



PATIENT

Emilio Torres

SPECIES

Canine

BREED

Chihuahua

SEX

MN

AGE

11 yrs 4 mon

WEIGHT

10 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Animal Paradise
 Hospital

REFERRING VET

Dr. Elshafie

INVOICE

10298

DATE

11/5/25

PRESENTING CLINICAL SIGNS

Assess cardiac function and to r/o cardiac mass and colonic mass.
 Abnormal PE/Chem/CBC/UA Results: ALT-208 PLT-147 Aggregates detected.

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				2.3	47	79	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	136	1.3	0.8		3.9	3.5	

Cardiac Presentation

The echocardiogram in this patient demonstrated moderate to severe increased **left atrial** dimension with interatrial septal deviation on 2 LA measurement methods. The cranial and caudal **mitral** valve leaflets presented thickening consistent with endocardiosis with mild valvular prolapse. Doppler indicated measurable severe eccentric insufficiency (MR velocity 5.0 m/s). The **left ventricle** presented normal wall thicknesses with 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. No evidence of arrhythmia was noted.



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Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or lumen 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.

The area of the residual prostate was free of obvious pathology.

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

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. The left kidney measured 3.2 cm in length. The right kidney measured 3.4 cm in length.

Adrenal Glands

The left adrenal gland was mildly enlarged in size at the caudal pole with normal contour and 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 0.54 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/ Gallbladder

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. 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 with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, 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 ileus, obstruction, or foreign material. Intact, subjectively mildly thickened ileocolic junction was noted, measuring 0.4 cm wall width.



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Indistinct to irregular thickened proximal colon wall and possible cecum were noted with the proximal colon wall measuring 0.3 cm width. The visualized transverse and descending colon exhibited intact wall layering, nondistended size containing soft to non-formed fecal matter.

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Pancreas

Canine

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.

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Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

MN

ULTRASONOGRAPHIC FINDINGS

AGE

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- Chronic mitral valve disease with valve prolapse (ACVIM B2- possible emerging C)
- Irregular thickened proximal colon and possible cecum with generalized soft to non formed fecal matter
- Normal stomach / small intestine
- Sonographically normal liver - consistent with low-grade benign hepatopathy
- Mildly enlarged caudal left adrenal gland - nonspecific / benign

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The degree of LA / LV enlargement consistent with or possibly suggestive of emerging clinical left heart volume overload indicates that the risk of complications secondary to MR is at least moderately elevated. There are no additional clinical issues such as overt pulmonary hypertension or LV systolic dysfunction. Pimobendan 0.3 mg/kg BID is recommended. Correlation with current clinical signs and thoracic radiographs, with monitoring of resting respiration rate going forward, is recommended. If clinical signs are present, Lasix 1.0-2.0 mg/kg BID at the lowest effective dose is indicated. If the patient is non-clinical, weak diuretic Spironolactone 1.0-2.0 mg/kg BID is suggested. Mild salt restriction and omega fatty acid supplementation may prove beneficial. Cardiac prognosis going forward is variable to guarded. Anesthetic risk is at least moderate, yet potentially mildly reduced once on Pimobendan for 3-5 days. If anesthesia is required, the following protocol is suggested with judicious IV fluid administration and limited anesthetic time. Recheck echocardiogram is suggested in 6 months, sooner if progressive clinical signs.

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Assuming gastrointestinal or colitis signs are present, the thickened proximal colon and possible cecum may indicate inflammatory, infectious, or possible emerging neoplastic etiologies. Correlation with fresh fecal analysis and a GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirical therapy for potential ileocolitis / typhlitis with clinical and as-needed sonographic monitoring is recommended.

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.



