

PATIENT

Taffy McAulay

SPECIES

Canine

BREED

Poodle

SEX

Spayed Female

AGE

13.5 Years

WEIGHT

9.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Judy McFarlen

HOSPITAL NAME

Westview Veterinary
Hospital

REFERRING VET

Dr. Judy McFarlen

INVOICE

13669

DATE

02/09/26

PRESENTING CLINICAL SIGNS

- Patient is clinically stable. MEDS: Zentonil 200 mg sid/ Pimobendan 2.5 mg bid/ursodiol 90 mg q 24 hours. Vulvar enlargement hypertrophy and peri-vulvar irritation from licking, on stilbesterol for incontinence -not effective. (concern over use with pimobendane or concurrent heart disease?) This is a follow-up ultrasound. The prior ultrasound was done Aug 18/19 th. 2025. Systolic pressures 110 to 140, MAP 90-110 Patient anxious BP's taken after sedation with torbugesic 0.3 mg/kg and acepromazine 0.03 mg/kg GV20

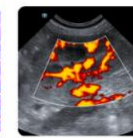
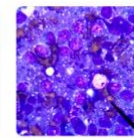
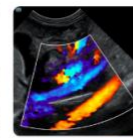
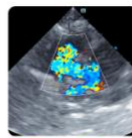
Abnormal PE/Chem/CBC/UA Results: No signs of a UTI on U/A. RBC count of 5.13 (5.65 to 8.87) HCT 0.33(0.373 to 0.617) HgB 118 (131 to 205) WBC 5.04 (5.05 to 16.76) CREAT 42 (44 to 159) ALP 925 (23 to 212) Lipase 1848 (1200 - 1800). USG 1030 pH 7. trace protein glucose negative, ketones negative. no bacteria , No Crystals are casts.

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	5.5	--	NM	1.2	43	76	0.2
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	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	1.9	1.3	9.1	2.9	2.55	--

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 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



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(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.

SPECIES

Canine

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild 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.

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Poodle

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Spayed Female

Normal size and margination was 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 4.4 cm in length. The right kidney measured 4.5 cm in length.

AGE

13.5 Years

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm width at the caudal pole.

WEIGHT

9.1 kg

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.60 cm width at the caudal pole.

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Spleen

The spleen was normal in size and contour and 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.

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Liver & Gallbladder

The liver presented subjective mildly 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.

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

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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.



PATIENT

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

Taffy McAulay

Pancreas

SPECIES

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.

Canine

BREED

Free Abdomen

Poodle

No overt lymphadenopathy or peritoneal effusion was present.

SEX

ULTRASONOGRAPHIC FINDINGS

Spayed Female

- Persistent compensated chronic mitral valve disease (B1).
- Benign hepatopathy pattern- suggestive of vacuolar hepatopathy criteria.
- Nonorganized gallbladder debris (non-mucocele).
- Normal urinary bladder with mild urine sediment.
- Mild chronic renal changes.
- Mild age-related spleen- benign.
- Normal adrenal glands/pancreas.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No evidence of progression compared to the previous study with normal LA dimension indicating the current and future risk of complications, secondary to MR, remains low. No indication for cardiac medication. Sonographic monitoring is advised for further assessment with recheck echo suggested in 6 to 12 months, sooner if clinical signs initiate.

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Anesthetic risk is considered low. 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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Largely geriatric abdomen without evidence of significant or progressive abdominal pathology. No evidence of neoplastic criteria. Renal staging to include UPC level if no evidence of infection or non-inflammatory proteinuria is suggested. Assuming patient is non-clinical, continued hepatosupportive medications with monitoring of liver enzymes would be reasonable.

