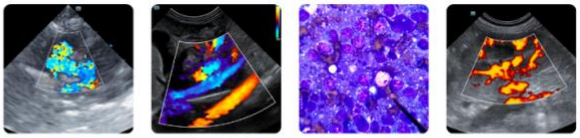


PATIENT

Delilah Garibaldi

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed Female

AGE

8 Years

WEIGHT

16.4 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Vincent Ravancho CVT

HOSPITAL NAME

Flanders Vet Clinic

REFERRING VET

Dr. Kyle-LaBell

INVOICE

13941

DATE

02/24/26

PRESENTING CLINICAL SIGNS

- looking for potential cause of wt. loss + mild regenerative anemia
- pale pink mm, CRT 2 seconds
- significant cachexia, "tucked" abdomen
- enlarged cardiac silhouette on radiographs
- medications: ursolyx

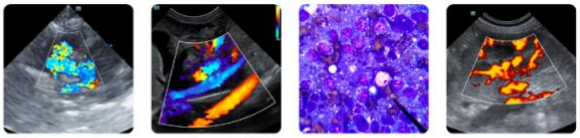
Abnormal PE/Chem/CBC/UA Results: Mild regen anemia - (RBC 5.34, HCT 35%, Retic 135.6), increased platelets 647, TP 4.8, Albumin 1.8

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	--	NM	1.3	45	78	0.25
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT** (lbs)	**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	1.6	1.4	16.4	3.0	2.8	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **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 moderate eccentric MR. 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.



PATIENT

Delilah Garibaldi

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed Female

AGE

8 Years

WEIGHT

16.4 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Vincent Ravancho CVT

HOSPITAL NAME

Flanders Vet Clinic

REFERRING VET

Dr. Kyle-LaBell

INVOICE

13941

DATE

02/24/26

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent moderate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural 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 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 5.2 cm in length. The right kidney measured 5.3 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole.

The right adrenal gland exhibited mild mid to caudal adrenomegaly with possible early parenchymal in the area of the right phrenic vein. The cranial right adrenal gland measured approximately 1.0 cm width. The caudal right adrenal gland was normal in size measuring 0.49 cm width.

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. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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 ileus, obstruction or foreign material.

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

Pancreas

PATIENT

Delilah Garibaldi

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed Female

AGE

8 Years

WEIGHT

16.4 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Vincent Ravancho CVT

HOSPITAL NAME

Flanders Vet Clinic

REFERRING VET

Dr. Kyle-LaBell

INVOICE

13941

DATE

02/24/26

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

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (B1).
- Sonographically normal gastrointestinal tract.
- Mild nonorganized gallbladder debris (non-mucocele).
- Normal spleen.
- Mild mid to cranial right adrenomegaly with possible early parenchymal expansion in the area of the right phrenic vein- nonspecific, possible patient variant, mild hyperplasia, potential for emerging right adrenal tumor is not definitively excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant structural or functional cardiomyopathy as an obvious contributing factor to the patient's clinical signs. The lack of LA enlargement indicates the current and future risk of complication, secondary to MR is low. No indication for cardiac medication at this stage. Sonographic monitoring is required for further assessment and prognosis. Recheck echo is suggested in 6 to 12 months, sooner if clinically indicated. Cardiac anesthetic risk is considered mild. 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.

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs, neurological / musculoskeletal examination and rule out competitive eating environment are recommended to assess for or rule out occult disease or contributing factors which may cause weight loss. Concurrent CBC pathology review and urinary workup given anemia and to assess for evidence of proteinuria in conjunction with decreased albumin level is recommended.

Given no evidence of hepatopathy and if no proteinuria, malassimilation disorder or intestinal protein loss may be of primary concern.

The right adrenal gland is nonspecific. Monitoring of systemic BP for evidence of hypertension as well as sonographic monitoring of the right adrenal gland with initial recheck in four weeks is recommended.