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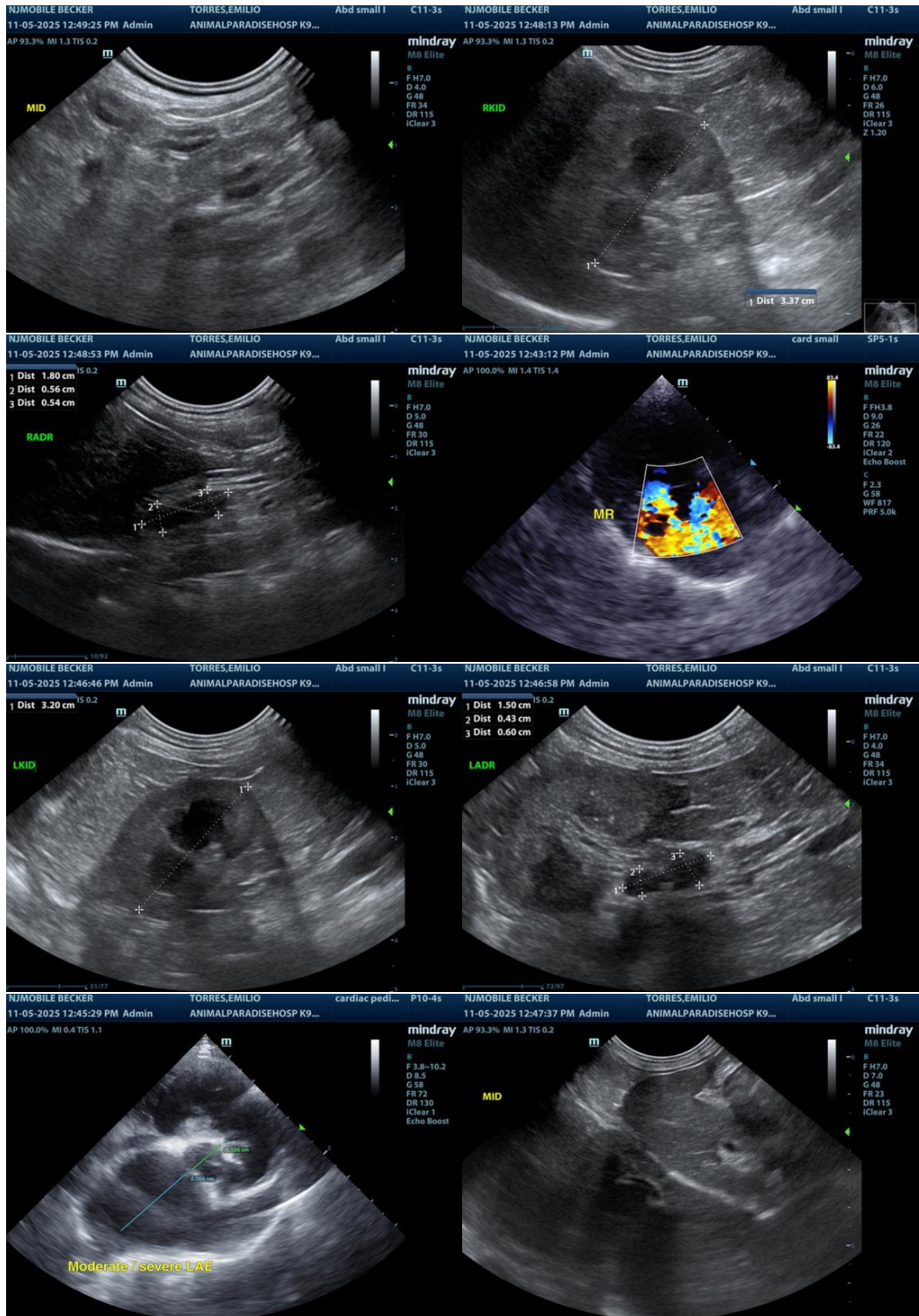
Dr. Elshafie

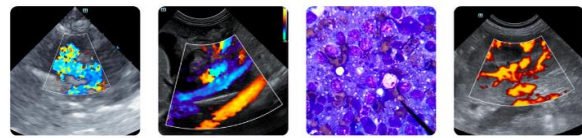
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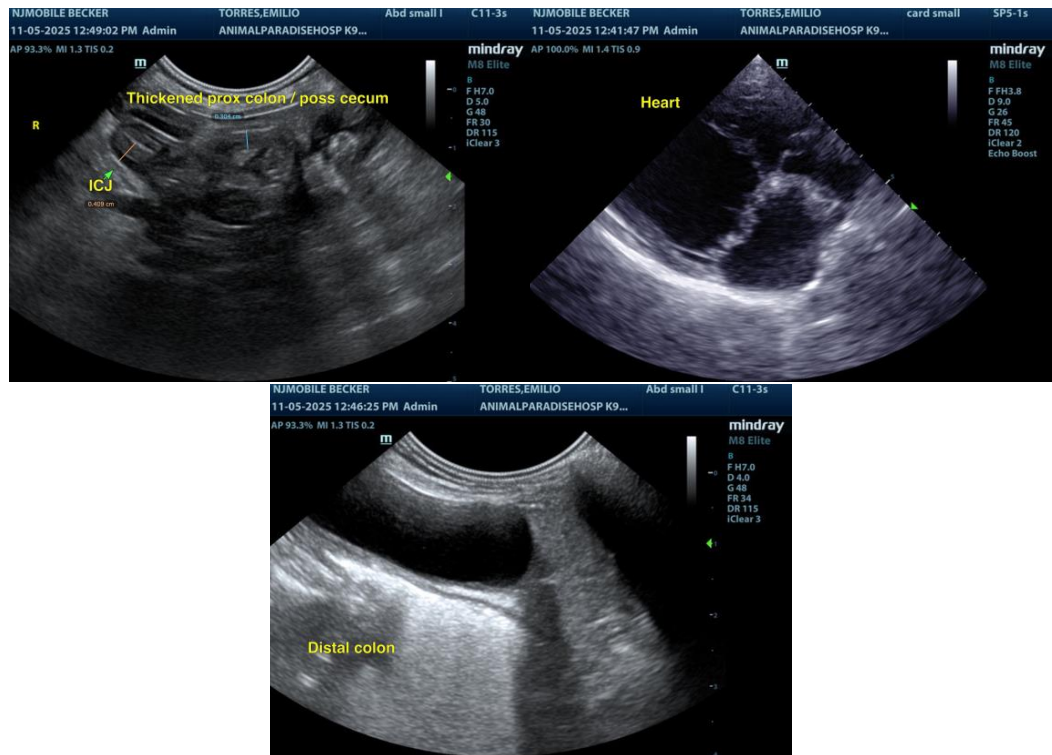
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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