



PATIENT

Cabo CalanDriello

SPECIES

Canine

BREED

Doberman

PRESENTING CLINICAL SIGNS

- losing so much weight and drink and pee alot
- still eating well
- vomiting everyday
- owner is worried about dcm
- Abnormal PE/Chem/CBC/UA Results: grade 4 heart murmur xray shows normal study blood work shows high liver enzymes ALT 284 10 - 125 U/L HIGH ALKP > 2000 23 - 212 U/L HIGH GGT 40 0 - 11 U/L HIGH AMYL 1678 500 - 1500 U/L HIGH LIPA 5372 200 - 1800 U/L HIGH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART

SEX

MN

AGE

8yr

WEIGHT

76

INTERPRETED BY

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

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			--	--	10	20	1.2
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	1.3	--	76	5.3	5.3	--

Cardiac Presentation

The echocardiogram for this patient presented excessive left atrial size with mild bulbous appearance expressed primarily in LA max measurement. The left atrial content was anechoic. No evidence of "smoke" or thrombotic activity was noted. The atrial septum was deviated owing to volume overload. The cranial and caudal mitral valve leaflets presented normal linear structure, yet mild to moderate eccentric MR was noted. The left ventricle demonstrated excessive volume (LVIDd measurement below). Ventricular function was subnormal expressed by the fractional shortening measurement listed below. Myocardium appeared subjectively thin typical of DCM. 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. The cranial mediastinum and pericardial regions were free of masses in the visible window. No evidence of arrhythmia.

IMAGING PERFORMED BY

Samuel Gabriel

HOSPITAL NAME

CJAH

REFERRING VET

Samuel Gabriel

INVOICE 24009

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02/26/2026



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Urinary System

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.

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 7.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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 presented enlarged in size. 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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild 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 contained mild to moderate variably echogenic non-shadowing ingesta sonographically suggestive of food echogenicity 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 contained similar appearing non-shadowing ingesta/chyme with no signs of obstruction or foreign material.

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

Pancreas

The right pancreas was prominent in size with mild to swollen asymmetrical capsule contour and mild non-homogenous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen



PATIENT

No omental masses, overt lymphadenopathy or ascites was present.

Cabo CalanDriello

ULTRASONOGRAPHIC FINDINGS

Primary

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- Dilated cardiomyopathy
- Non-congested hepatopathy
- Mild gallbladder debris (non-mucocele)
- Normal gastrointestinal tract, gastrointestinal ingesta - consistent with food echogenicity
- Mildly prominent non-homogenous hypoechoic right pancreas-inflammation vs edema

BREED

Doberman

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Primary DCM given breed is probable. Correlation with diet history, T4 level +/- troponin level, if potential concern for myocarditis may be considered. Three view chest radiographs suggested, if not done, to assess for evidence of emerging or present pulmonary edema. Pimobendan 0.3 mg/kg BID, weak diuretic spironolactone 1 to 2 mg/kg PO BID if no current evidence of congestion or Lasix/spironolactone combination, both 1 to 2 mg/kg PO BID if evidence of congestive heart failure is recommended. Taurine supplementation could be considered, if clinically applicable. Going forward, this patient will remain at significant increased risk for CHF or development of malignant arrhythmia. Monitoring of ECG and renal parameters during diuretic therapy is suggested. Recheck echo recommended in 4-6 months, sooner if progressive clinical signs. Elective anesthesia is not advised.

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Correlation with most recent meal ingestion recommended. A GI panel to include PLI/TLI/cobalamin/folate is recommended to correlate with the pancreas and assess for non-structural intestinal disease given weight loss. Adrenal screening is warranted given current clinical signs and if decreased USG, although bilateral adrenal pathology was not visualized. Hepatogastrointestinal support which may include dietary trial, gastric protectants and hepatic nutraceuticals may prove beneficial.

