



PATIENT

Pheobe Herig

SPECIES

Canine

BREED

Beagle

SEX

Female Spayed

AGE

11

WEIGHT

28.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Schiess

INVOICE

12827

DATE

11/17/25

PRESENTING CLINICAL SIGNS

History: acute onset vestibular dz -vestibular ataxia horizontal nystagmus resolved in 4 hours suspect stroke HM 4/6 Hx pulmonary hypertension

Current meds: K Brovet Sildenafil Enalapril

Abnormal PE/Chem/CBC/UA Results: ALP 540 remainder 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	--	3.1	--	1.0	45	78	0.25
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	0.85	--	3.2	2.9	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 2 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented mild thickening consistent with endocardiosis. Doppler indicated mild eccentric MR. 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. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated mild thickening with TR noted on doppler. TR velocity measured 3.1 m/s. 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.



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Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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.

The area of the aortic trifurcation was free of pathology.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.4 cm in length. The right kidney measured 5.2 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 0.6 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 0.55 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 exhibited generalized hepatomegaly with symmetrical rounded capsule contour and heterogeneous to mild lobar increased hepatic parenchyma echogenicity. Variable coarse echotexture and indistinct portal vascular borders. No mass or nodules visualized and normal hepatic vascular volume without evidence of congestion. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with moderate, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented normal intact wall layering and was non-distended in size containing non-shadowing ingest. Within the non-shadowing ingesta, focal to possible several well-demarcated, hyperechoic echoes were present with an example measuring ~2.0 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.



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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

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Compensated mitral valve insufficiency (B1)
- Mild pulmonary hypertension (estimated pulmonary pressure gradient ~38 mmHg)
- Large non-homogeneous
- Non-organized gallbladder debris
- Normal bilateral adrenal glands
- Age-related renal changes
- Nonspecific shadowing gastric lumen echoes and retained non-shadowing ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lack of left atrium enlargement indicates the current and future risk of complication secondary to MR is low. No evidence of left or right heart chamber enlargement or LV systolic dysfunction as a contributing factor. Continued empirical therapy for mild pulmonary hypertension with clinical monitoring as well as monitoring of systemic BP for evidence of hypotension. If on concurrent ACE is indicated, no indication for additional cardiac medications. Sonographic reassessment indicated in 6 months, sooner if progressive clinical signs.

The liver is nonspecific yet suggestive of benign criteria with chronic vacuolar or cholestatic hepatopathy probable in conjunction with elevated ALP without overt evidence of hepatic inflammation. No evidence of hepatic congestion secondary to decompensated right-side heart disease or pulmonary hypertension as well as no evidence of adrenal disease. Hepato-supportive medications may prove beneficial. Correlation with thorough neurological examination is recommended. Dense ingesta, treat, medication or potential gastric foreign material possible without overt obstruction to pyloric outflow. Correlation with most recent meal ingestion is recommended. If clinically indicated, documented 12-hour fast and sonographic reassessment of the stomach is recommended.



