



**PATIENT**

Teddy Gianni Bariezas

**SPECIES**

Canine

**BREED**

Maltese Mix

**SEX**

MN

**AGE**

11

**WEIGHT**

10.2

**PRESENTING CLINICAL SIGNS**

Increased RR possible Cognitive dysfunction , pancreatitis Had a prev abd u/s 10/28

Abnormal PE/Chem/CBC/UA Results: ALT 176 ALP 1475 Chol 324 Lipase 270

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART**

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	--	--	--	1.15	45	77	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	--	1.1	0.7	--	2.6	2.6	--

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway Animal Hospital

**REFERRING VET**

Dr Maniar

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22836

**DATE**  
11/03/2025

**Cardiac Presentation**

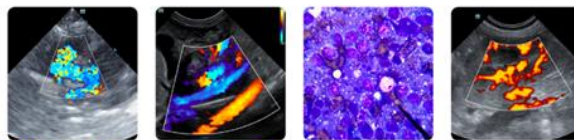
The echocardiogram in this patient demonstrated normal left atrial size based on 2 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal mitral valve leaflets presented mild thickening consistent with mild endocardiosis. Doppler indicated no definitive MR, yet mild eccentric MR is suspected. 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 mild TR on Doppler. 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 infiltrative disease was visible. The cranial mediastinum and pericardial regions were free of masses in the visible window.

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with previously noted mild dependent lumen mineral to small calculi. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was noted.



<b>PATIENT</b>	Normal size and 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral medullary mineral to small renoliths present primarily in the area of the lateral diverticuli. Intermittent small cortical cysts were present. The left kidney measured 4.2 cm in length. The right kidney measured 4.0 cm in length.
Teddy Gianni Bariezas	
<b>SPECIES</b>	The area of the aortic trifurcation was free of pathology.
Canine	The residual prostate appeared normal and free of pathology.
<b>BREED</b>	
Maltese Mix	<b>Adrenal Glands</b>
	Both adrenal glands were mildly enlarged with symmetrical contour and homogenous parenchyma. The left adrenal gland measured 0.65 cm width at the caudal pole. The right adrenal gland measured 0.63 cm width at the caudal pole.
<b>SEX</b>	
MN	<b>Spleen</b>
	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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<b>WEIGHT</b>	<b>Liver/Gallbladder</b>
10.2	The liver presented moderately 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 with mild non-organized debris. The cystic and common bile ducts were normal.
<b>INTERPRETED BY</b>	<b>Gastrointestinal</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
	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 mechanical/metabolic ileus, obstruction or foreign material.
<b>IMAGING PERFORMED BY</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
Jenn	<b>Pancreas</b>
<b>HOSPITAL NAME</b>	The parenchyma of the pancreas base and right limb was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.
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<b>INVOICE</b>	<b>Free Abdomen</b>
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## ULTRASONOGRAPHIC FINDINGS

### Primary

- Normal cardiac structure / function with mild degenerative mitral valve changes (B1)
- Mild TV insufficiency -no evidence of clinical pulmonary hypertension
- Non-specific benign hepatopathy pattern
- Mild gallbladder
- Probable mild chronic pancreatitis +/- fibrosis.
- Static chronic renal changes with medullary renolithiasis and cortical cysts.
- Static non-specific mild bilateral adrenomegaly – benign
- Static mild urinary bladder mineral / small calculi.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural /functional cardiomyopathy as a cardiogenic cause of the increased resting respiration rate. No indication for cardiac medications.

Correlation with urinary workup recommended. Assuming normal clotting status, screening hepatic FNA cytology could be considered for further clarification, although no overt sonographic evidence of neoplastic criteria. Hepatosupportive medications and empirical therapy for chronic pancreatitis, if clinical signs consistent with pancreatitis are present, is recommended. An adrenal workup warranted if clinical signs consistent with Cushing syndrome are non-reported or arise.



