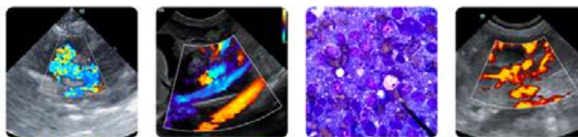


PATIENT
Fritz McMahon

SPECIES
Canine

BREED
Poodle x

SEX
Neutered Male

AGE
11

WEIGHT
58

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

IMAGING PERFORMED BY
Jenn

HOSPITAL NAME
Rockaway Animal Hospital

REFERRING VET
Dr. Schiess

INVOICE
72581

DATE
12/15/25

PRESENTING CLINICAL SIGNS

Elevated LE's vomiting , weight loss Had an abd u/s 10/28
Abnormal PE/Chem/CBC/UA Results: unreadable ALT ALP > 2000 GGT 46 Chol 453 On Tylan powder

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

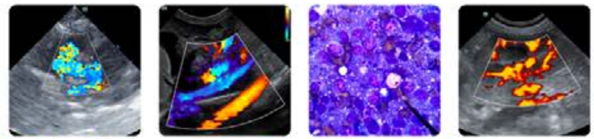
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	--	--	NM	1.0	44	76	0.21
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT**	**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	0.8	--	58	3.4	3.2	--

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 moderate eccentric insufficiency. 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 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.

Urinary System

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



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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. Left kidney measured 6.8 cm. Right kidney measured 7.2 cm.

Adrenal Glands

The left adrenal gland was indistinctly visualized without overt pathology, subjectively measuring 0.43 cm at the caudal pole.

The right adrenal gland was indistinctly visualized without overt pathology, subjectively measuring 0.66 cm at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

Mild to possibly moderate hepatomegaly noted. Symmetrical contour was maintained. Mild non-homogeneous hepatic parenchyma exhibiting normal echogenicity compared to the spleen and mild to moderate coarse parenchyma echotexture. Indistinct portal vasculature borders. No masses or nodules. Normal vascular volume. The gallbladder was non-distended in size with normal wall without evidence of inflammation. Mild to moderate, primarily gravity dependent to non-dependent mildly mineralized, non-organized gallbladder debris noted. Common bile duct was not visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas.

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.

Pancreas

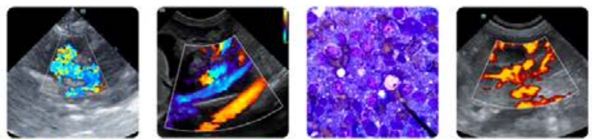
The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (B1)
- Hepatopathy – subjective similar appearing liver compared to previous study.
- Non-organized to mineralized gallbladder debris (non-mucocele).



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- Sonographically normal empty gastrointestinal tract – probable mild non-specific gastroenteritis.
- Static age related renal changes.
- Static mild urinary bladder lumen mineral.