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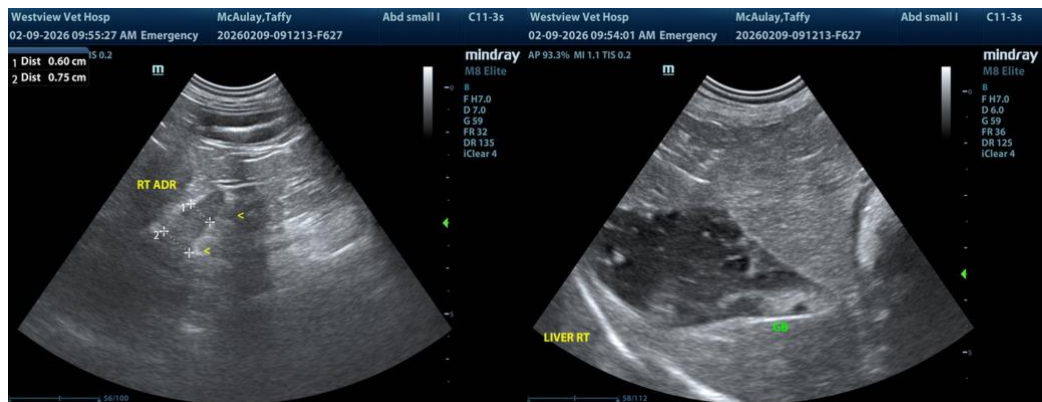
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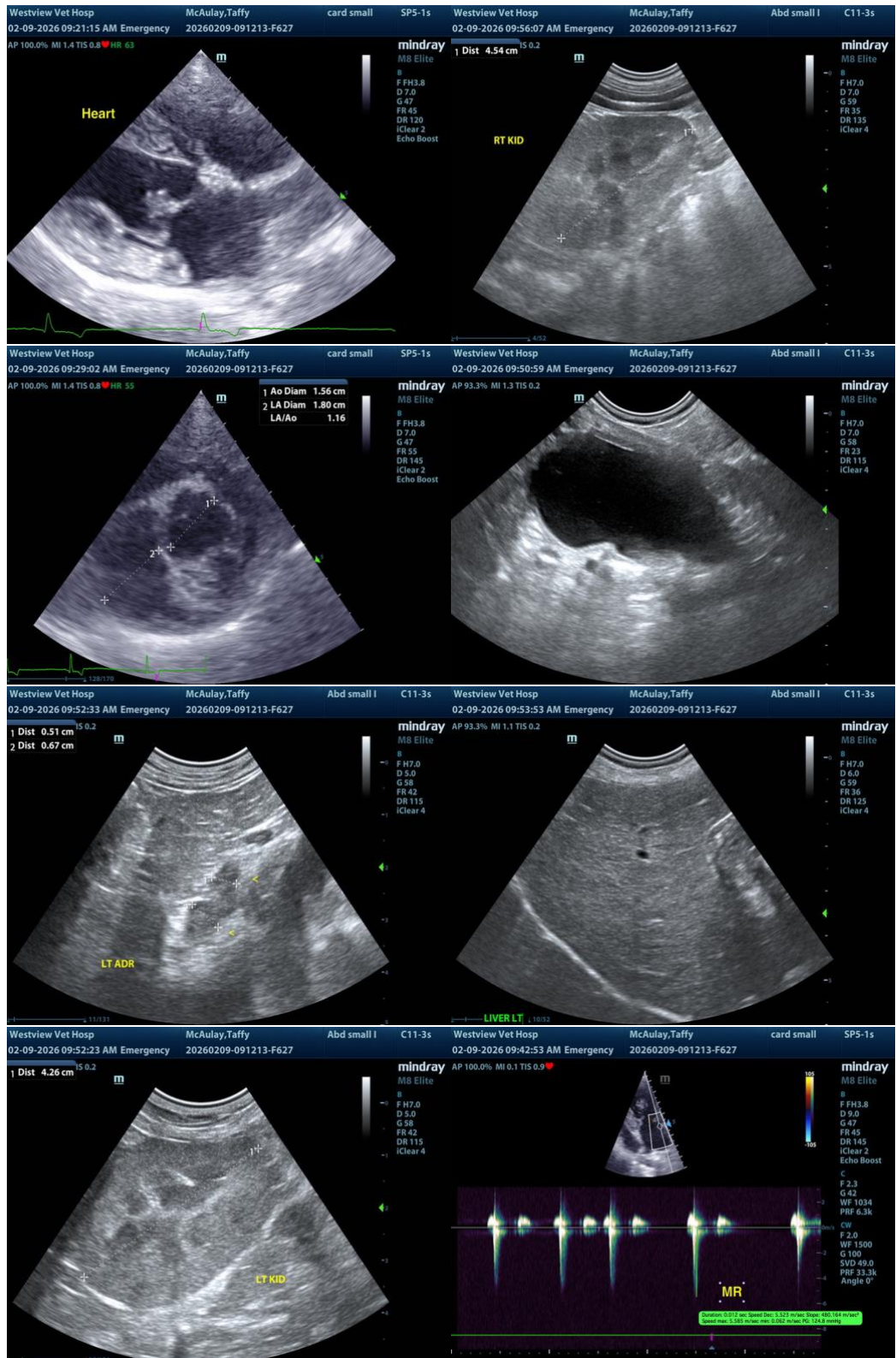
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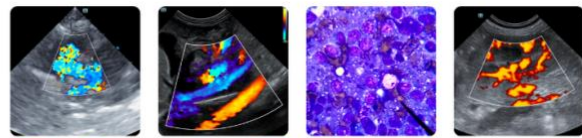
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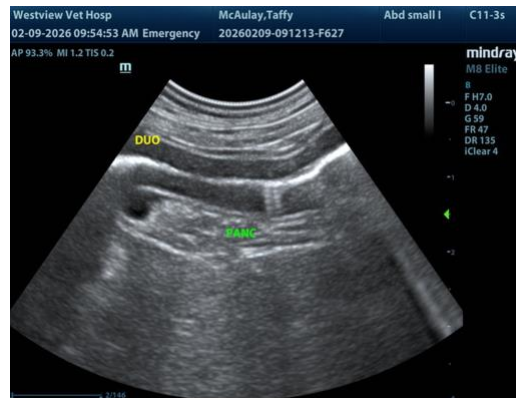
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com