



PATIENT

Barney Weil

SPECIES

Canine

BREED

Poodle Mix

SEX

MN

AGE

7yr

WEIGHT

28.7kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mariusz
Chmielinski

HOSPITAL NAME

Apex Veterinary
Services Ltd.

REFERRING VET

Alpine 24/7

INVOICE

23929

DATE

02/18/2026

PRESENTING CLINICAL SIGNS

- Newly detected grade 2–3/6 systolic heart murmur
- Confirmed hypoadrenocorticism (Addison's disease)
- PERTINENT HISTORY: Acute onset (24–48 hrs): lethargy, hindlimb weakness, anorexia., Chronic intermittent GI sensitivity (managed on Royal Canin Hypoallergenic). 2023 AUS: gastric and small intestinal thickening (IBD vs inflammatory vs neoplastic)
- Abnormal PE/Chem/CBC/UA Results: DIAGNOSTICS ACTH Stimulation Test Baseline cortisol: 13.9 nmol/L Post-ACTH: <13.8 nmol/L ELECTROLYTES (Most Recent – Feb 18) Sodium: 140 mmol/L (low) Potassium: 7.9 mmol/L (severely elevated) Na:K ratio: 18 Chloride: low RENAL VALUES Initial: Creatinine 209 µmol/L, Urea 18.0 mmol/L After fluids: Creatinine normalized (105 µmol/L), BUN normalized

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	--	--	--	1.33	35	64	0.2
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	1.5	1.2	28.7kg	3.7	3.8	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal left atrial size based on 2 separate methods of LA evaluation. The cranial and caudal mitral valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. Mild centralized MR on Doppler. 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 to borderline subnormal 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. Normal measured LVOT velocity. The right atrium and auricle revealed normal size, structure and content. No evidence of masses was noted. Tricuspid valvular assessment demonstrated adequate linear morphology and kinesis. No overt TR on Doppler. The right ventricle was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. Pulmonary outflow tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). Normal measured RVOT velocity. No visible pericardial or free pleural fluid



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was noted. The cranial mediastinum and pericardial and extra-cardiac regions were free of masses in the visible window. No evidence of arrhythmia.

Urinary System

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The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 cm 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.

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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. The left kidney measured 7.2 cm in length. The right kidney measured 6.9 cm in length.

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The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology.

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Adrenal Glands

Adrenal glands were subnormal in size, consistent with patient history. Symmetrical contour and homogenous parenchyma were maintained. The left adrenal gland measured 0.34 cm width at the caudal pole. 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.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. 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 mild to moderate non-organized debris. 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 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. The duodenum wall measured 0.37 cm width. The jejunum wall measured 0.35-0.37 cm width.

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

Pancreas

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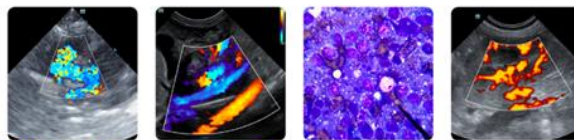
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The area of the pancreas was sonographically normal.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

Primary

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- Structurally normal heart with adequate to borderline LV contractility -systemic disease, athletic state, hypothyroidism may present in this manner. DCM criteria was not met.
- Mild centralized MR
- Sonographically unremarkable empty gastrointestinal tract
- Normal area of pancreas
- Subnormal adrenal glands- consistent with patient history

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

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Hospitalization with gastrointestinal support and empirical therapy for potential acute Addisonian crisis, if not currently instituted, and recent reported electrolyte levels is recommended with clinical monitoring. The hemodynamic effects of the mild MR are low given lack of LA enlargement. A definitive source of the audible murmur was not obvious, indicating potential for flow murmur. Regardless of classification, no indication for cardiac medication at this stage. Echocardiographic monitoring recommended with recheck suggested in 6 months, sooner if clinically indicated.

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A GI panel to include PLI/TLI/Cobalamin/Folate to assess for non-structural intestinal disease or mild pancreatitis, which may present as sonographically normal may be considered. Sonographic reassessment of the abdomen indicated if continued or progressive gastrointestinal signs.

