



PATIENT

Sandy Coronel

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

17

WEIGHT

6

PRESENTING CLINICAL SIGNS

Weight loss 3.6 lbs in 6 ms

Abnormal PE/Chem/CBC/UA Results: Heart murmur grade 3/6 Dental calculus , gingivitis weight loss, good appetite Fecal op/Giardia- pending GI panel-pending USPGR-1.028 UA-pending Bw- non-regenerative anemia, Mild low CR

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	--	--	--	--	44	76	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				
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(Canine and Feline)

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Dr Sharkawy

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Cardiac Presentation

The echocardiogram in this patient demonstrated mild increased left atrial size based on LA 2D measurement. Emerging intra atrial septal deviation. The cranial and caudal mitral valve leaflets presented thickening consistent with endocardiosis. Spectral Doppler revealed eccentric MR. The left ventricle presented mild increased 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.

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 no evidence of



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urine/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 uterine remnant appeared normal and free of pathology

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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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Areas of corticomedullary mineral to renoliths were present.

BREED

Chihuahua

Bilateral discreet hyperechoic cortical foci was present which may indicate areas of cortical microinfarction, fibrosis or mineralization. The left kidney measured 3.9 cm in length. The right kidney measured 3.8 cm in length.

The area of the aortic trifurcation was free of pathology.

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Adrenal Glands

The area of the pancreas was sonographically normal.

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Spleen

The spleen exhibited normal size, areas of capsule asymmetry and mild heterogeneous parenchyma with pinpoint to focal hyperechoic splenic parenchyma foci.

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Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent, non-capsule deforming non-homogenous to hypoechoic liver nodules were present, an example measured 1.1 cm in diameter. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.

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Gastrointestinal

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.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Discreet hyperechoic intestinal mucosal speckling was present. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

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Normal visible colon wall layers were present with formed to semi formed feces in lumen.

Pancreas

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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.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Chronic mitral valve disease (B2)
- Overall sonographically normal gastrointestinal tract, semi formed fecal matter in colon
- Chronic renal changes exhibiting medullary renolithiasis and hyperechoic cortical foci.
- Remodeled liver with subtle intraparenchymal nodules
- Non-organized gallbladder debris
- Hyperechoic splenic foci-benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is chronic degenerative valvular changes with secondary eccentric mitral valve insufficiency. The left atrial enlargement implies that the risk of complication secondary to mitral valve insufficiency is elevated, yet overall, the heart appears stable. No other clinical issues such as LV systolic dysfunction or clinical pulmonary hypertension. Pimobendan 0.3 mg/kg BID is recommended. No overt indication for additional medication. Prognosis is considered variable and sonographic monitoring is recommended. Recheck echo cardiogram is suggested in 6 months, sooner if clinical signs arise. Cardiac anesthetic risk is considered mild, yet likely mildly reduced once on Pimobendan for 3-5 days.

Largely a geriatric abdomen without evidence of significant visceral pathology. Correlation with pending diagnostics is recommended. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Concurrent three view chest radiographs and thorough musculoskeletal/ neurological examination to assess for extra-abdominal pathology as a contributing factor to the weight loss pending additional diagnostics may be considered.

