

PATIENT

Miley Harris

SPECIES

Canine

BREED

SpanielX

SEX

FS

AGE

15 years

WEIGHT

31.8 lbs.

PRESENTING CLINICAL SIGNS

History:

- Cardiovascular: HR and rhythm normal, grade 4-5 murmur audible, good pulse amplitude.
- Respiratory: RR and effort normal, normal age related bronchointerstitial lung sounds on auscultation.
- Neurological: full neurological examination not performed. Normal mentation.
- Musculoskeletal/Gait: full MSK examination not performed. Pain on deep palpation of hips, otherwise ok.
- Gastrointestinal: Abdomen comfortable on palpation but cranial abdomen palpation elicits discomfort and pet is tensing and not allowing further palpation to r/o abdominomegaly/ mass effect.
- Integument: lipoma like masses all over body--big one on lateral abdomen left side, not bothered by them at all
- Current Medications - Vetmedin 2.5mg 1 cap BID, Gabapentin 100mg 1 cap BID, Mirtazipine 15mg 1/2 daily
- will email bloodwork once the results are back tomorrow, further evaluate cardiac structure/function (Echo) and liver parenchyma to rule out neoplasia vs. hepatitis.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Beamsville AH

REFERRING VET

Josan

INVOICE

10659

DATE

2/26/26

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	5.4	-	-	1.4	45	78	0.3
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	93	1.3	1.3	31.8 lbs	3.7	3.4	-

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 (MR velocity 5.4 m/s). The **Left ventricle** presented thicknesses with linear contour and was not dilated nor restricted. The



PATIENT	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.
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INTERPRETED BY	Urinary System
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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 evidence of urine or 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.
IMAGING PERFORMED BY	No evidence of pathology in the area of the aortic trifurcation.
Crystal Hill	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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.5 cm in length. The right kidney measured 5.9 cm in length.
HOSPITAL NAME	Adrenal Glands
Beamsville AH	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.66 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.54 cm width at the caudal pole.
REFERRING VET	Spleen
Josan	A solitary, mildly expansive to capsule-deforming, nonhomogeneous, hypoechoic splenic mass was present measuring ~3.0 cm diameter. The remainder of the spleen was sonographically normal.
INVOICE	Liver/ Gallbladder
10659	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. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was distended in size with echogenic thickening of the gallbladder wall. There was biliary sludge that
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appeared to be non-mobile and organized. A stellate pattern to the organized biliary sludge was present. Mild peripheral inflammation was present without evidence of effusion.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, 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

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Chronic mitral valve disease (B1)
- Small mildly expansive splenic mass
- Hepatomegaly
- Gallbladder mucocele with mild peripheral inflammation
- Chronic renal changes
- Normal bilateral adrenal glands

INTERPRETED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lack of LA enlargement indicates that the current and future risk of complications secondary to MR is low. Continued Pimobendan is warranted without overt indication for additional cardiac medication. Echocardiographic monitoring is recommended with a recheck suggested in 6 months, sooner if clinical signs arise.

Anesthetic risk is considered mild: due to mild left atrial enlargement as noted on images presented, along with heart murmur.

1. However, judicious fluid administration is advised with careful RR/RE monitoring to screen for fluid overload.

Monitoring of blood pressure, SpO2, CO2, and auscultation of heart and lungs during anesthesia should be done during every procedure.



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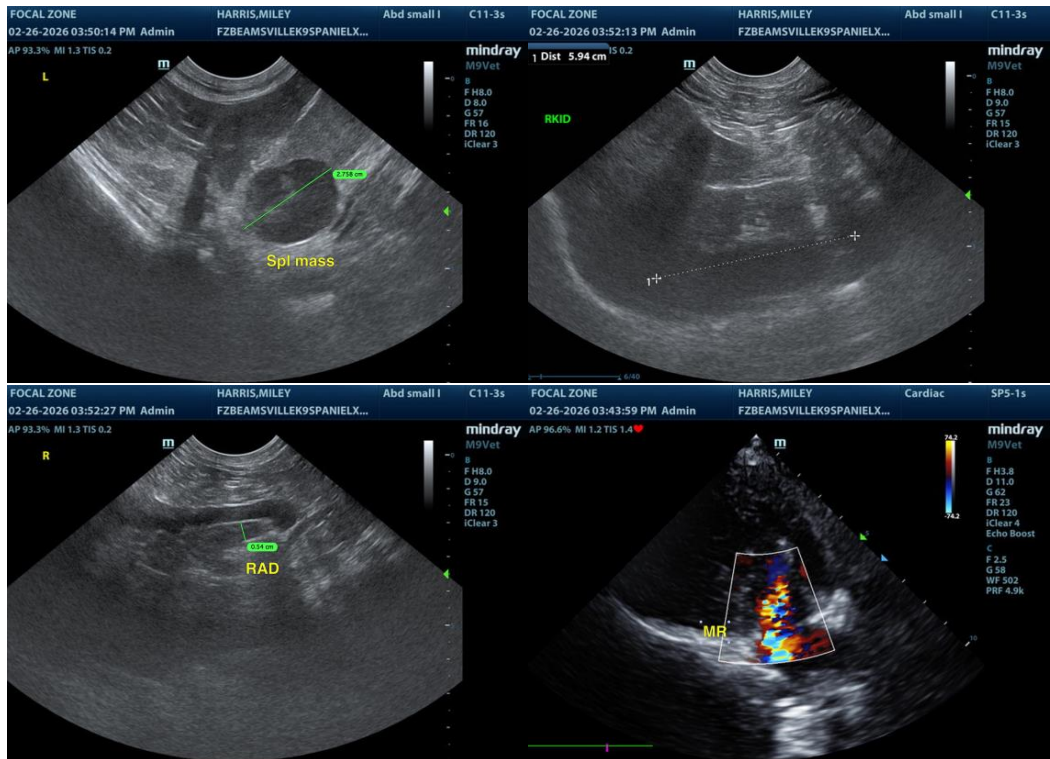
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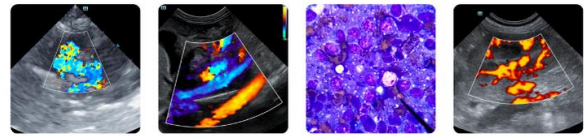
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The small yet expansive splenic mass is most suggestive of neoplastic criteria, i.e., sarcoma, round cell neoplasia, or other with hyperplasia, hematopoiesis, granuloma, etc., possible. The liver suggests benign criteria such as vacuolar or cholestatic hepatopathy, inflammatory disease, or hyperplasia, without sonographic evidence of overt hepatic neoplastic or metastatic criteria.

