



**PATIENT**

Dusty Fugarazzo

**PRESENTING CLINICAL SIGNS**

- Presented for lethargy and anorexia-acute jaundice
- meds- ampicillin,famot,maropirant,denamarin

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: GGT-124 TB-6.6 ALT-6333 ALP-1794 leptoneg

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART**

**BREED**

Mixed

**SEX**

MN

**AGE**

9yr

**WEIGHT**

12lb

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	--	--	--	1.0	40	74	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	127	1.0	1.0	12lb	2.0	2.0	--

**INTERPRETED BY**

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

**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 endocardiosis. No overt valvular prolapse. Doppler indicated mild to 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 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

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Kerri Becker

**HOSPITAL NAME**

Marsh AH

**REFERRING VET**

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echographically detectable evidence of infiltrative disease was visible. The cranial mediastinum and pericardial regions were free of masses in the visible window.

**Urinary System**

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

**BREED**

Mixed

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. Bilateral mild medullary mineral to emerging small renoliths. The left kidney measured 4.2 cm in length. The right kidney measured 4.1 cm in length.

**SEX**

MN

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology

**AGE**

9yr

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 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 0.40 cm width at the caudal pole.

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**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.

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**Liver/Gallbladder**

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Subjective mild subnormal mid to right liver size. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. 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 common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

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**Gastrointestinal**

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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.

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

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**Pancreas**

The area of the pancreas was sonographically normal.

**SPECIES**

**Free Abdomen**

Canine

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

**BREED**

**ULTRASONOGRAPHIC FINDINGS**

Mixed

**Primary**

**SEX**

- Chronic mitral valve disease (B1)
- Mild tricuspid regurgitation-no evidence of pulmonary hypertension
- Hepatopathy with potential decreased mid to right liver size
- Sonographically normal non-distended gallbladder
- Normal gastrointestinal tract/pancreas
- Bilateral mild emerging medullary mineral to non-obstructive renoliths

MN

**AGE**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

The lack of left / right heart chamber enlargement indicates that the current and future risk of complication secondary to MR/ TR is low. No indication for cardiac medications. Sonographic monitoring recommended for further assessment and prognosis with recheck echo suggested in 6 to 12 months sooner if clinically indicated. No cardiac anesthetic contraindications.

12lb

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Given significant to primary elevated ALT, considerations for the liver may include non-specific hepatitis (viral bacterial, leptospirosis, toxin) hepatotoxicosis i.e. copper or other inflammatory hepatopathy concurrent vacuolar hepatic changes and non-obstructive cholestasis. Occult neoplasia thought less likely without overt sonographic hepatobiliary neoplastic criteria or post-hepatic obstruction.

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Correlation with pending hepatic FNA cytology is recommended. If initial leptospirosis testing was in-house, consider leptospirosis PCR both in serum and urine if clinically indicated or if potential exposure/endemic to the area. Hepatogastrointestinal support and empirical therapy for non-specific hepatitis with clinical monitoring would be reasonable. No overt intrahepatic or extrahepatic shunt visible yet correlation with bile acid profile warranted. Hepatic biopsy for histopathology +/- advanced imaging if significant elevated post-prandial bile acids may be required for definitive diagnosis.