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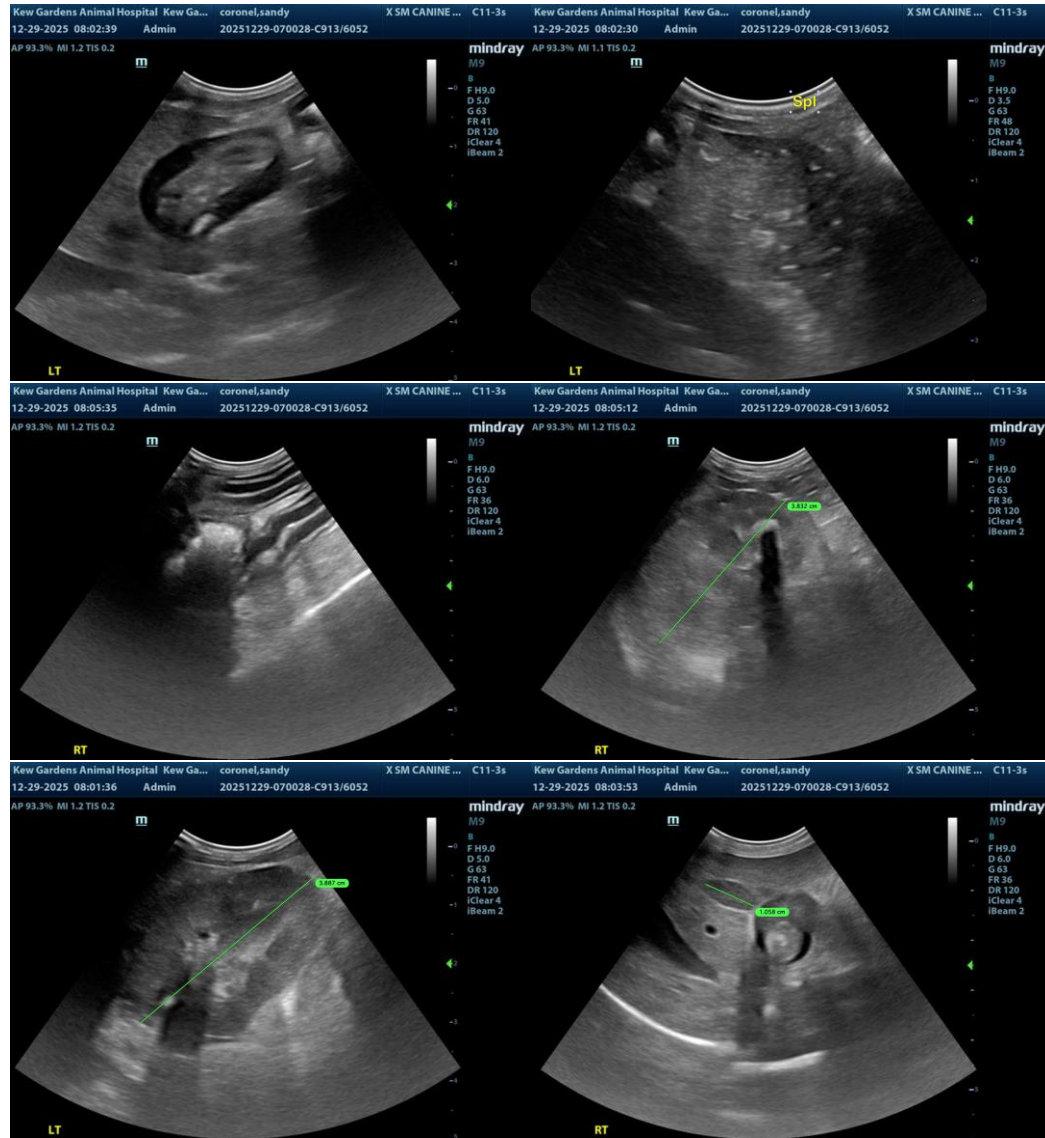
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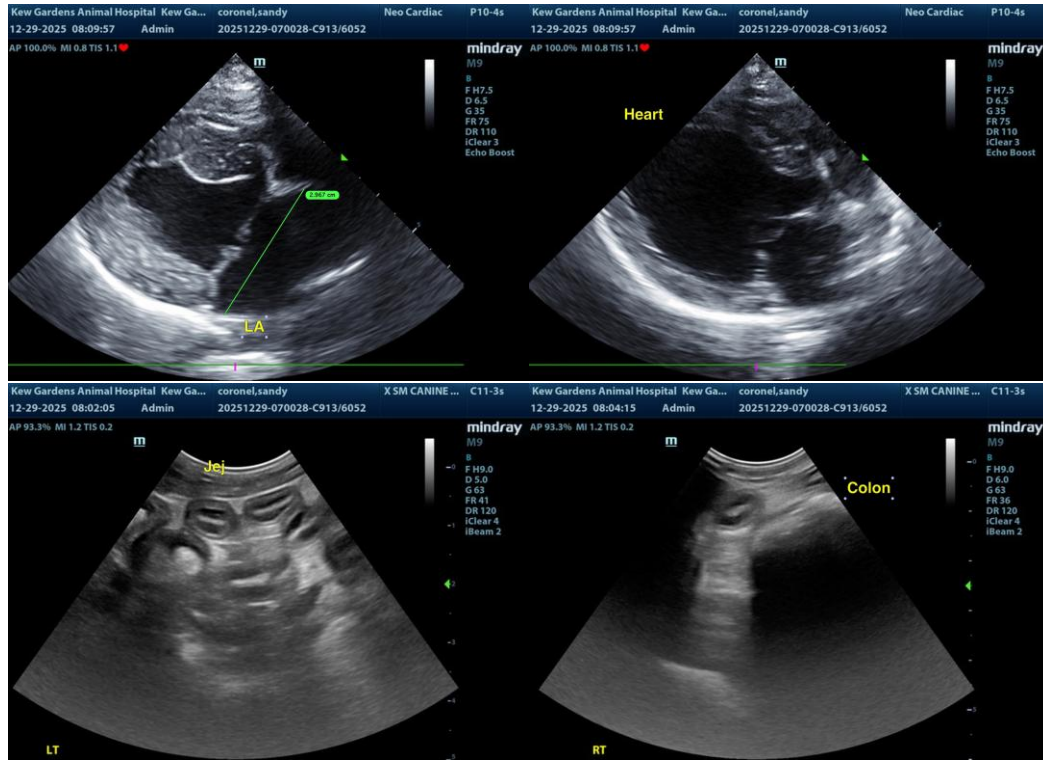
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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