PATIENT

Delilah Garibaldi

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed Female

AGE

8 Years

WEIGHT

16.4 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Vincent Ravancho CVT

HOSPITAL NAME

Flanders Vet Clinic

REFERRING VET

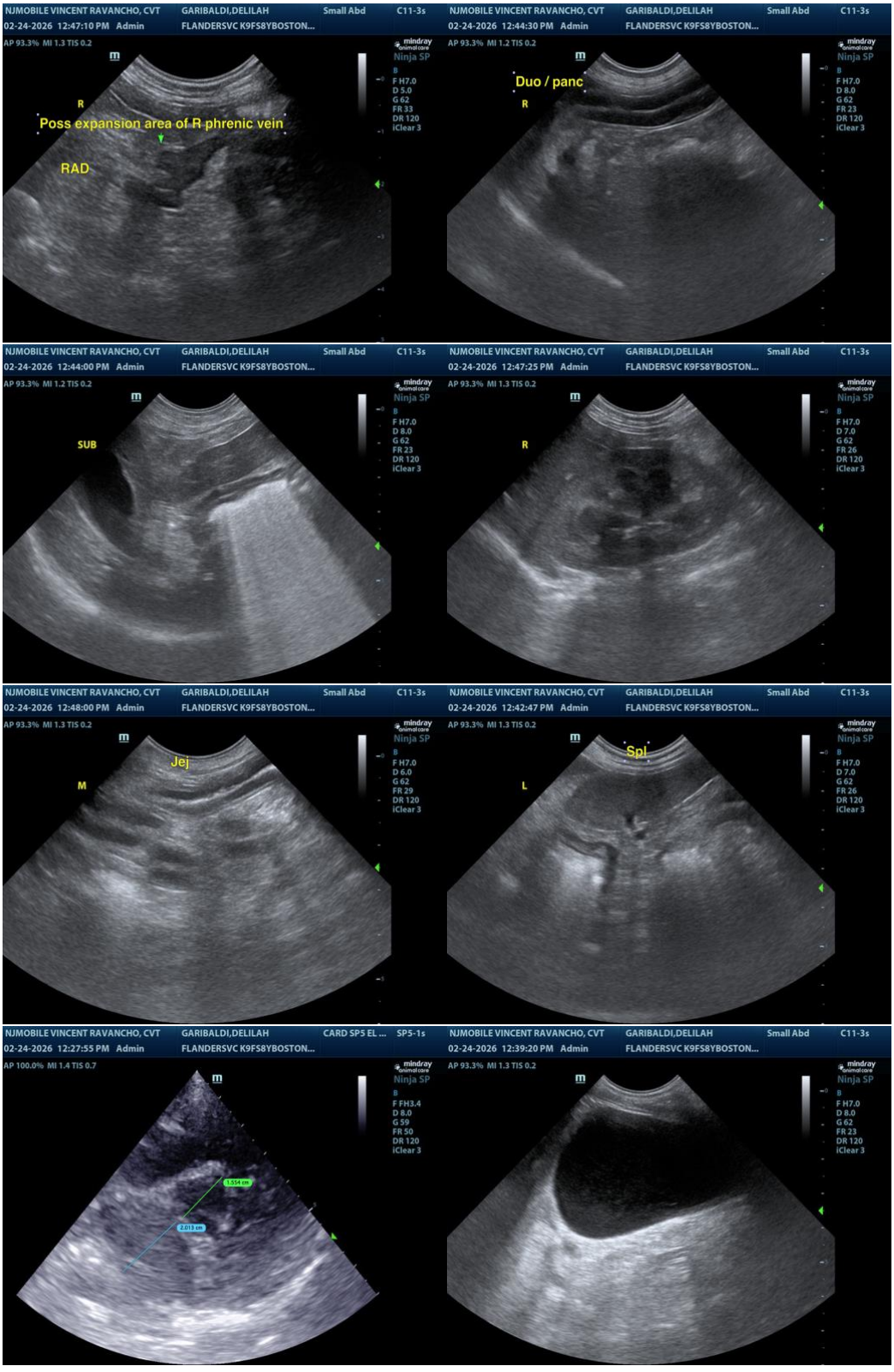
Dr. Kyle-LaBell

INVOICE

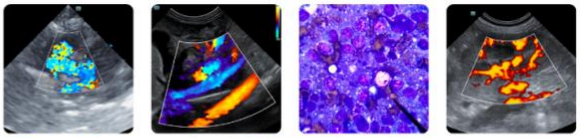
13941

DATE

02/24/26



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
www.SonoPath.com
info@sonopath.com
800.838.4268

PATIENT

Delilah Garibaldi

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed Female

AGE

8 Years

WEIGHT

16.4 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Vincent Ravancho CVT

HOSPITAL NAME

Flanders Vet Clinic

REFERRING VET

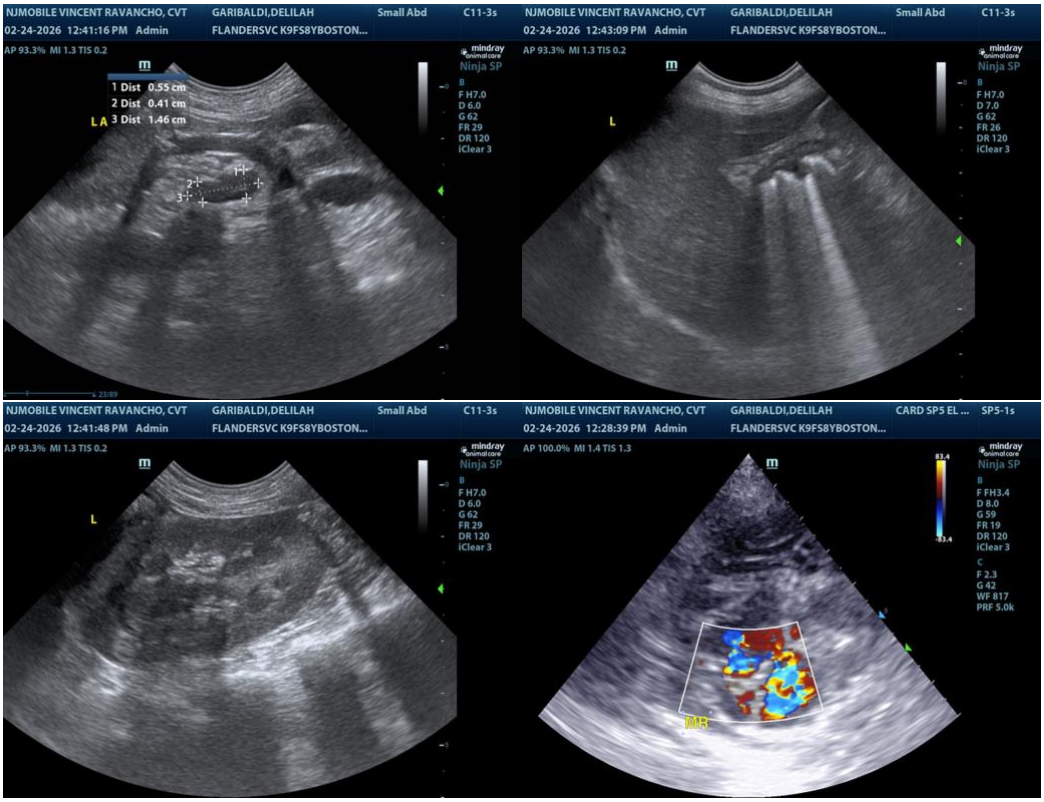
Dr. Kyle-LaBell

INVOICE

13941

DATE

02/24/26



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