



PATIENT

Layla Rodriguez

SPECIES

Canine

BREED

Pitbull

SEX

FS

AGE

11 yrs, 8 mon

WEIGHT

54.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Animal Paradise AH

REFERRING VET

Dr. Elshafie

INVOICE

10654

DATE

2/25/26

PRESENTING CLINICAL SIGNS

History:

- Hepatomegaly, HM R/O cardiac dz Aural hematoma.

Abnormal PE/Chem/CBC/UA Results: gluc-118 t4-2.1 cpl-76 4dx-neg

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	-	-	1.23	-	40	74	0.3
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	LAD LA MAX4 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	0.9	54.7 lbs	3.7	3.6	-

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. Minor centralized MR was noted 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 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. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. 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). No visible **pericardial** or free pleura fluid was noted. The cranial **mediastinum** and **pericardial** and **extra-cardiac** regions were free of masses in the visible window.



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Urinary System

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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 was noted.

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The area of the iliac trifurcation was free of pathology.

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Pitbull

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.0 cm in length. The right kidney measured 7.0 cm in length.

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Adrenal Glands

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The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 0.51 cm width in the caudal pole. The right adrenal gland measured 0.68 cm width in the caudal pole.

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Spleen

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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

IMAGING PERFORMED BY

Kerri Becker

The liver presented enlarged in size. Normal hepatic vascular volume was present without congestion. 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. The gallbladder was non-distended in size containing primarily anechoic content with mild nonorganized gallbladder debris.

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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. Mild nonshadowing ingesta, consistent with mild food echogenicity, was present without signs of 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.

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

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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 were evident.



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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

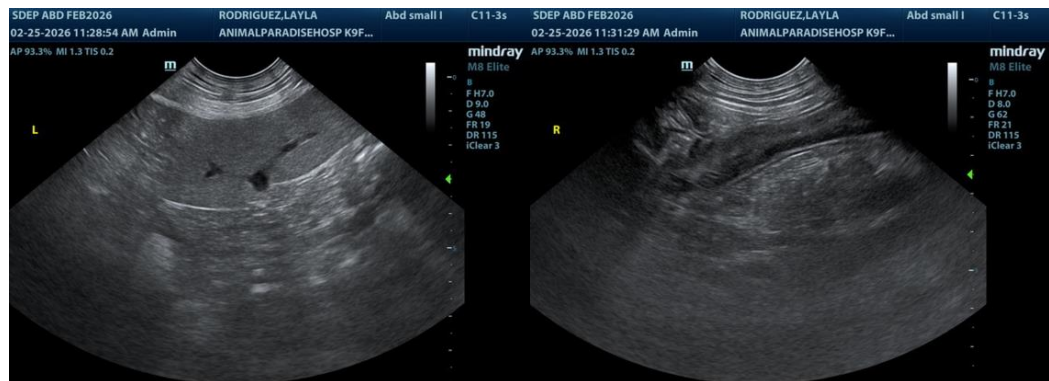
ULTRASONOGRAPHIC FINDINGS

- Normal cardiac structure / function
- Minor MR
- Mild benign hepatomegaly
- Mild gallbladder debris (non mucocele)
- Age-related renal / adrenal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive cause of the heart murmur was not obvious, as the minor MR is not likely audible at this stage. Regardless, the lack of structural cardiomyopathy, including left or right heart chamber enlargement, indicates that the hemodynamic effects of the murmur are low. There is no indication for cardiac medications. Conservative monitoring of the murmur is recommended, with a recheck echocardiogram suggested in 6-12 months, sooner if clinically indicated or if an increase in murmur intensity. There are no cardiac anesthetic contraindications if anesthesia is required.

Aside from minor hepatomegaly, there is no evidence of visceral pathology, specifically hepato-adrenal neoplastic criteria. Hepatosupportive medications may be considered if evidence of hepatic enzyme elevations.