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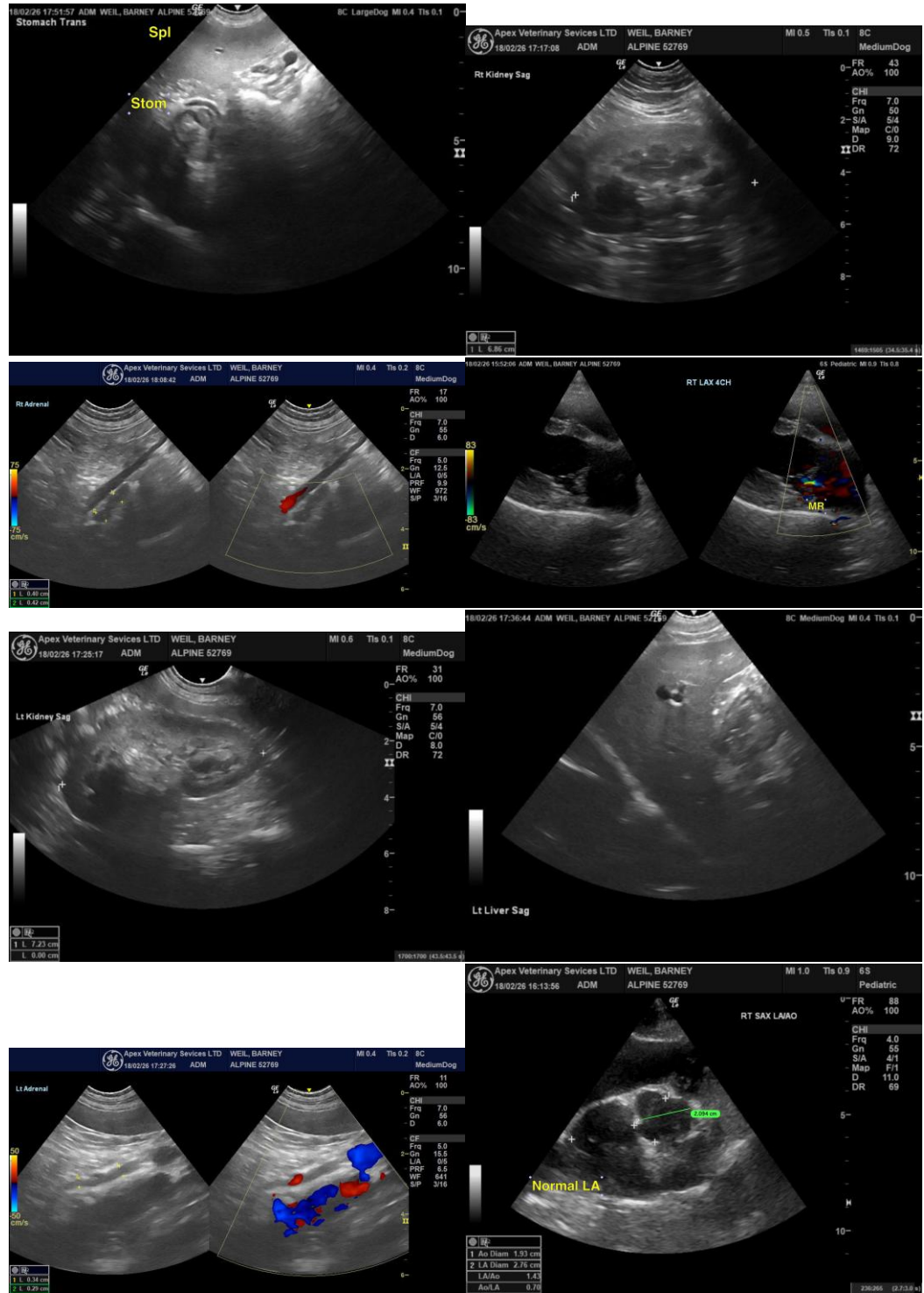
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