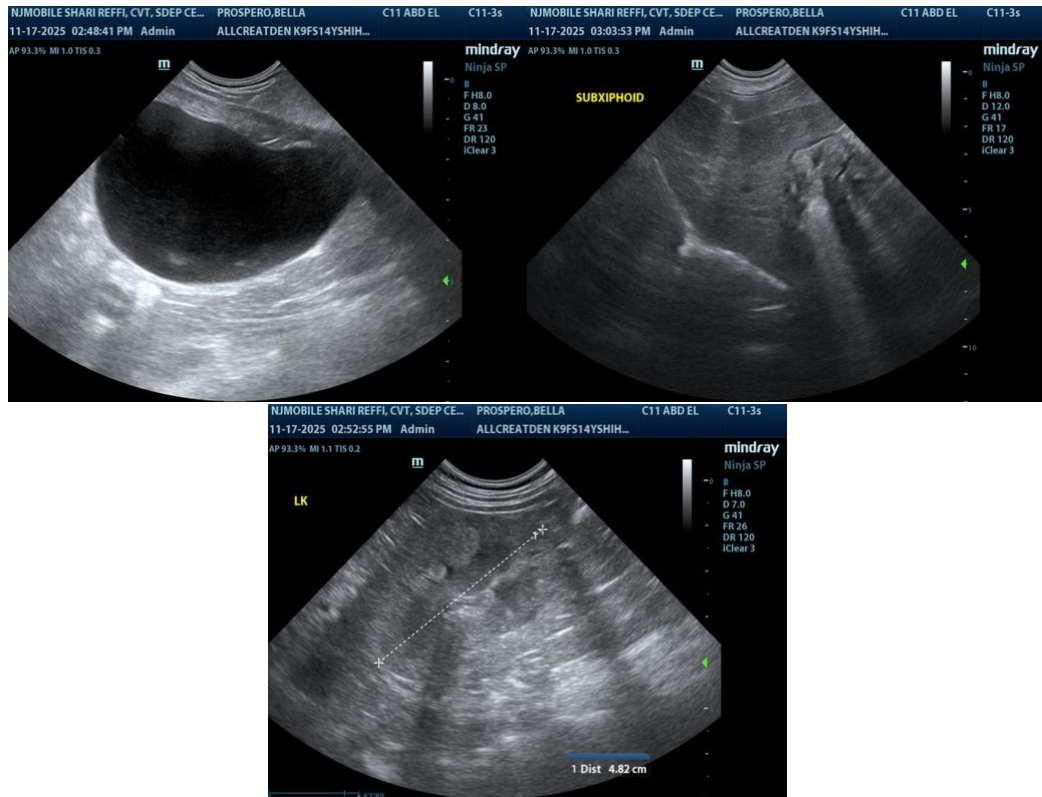
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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