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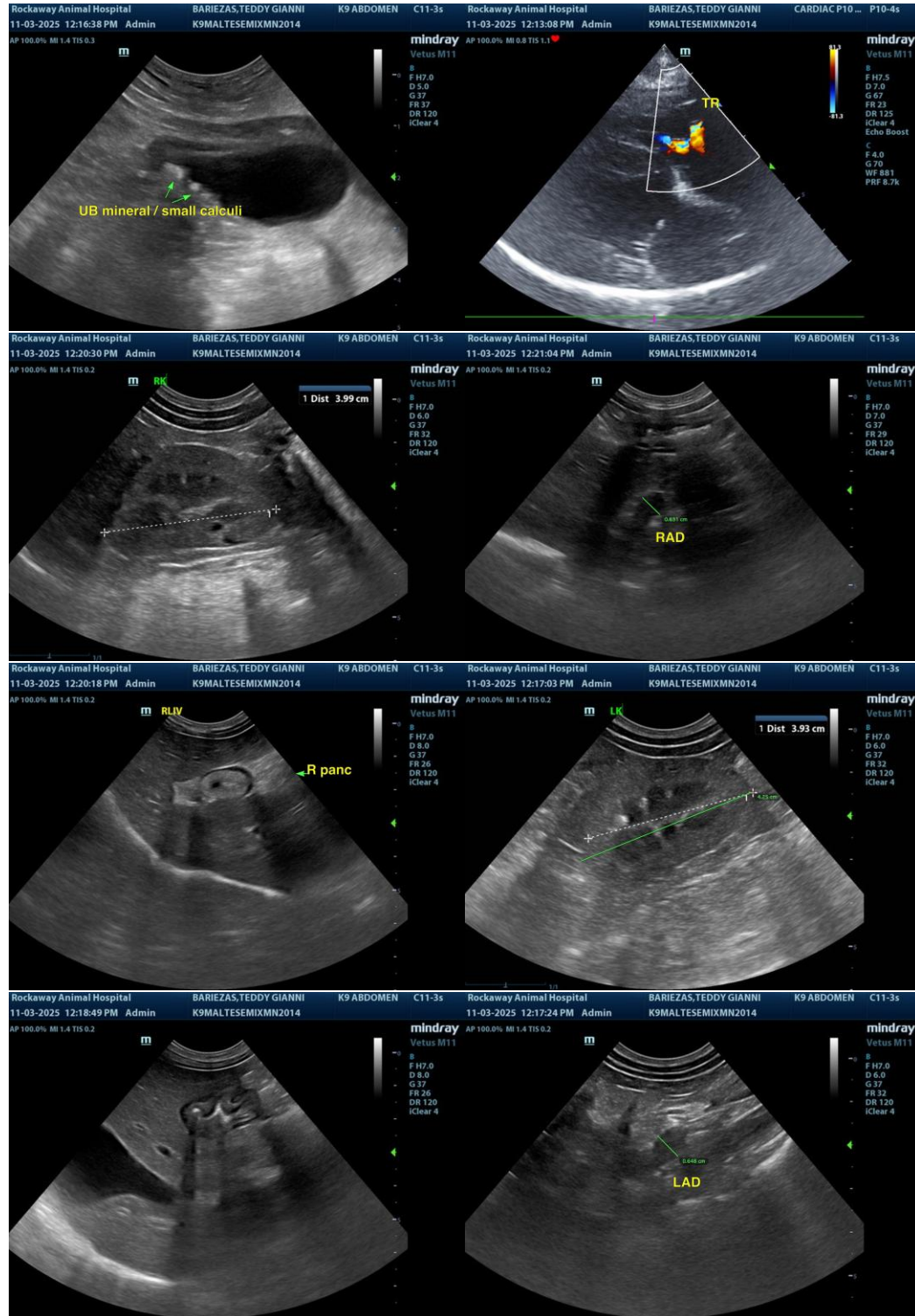
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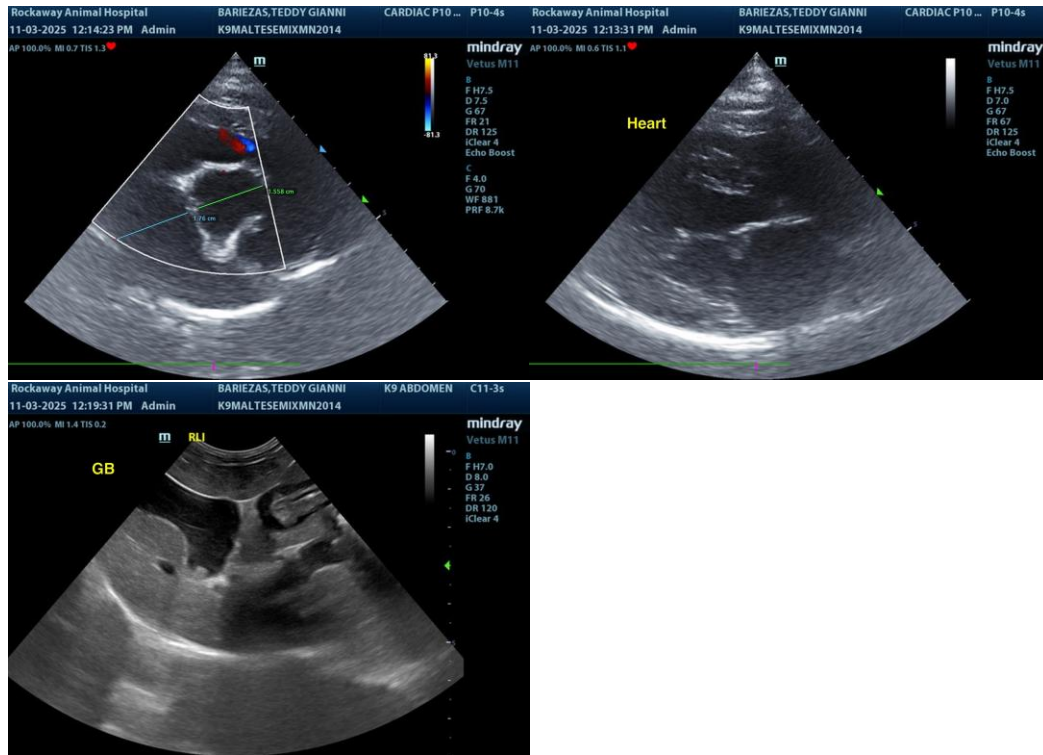
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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