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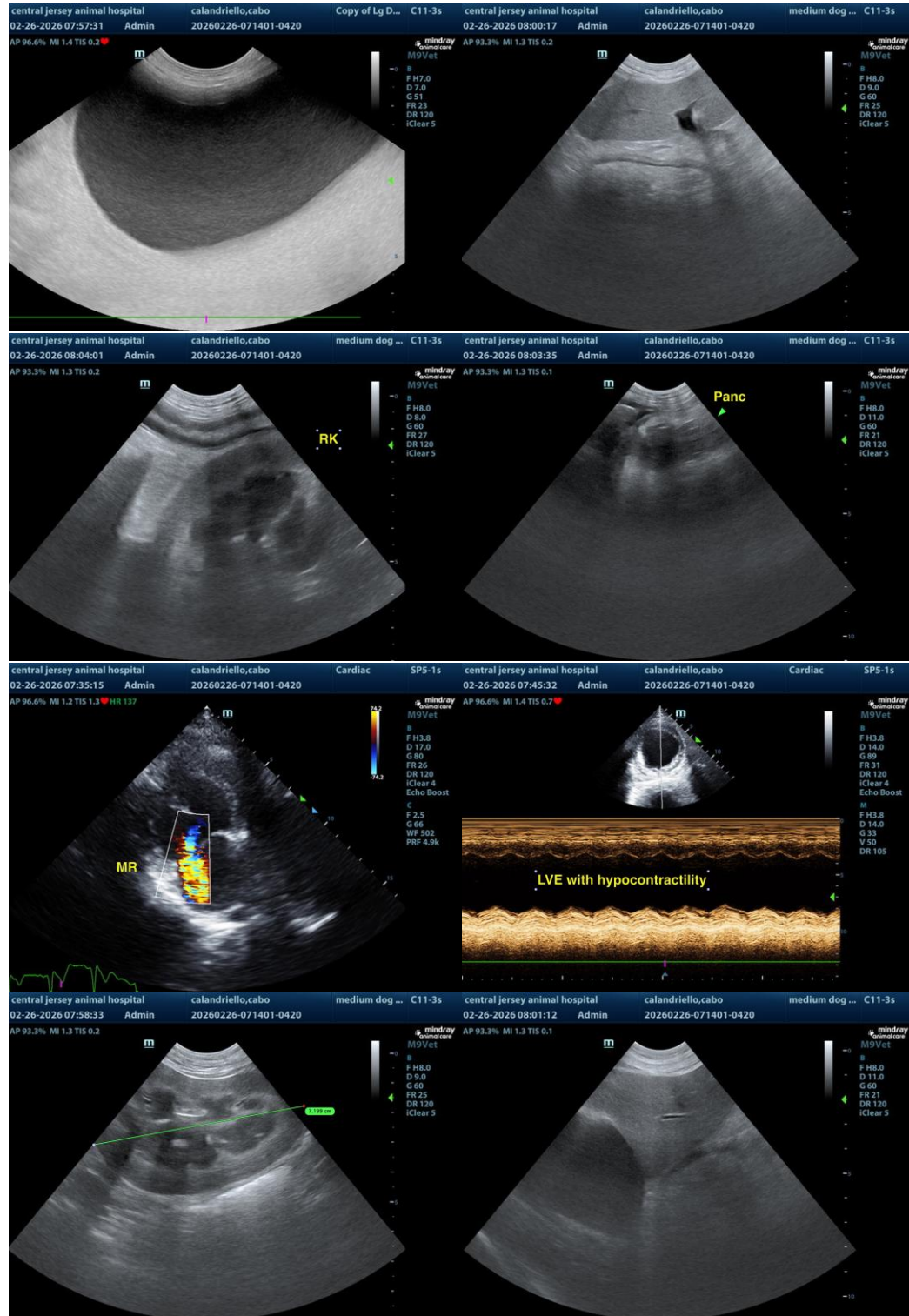
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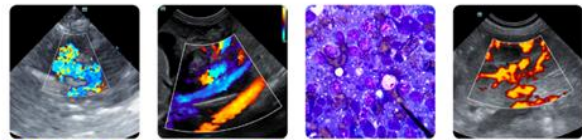
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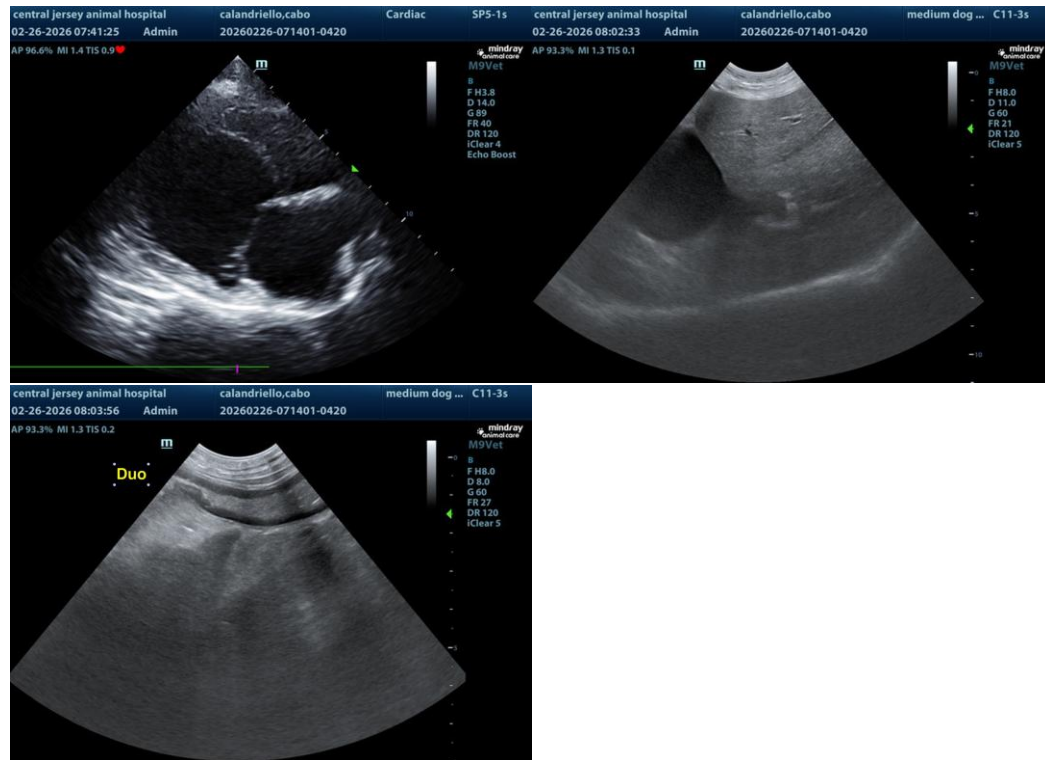
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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