



**PATIENT**

Laila Yannuzzi

**SPECIES**

Canine

**BREED**

Maltese

**SEX**

Female Spayed

**AGE**

12

**WEIGHT**

12.3

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Maniar

**INVOICE**

13198

**DATE**

2/12/26

**PRESENTING CLINICAL SIGNS**

History:

- Hx of HM, coughing, very painful abd, Last bi cav was 7/19/24
- Current meds: Vetmedin 1.25 mg 1 SID

**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	5.0	--	--	2.0	48	81	0.3
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	NM	1.2	1.0	--	3.7	3.7	--

**Cardiac Presentation**

The echocardiogram in this patient demonstrated severe increased **left atrial** size based on 2 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented thickening consistent with endocardiosis. Doppler indicated measurable severe eccentric insufficiency. MR velocity measured 5.0 m/s. The **left ventricle** presented severe increased LV dimension and increased sphericity. 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 present.

**Urinary System**



## PATIENT

Laila Yannuzzi

## SPECIES

Canine

## BREED

Maltese

## SEX

Female Spayed

## AGE

12

## WEIGHT

12.3

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway AH

## REFERRING VET

Dr. Maniar

## INVOICE

13198

## DATE

2/12/26

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Small cortical cysts present. The left kidney measured 4.3 cm in length. The right kidney measured 4.4 cm in length.

### **Adrenal Glands**

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.48 cm width in the caudal pole. The right adrenal gland measured 0.50 cm width in 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**

The liver presented enlarged in size with normal hepatic vascular volume. 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. Indistinctly marginated non-homogeneous intraparenchymal mass present in the deep mid to right liver measuring 3.0 cm in diameter. The gallbladder was non distended in size with mild, non-organized, echogenic, nonmineralized biliary sludge. The common bile duct was visualized.

### **Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor, non-shadowing ingesta/chyme.

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 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.

### **Free Abdomen**



**PATIENT**

No overt lymphadenopathy or peritoneal effusion was present.

Laila Yannuzzi

**ULTRASONOGRAPHIC FINDINGS**

**SPECIES**

- Chronic mitral valve disease with left heart volume overload (ACVIM stage C)
- Non-congested hepatomegaly with small intraparenchymal mass
- Non-organized gallbladder debris (non-mucocele)
- Chronic renal changes with small cortical cysts
- Sonographically normal gastrointestinal tract/area of pancreas

Canine

**BREED**

Maltese

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

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 significantly elevated with possible clinical signs secondary to volume overload. Initiate **Furosemide / Spinolactone** 1-2 mg/kg BID, **Pimobendan** 0.3 mg/kg BID. **ACEI** is suggested if systemic BP >130 (not indicated if <130). Antitussive medication if coughing is suggested. Omega fatty acid supplementation and mild salt restriction may be beneficial. Serial monitoring of resting respiration rate is recommended. Prognosis is considered guarded / variable and sonographic monitoring is recommended. Recheck echo cardiogram is suggested in 6 months, sooner if progressive clinical signs. Elective anesthesia is advised.

Female Spayed

**AGE**

12

**WEIGHT**

12.3

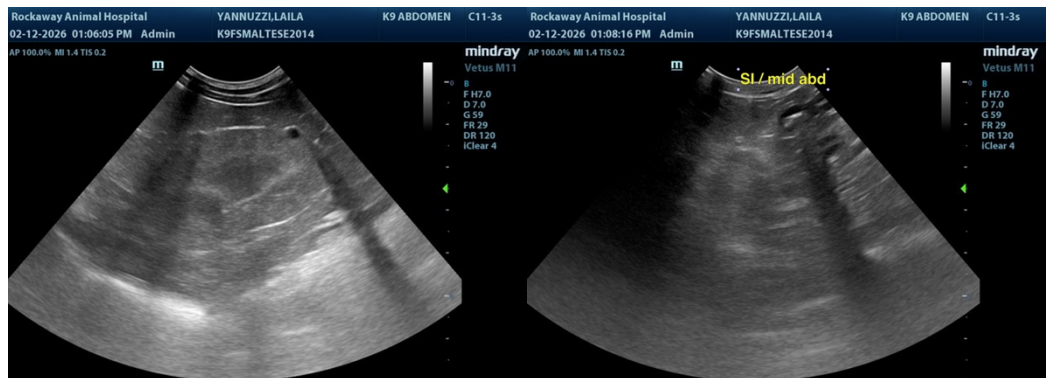
No overt significant visceral pathology as a definitive cause of reported abdominal pain. No evidence of hepatic congestion which would suggest clinically significant increased right heart or pulmonary pressure. The overall hepatopathy and liver mass may indicate vacuolar reactive or cholestatic changes, inflammation, hyperplasia, granuloma or neoplasia. Initial serial sonographic monitoring of the liver mass for evidence of progression is recommended. Given current cardiac presentation and further assessment of response to additional cardiac medication is recommended.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenn



