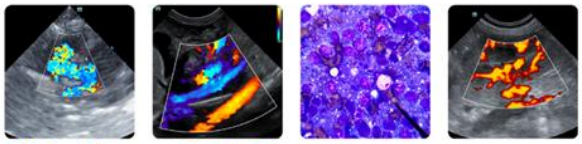


PATIENT

Winston Brown

SPECIES

Canine

BREED

Bulldog

SEX

MN

AGE

10

WEIGHT

55.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sharkaway

HOSPITAL NAME

Kew Gardens Animal Hospital

REFERRING VET

Dr Bassem

INVOICE
23802

DATE
02/05/2026

PRESENTING CLINICAL SIGNS

- Urinary incontinence
- Distended stomach

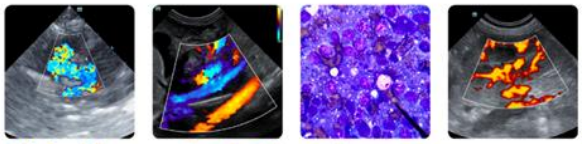
Abnormal PE/Chem/CBC/UA Results: Abdominal effusion Heart murmur 2/6 Bw-Moderate elevated K, mildly elevated ALT, Na/k ratio is 18, then repeated after abdominocentesis and fluid the K back to normal

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	--	--	--	1.15	40	74	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	1.0	0.72	55.4	3.1	3.1	--

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. No overt 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 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. 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.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.5 cm in length. The right kidney measured 7.6 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate was not definitively visualized.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/Gallbladder

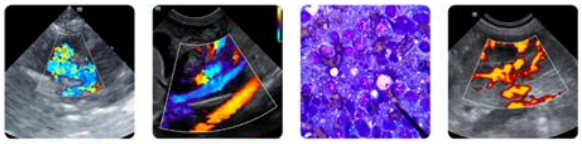
Generalized hepatomegaly. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Indistinct portal vascular borders. Normal vascular volume without evidence of hepatic congestion or vena cava distension.

The gallbladder was non-distended in size with no evidence of wall edema and moderate non-organized non-dependent 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.



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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

Moderate volume anechoic peritoneal effusion.

Generalized normal omental echogenicity was present.

No visualized omental masses or overt significant omental lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

Primary

- Enlarged non-homogenous non-congested liver
- Non-edematous gallbladder with non-organized bile debris
- Normal gastrointestinal tract
- Subjective age related spleen
- Age related renal changes
- Peritoneal effusion
- Overtly normal cardiac structure/function

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Without evidence of structural /functional cardiomyopathy including no overt right congestive heart failure criteria or obvious pulmonary hypertension in conjunction with lack of hepatic congestion, the peritoneal effusion appears non-cardiogenic. A peritoneal effusion analysis and cytology with consideration for assuming normal clotting status, hepatic FNA cytology for further clarification and assessment for primary hepatic disease as a potential contributing factor is recommended.
No obvious indication for cardiac medications. Full lab work to assess hepatic function as well as serum ALB is recommended.

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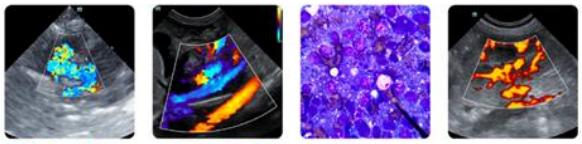

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Educational Teleconsultation Services™

