



PATIENT

Anubis McIlory

SPECIES

Canine

BREED

Mix

SEX

FS

AGE

9 yr, 8 mon

WEIGHT

54 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Marsh AH

REFERRING VET

Dr. Armani

INVOICE

10362

DATE

11/18/25

PRESENTING CLINICAL SIGNS

Recent bout of pneumonia, anemia, elevated liver and kidney values. HX of multiple mast cell removed. Enroflox, gaba, galliprant

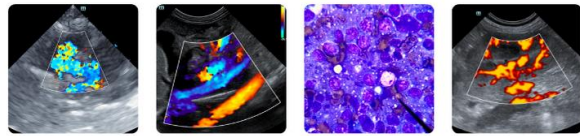
Abnormal PE/Chem/CBC/UA Results: TP-4.8 Alb-2.2 AST-88 ALT-174 ALP-219 BUN-67 Creat-1.7

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				1.1	35	65	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	138	1.3	1.0		3.7	3.4	

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. 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). 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.



PATIENT

Anubis McIlory

SPECIES

Canine

BREED

Mix

SEX

FS

AGE

9 yr, 8 mon

WEIGHT

54 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Marsh AH

REFERRING VET

Dr. Armani

INVOICE

10362

DATE

11/18/25

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 evidence of urine 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.

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

Adequate size and symmetrical margination were 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 indistinct corticomedullary border demarcation expected for the age of the patient. No evidence of pelvic dilation was present. No evidence of pyelectasia or retroperitoneal inflammation was noted in either kidney. The left kidney measured 5.6 cm in length. The right kidney measured 6.5 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 0.66 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 0.78 cm width at the caudal pole.

Spleen

The spleen was normal in size and contour with primarily symmetrical contour and homogeneous parenchyma. A solitary, mild expansive, hypoechoic cranial splenic nodule was present, measuring 2.4 cm diameter. The nodule did not distort the splenic capsule.

Liver/ Gallbladder

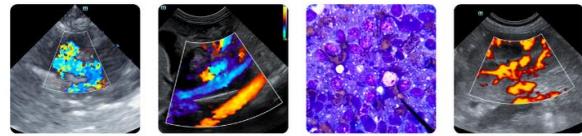
The liver was subjectively mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact mildly thickened wall. The stomach contained a mild amount of retained anechoic fluid. The gastric body wall width measured 0.75 cm in width.

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.



PATIENT

Anubis McIlory

SPECIES

Canine

BREED

Mix

SEX

FS

AGE

9 yr, 8 mon

WEIGHT

54 lbs.

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram
- Nonspecific mild chronic renal changes
- Hepatopathy - subjective benign
- Mild nonorganized gallbladder debris (non mucocele)
- Mildly expansive splenic nodule - hyperplasia, hematopoiesis, inflammation, emerging primary tumor, or metastasis (given patient history) all possible
- Mild hypomotile gastritis pattern, sonographically normal small intestine

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urinary workup, including correlation of azotemia with urinalysis +/- C/S or UPC level if clinically indicated for renal staging, is recommended.

IMAGING PERFORMED BY

Kerri Becker

Assuming normal clotting status, splenic nodule and screening hepatic FNA cytology are recommended. Renal and gastrointestinal support, given azotemia and if evidence of gastritis, is recommended.

HOSPITAL NAME

Marsh AH

If renal values can be stabilized, assuming no evidence of pathology on three view chest radiographs and normal clotting status, diagnostic and prophylactic splenectomy with hepatic biopsies could be considered.