**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

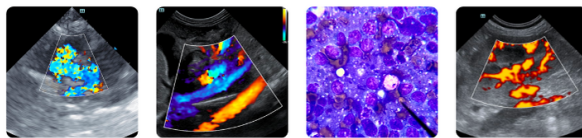
Dr. Maniar

**INVOICE**

13198

**DATE**

2/12/26



**PATIENT**

Laila Yannuzzi

**SPECIES**

Canine

**BREED**

Maltese

**SEX**

Female Spayed

**AGE**

12

**WEIGHT**

12.3

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

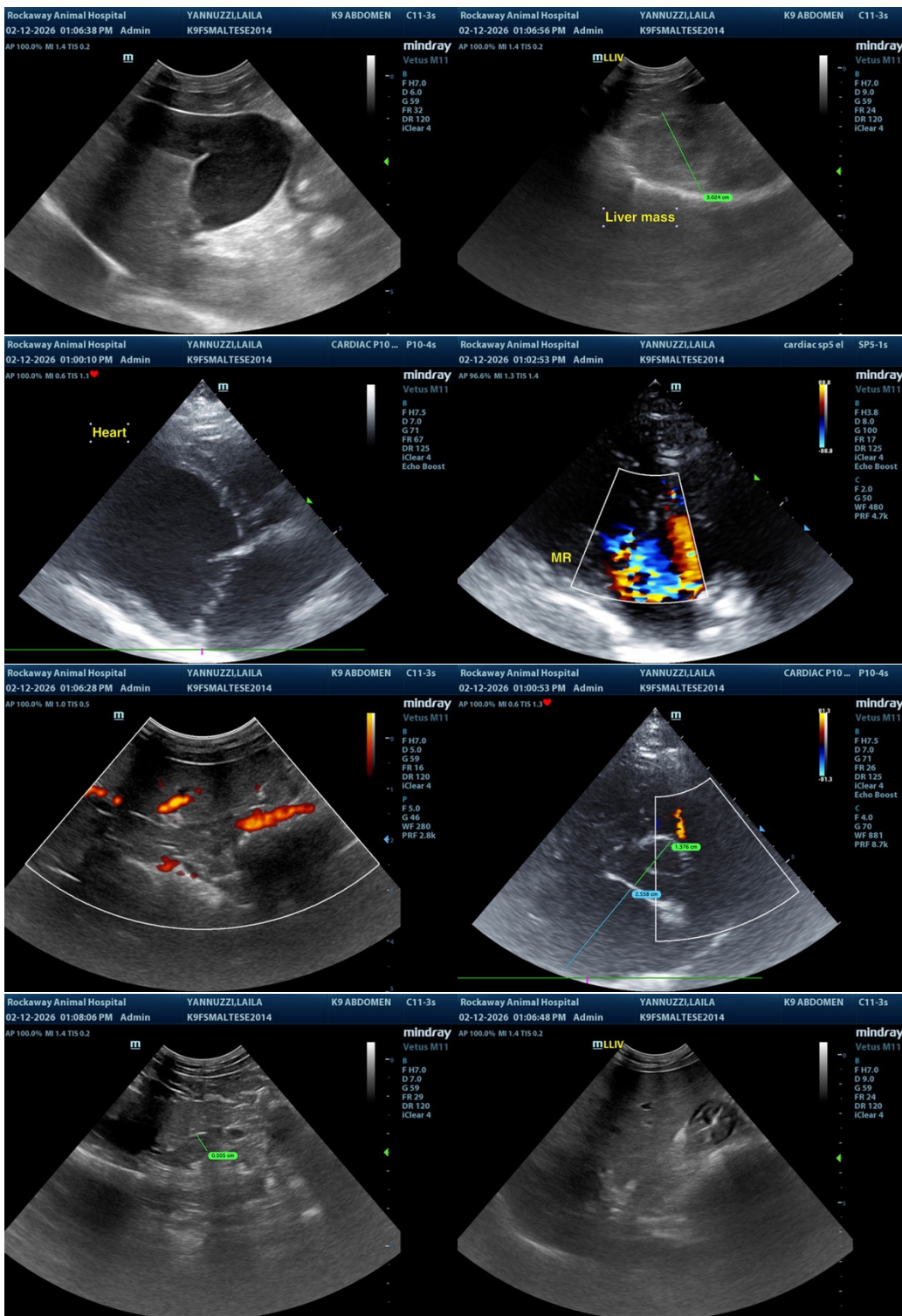
Dr. Maniar

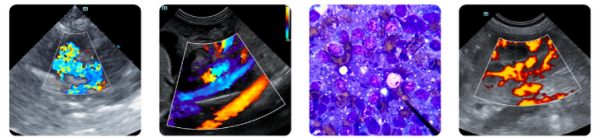
**INVOICE**

13198

**DATE**

2/12/26





## PATIENT

Laila Yannuzzi

## SPECIES

Canine

## BREED

Maltese

## SEX

Female Spayed

## AGE

12

## WEIGHT

12.3

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway AH

## REFERRING VET

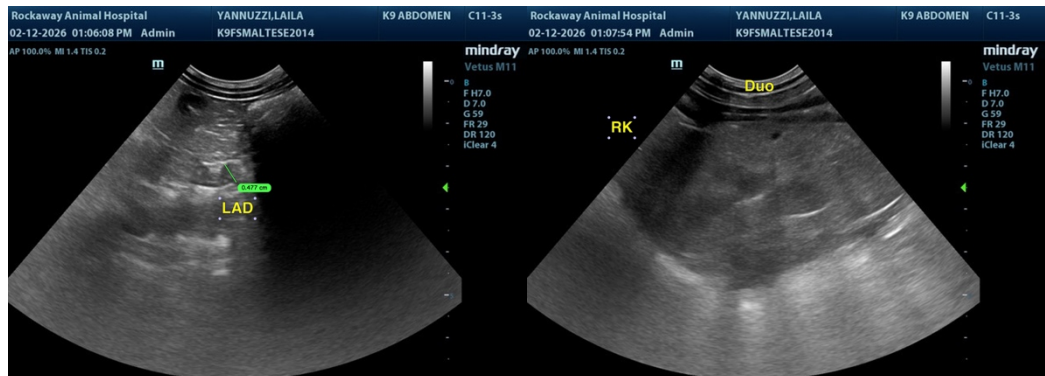
Dr. Maniar

## INVOICE

13198

## DATE

2/12/26



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](mailto:info@sonopath.com)