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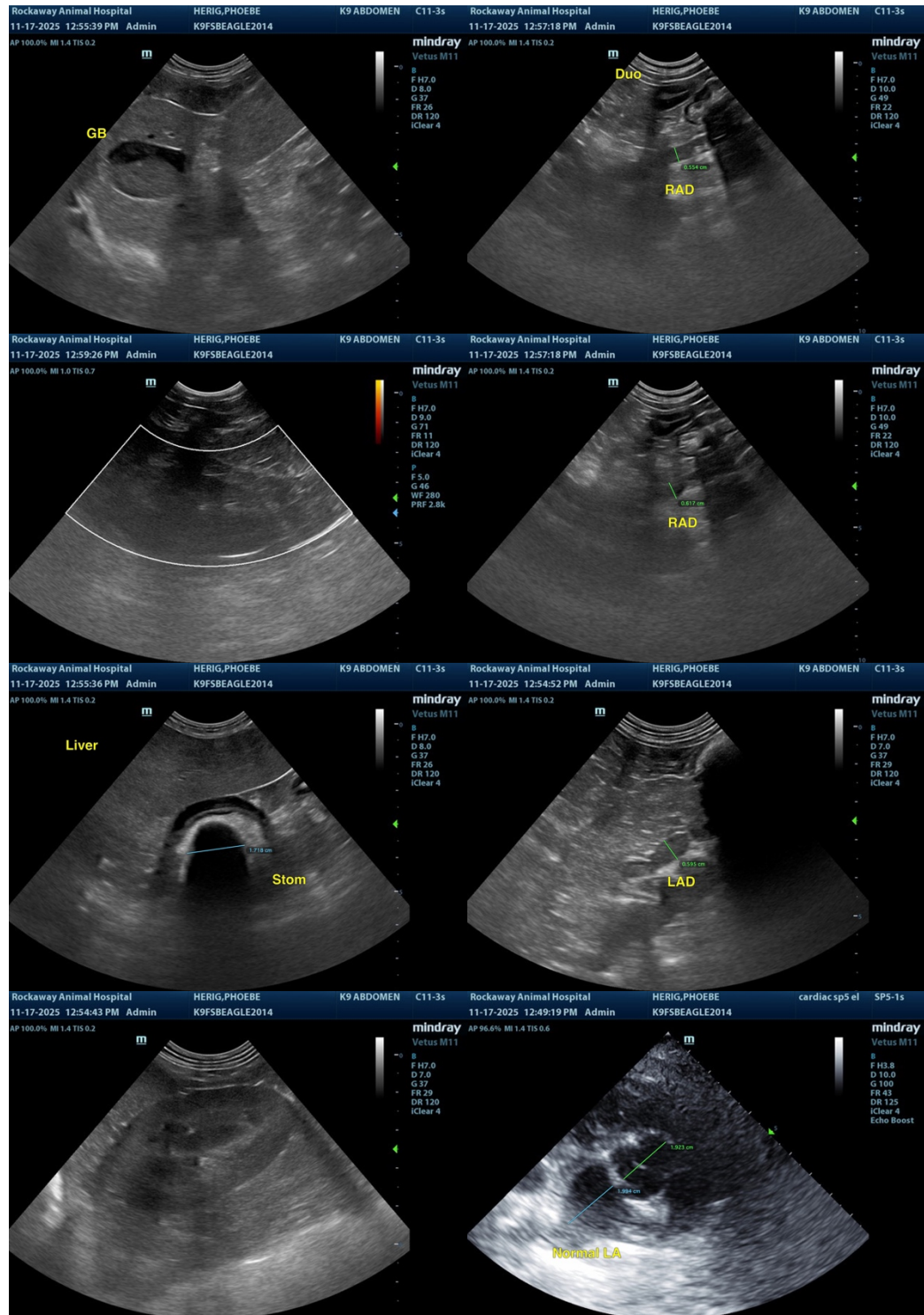
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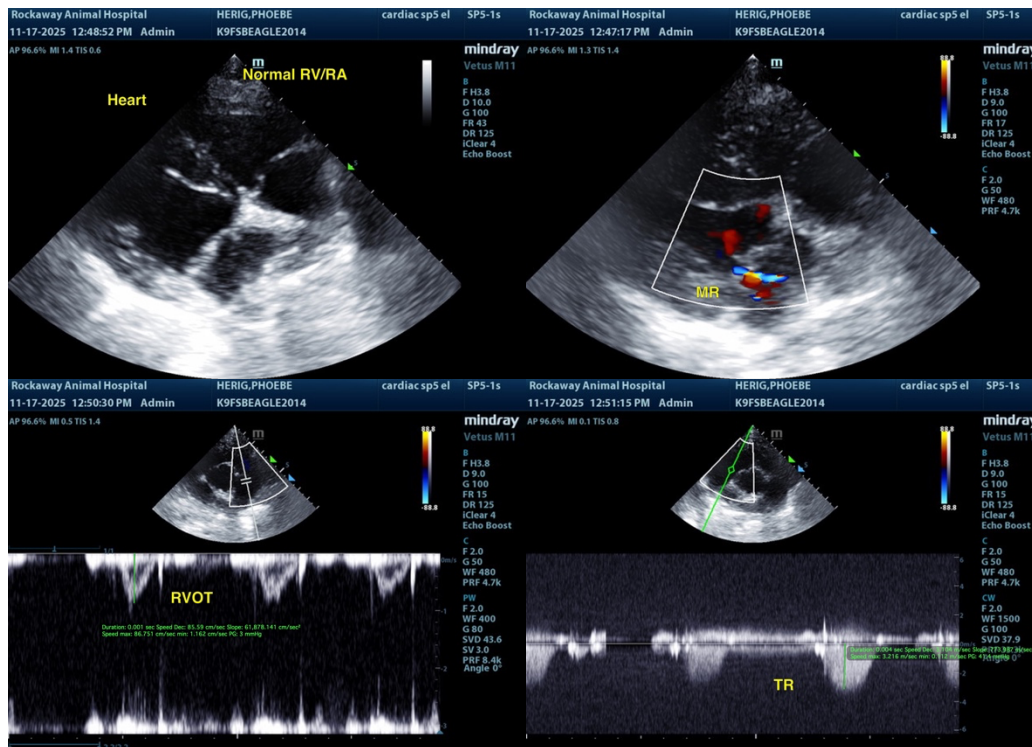
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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