REFERRING VET

Dr. Armani

INVOICE

10362

DATE

11/18/25



PATIENT

Anubis Mcllory

SPECIES

Canine

BREED

Mix

SEX

FS

AGE

9 yr, 8 mon

WEIGHT

54 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Marsh AH

REFERRING VET

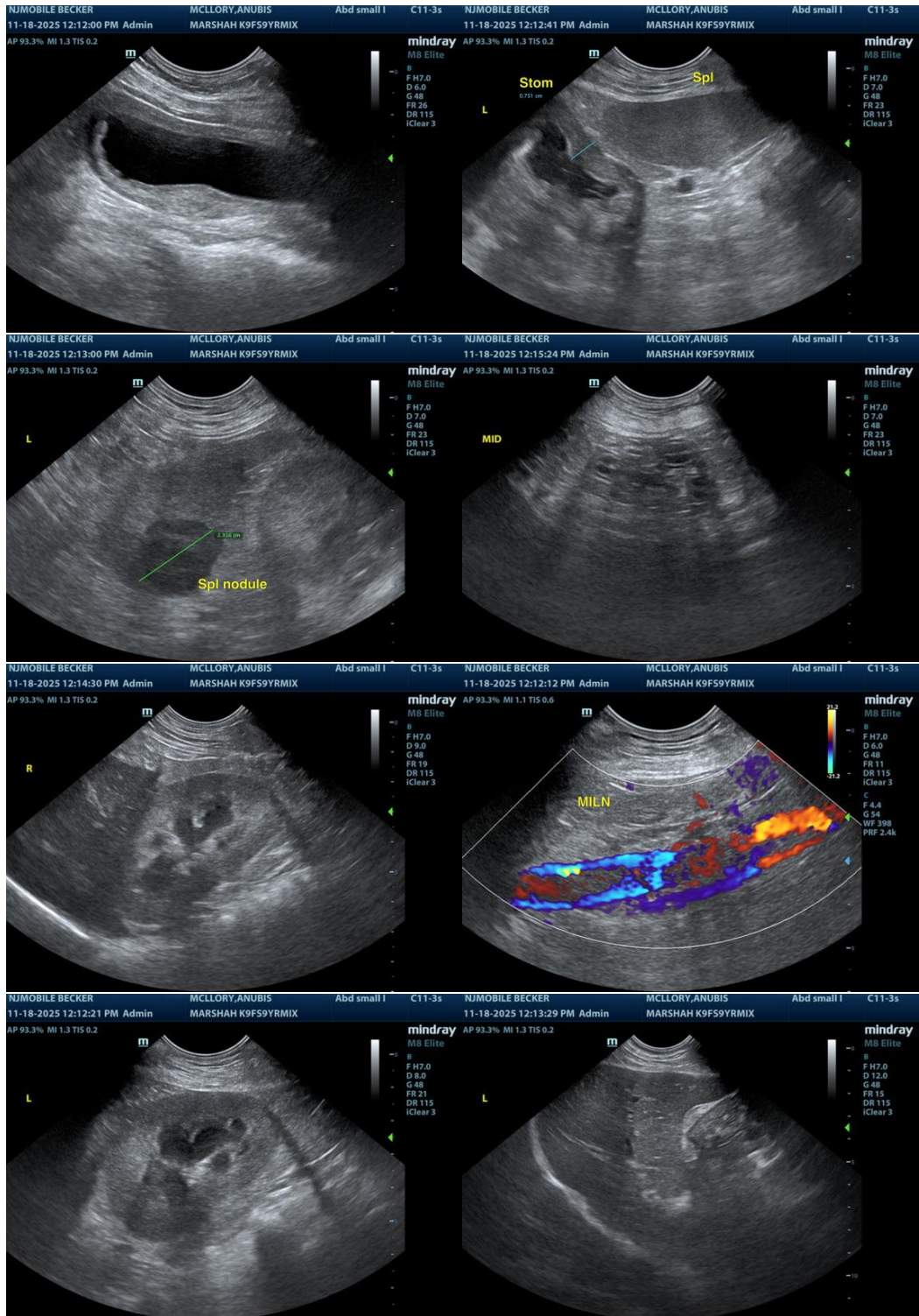
Dr. Armani

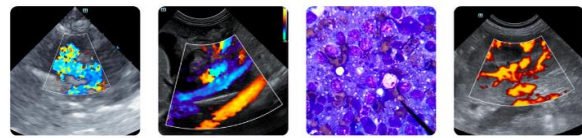
INVOICE

10362

DATE

11/18/25





PATIENT

Anubis Mcllory

SPECIES

Canine

BREED

Mix

SEX

FS

AGE

9 yr, 8 mon

WEIGHT

54 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Marsh AH

REFERRING VET

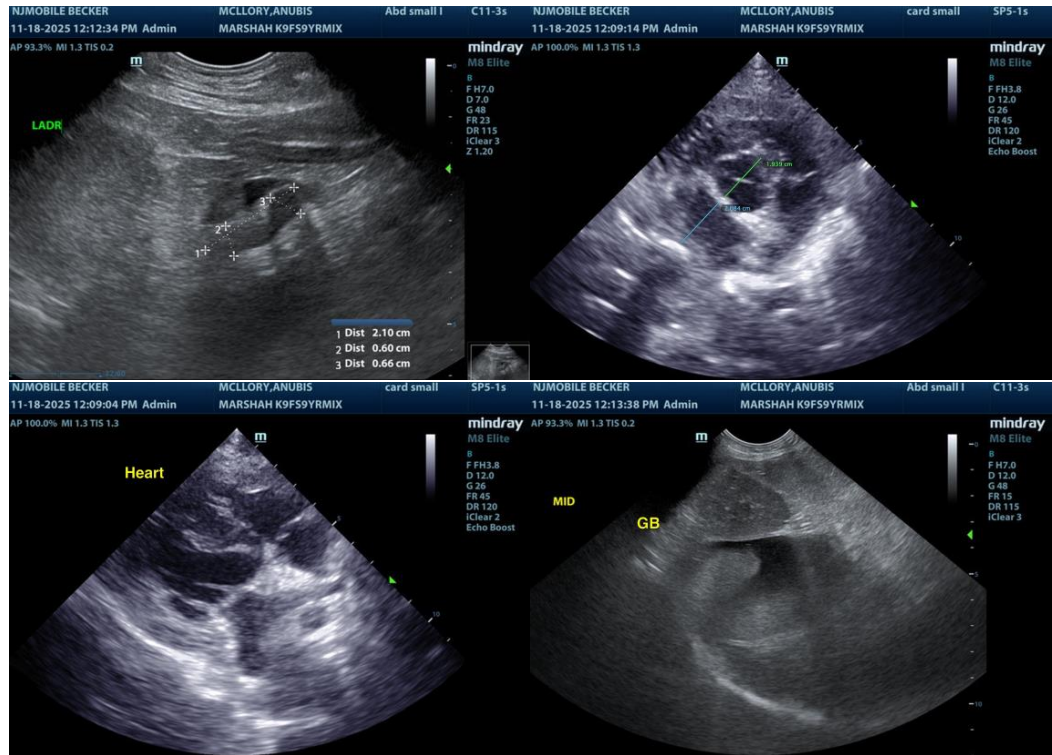
Dr. Armani

INVOICE

10362

DATE

11/18/25



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