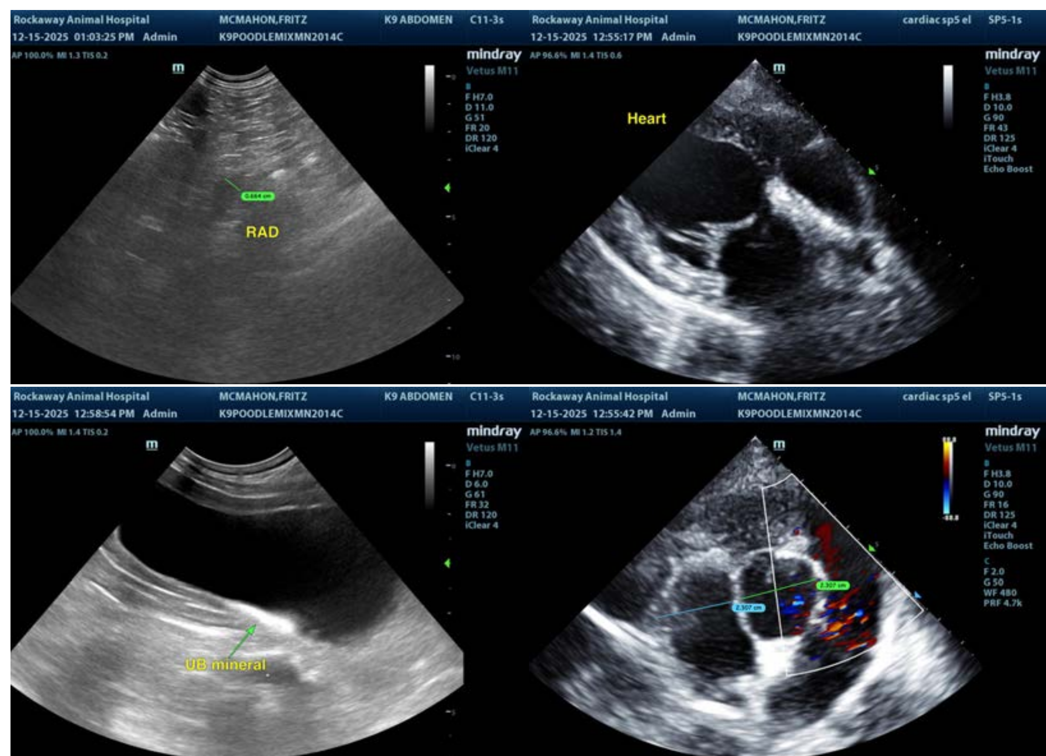
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is chronic degenerative valvular changes with secondary eccentric mitral valve insufficiency. The lack of left atrial enlargement implies that the risk of complication secondary to mitral valve insufficiency is low at this time and, without current clinical signs, indicates that medical therapy is not required. Prognosis is considered variable and sonographic monitoring is recommended. Recheck echo cardiogram is suggested in 6-12 months, sooner if clinical signs arise. No anesthetic contraindications.

No evidence of gastrointestinal or post-hepatic obstruction. Non-specific hepatitis (viral, bacterial, Leptospirosis, toxin), vacuolar changes, and non-obstructive cholestasis, hepatotoxicosis i.e., copper, or hepatopathy all possible, with hepatic neoplasia thought less likely.

Further assessment may include hepatic FNA cytology (assuming normal clotting status) +/- Leptospirosis titers/PCR.

Hepato-gastrointestinal support indicated. A GI panel to include PLI, TLI, cobalamin and folate, and if not done, 3-view chest radiographs to assess for occult disease as a contributing factor to the weight loss, is recommended.



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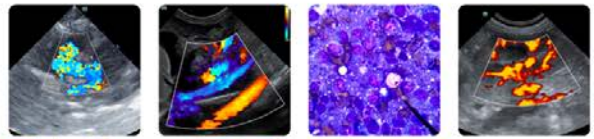

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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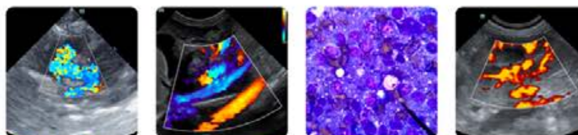

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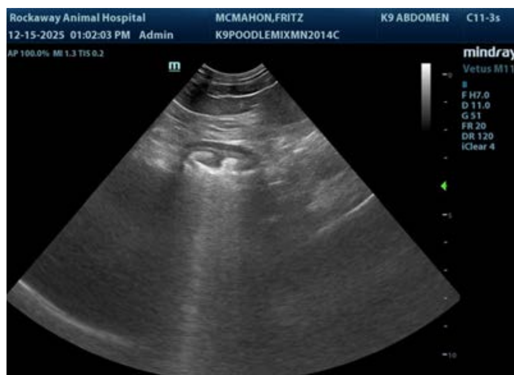

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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