Adrenal screening could be considered if clinical signs are consistent with Cushing's syndrome despite a lack of adrenal pathology. Assessment of T4 level is recommended if not done. Assuming no evidence of pathology on three view chest radiographs, diagnostic and prophylactic splenectomy with concurrent cholecystectomy +/- hepatic biopsies could be considered, assuming normal clotting status. Serial monitoring of the splenic mass and gallbladder mucocele for evidence of progression would be a more conservative approach.

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.





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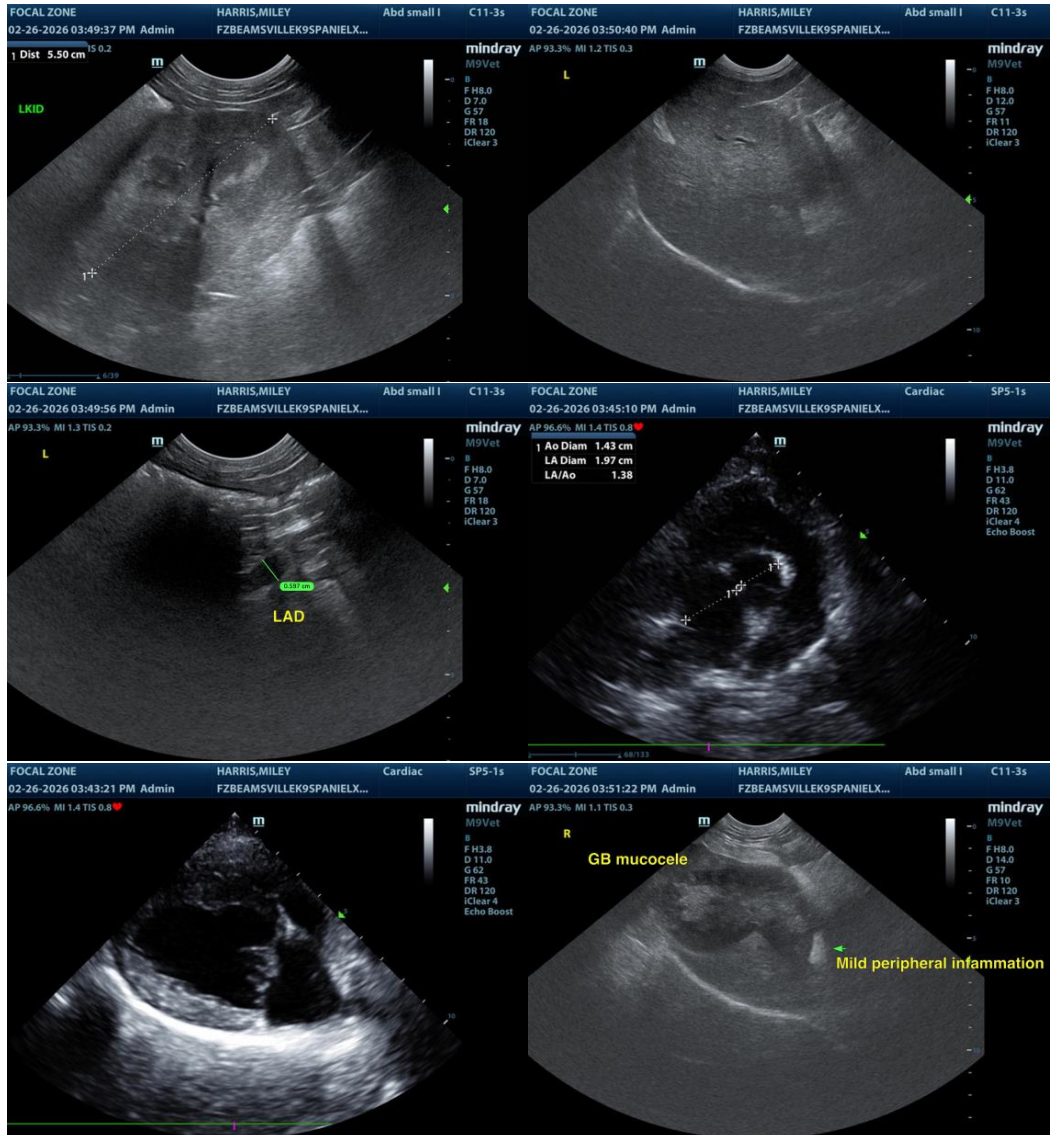
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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