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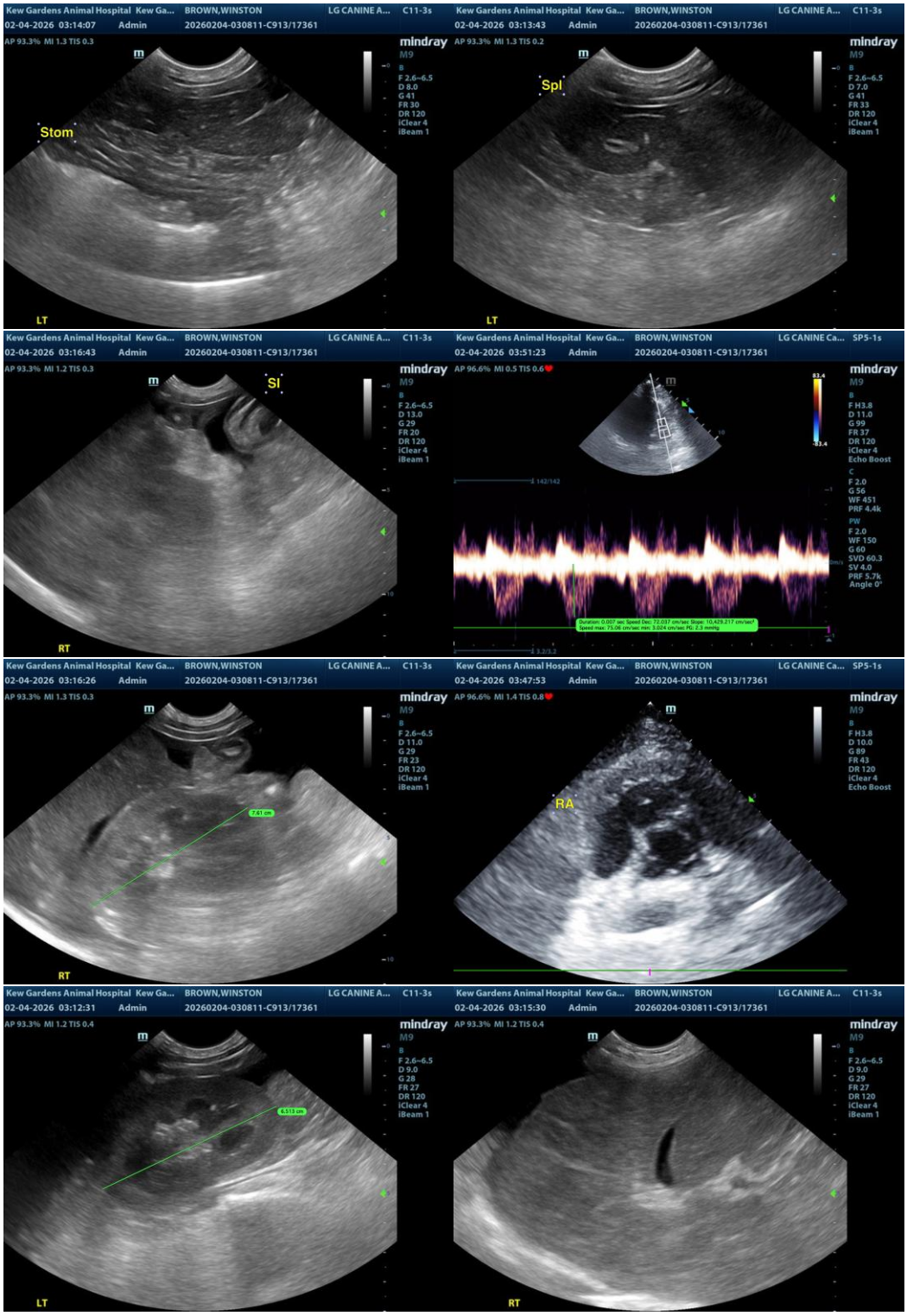

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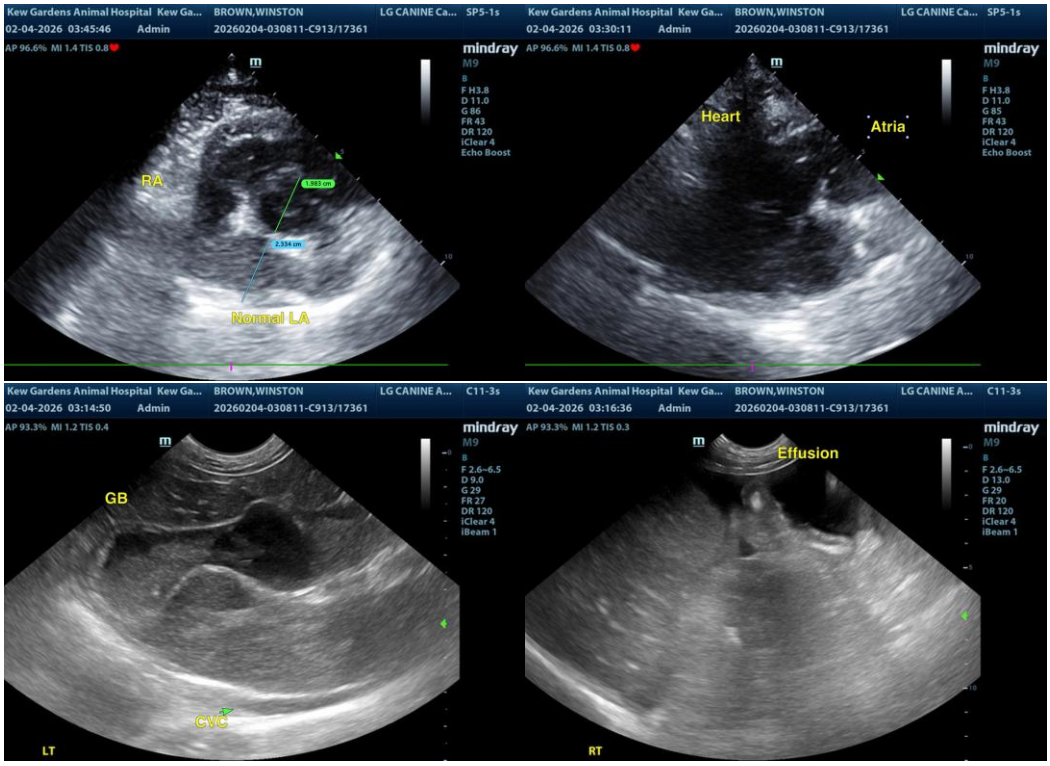

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com