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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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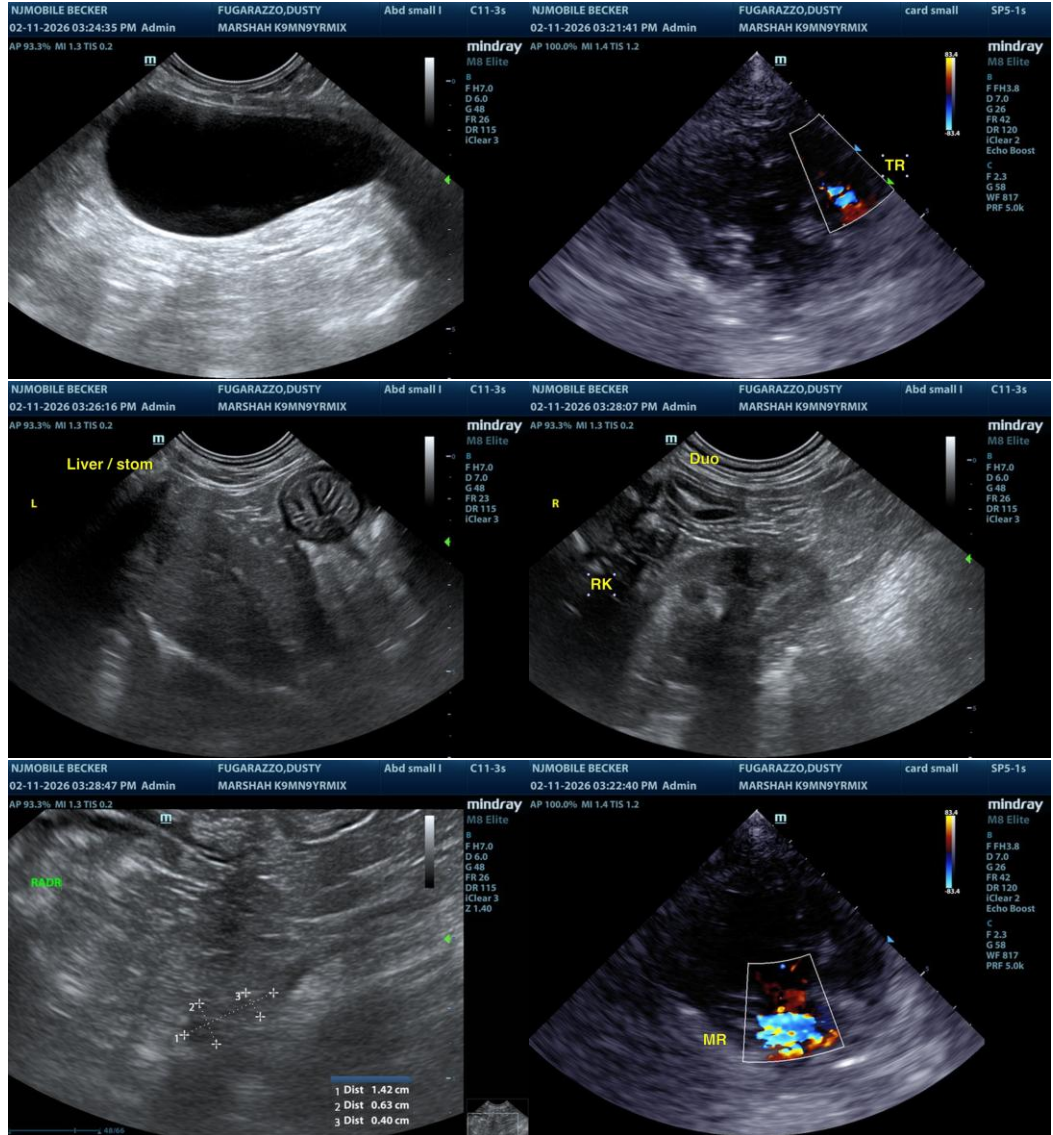
Dr Armani

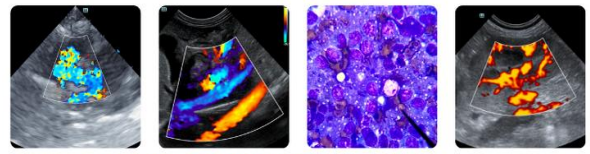
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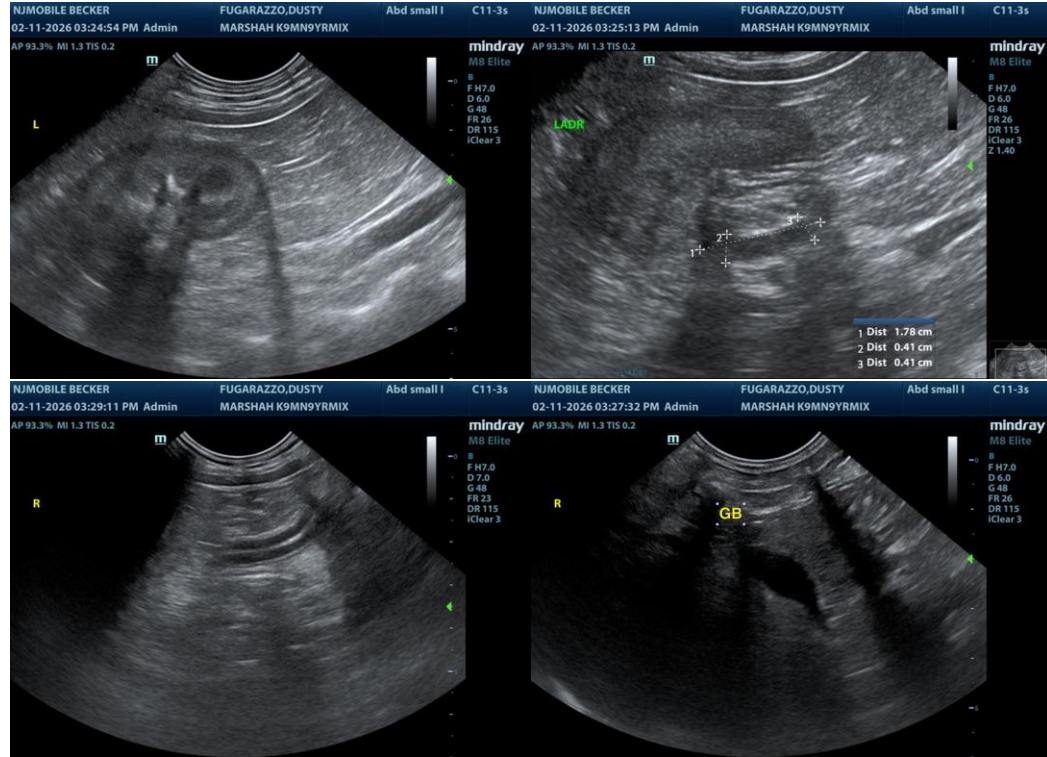
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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