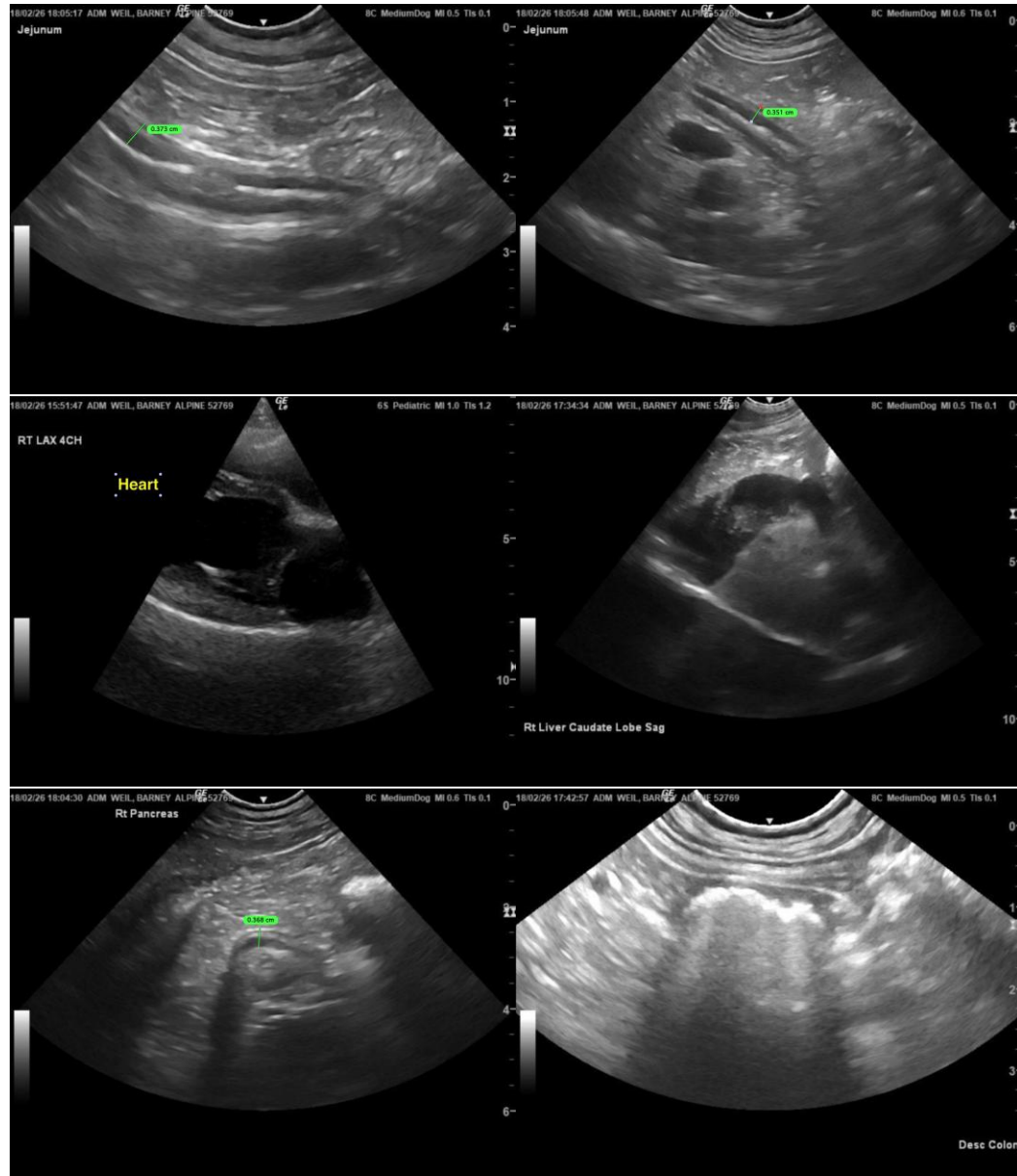
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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