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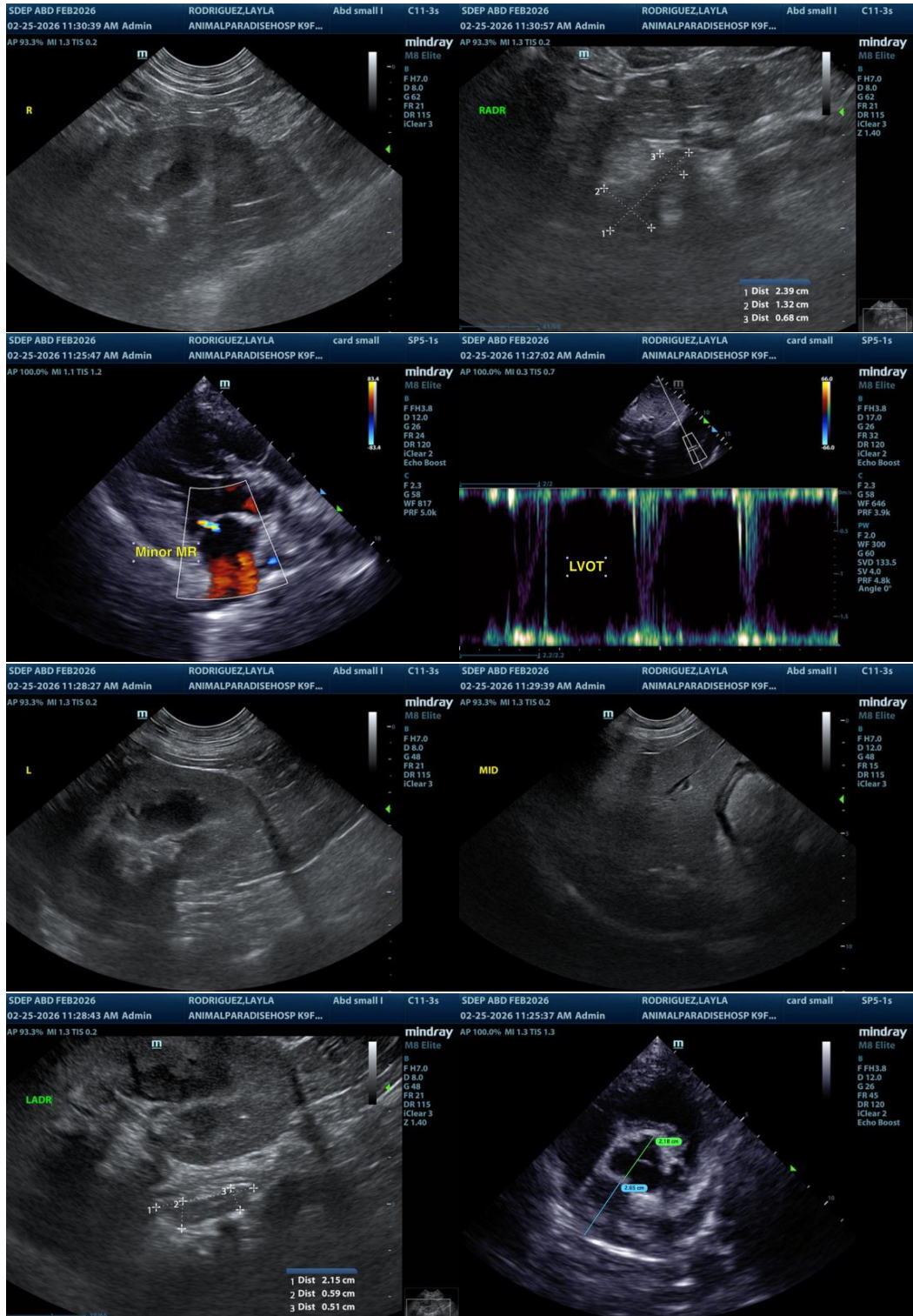
Dr. Elshafie

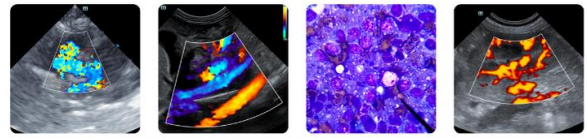
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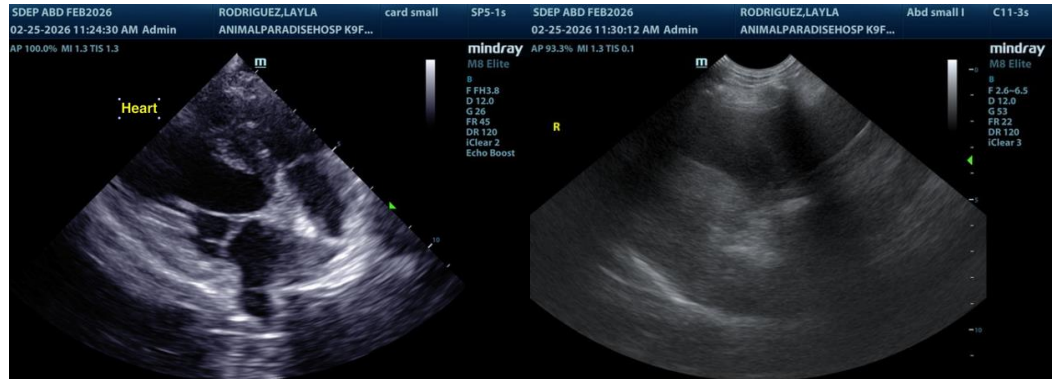
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@sonopath.com