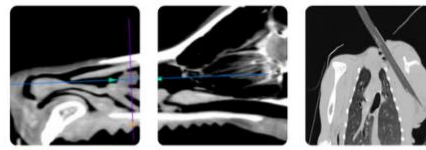


PATIENT

Nerea Rose

SPECIES

Canine

BREED

Flat Coat Mix

SEX

Spayed Female

AGE

7 Years

WEIGHT

27.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hamilton Region Veterinary Emergency Clinic

REFERRING VET

Dr. Pask

INVOICE

14370

DATE

03/17/26

PRESENTING CLINICAL SIGNS

- adopted in august, ~ 3 weeks ago O noted P being quiet and limping on front left leg - Dx by rDVM w Ehrlichia and anaplasmosis treated with Doxycycline for 3 weeks + gabapentin, doxycycline finished. Over the weekend lethargic, and this morning would not get up. Painful, shaking and retching, no evidence of bloat or GDV, no history of toxin exposure or FB
- Hypertensive range from 170/106 (118) to 147/91 (109) - HR 60 -80, resp 20 - mild improvement with pain management; painful on abdominal palpation and rear limb Rom
- Marked Chemosis and hyperemic conjunctiva in left eye
- Current Medications
- methadone 0.4mg/kg - comfortable

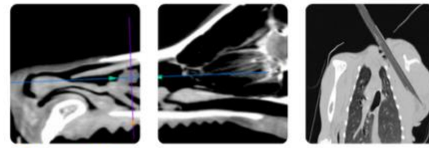
Abnormal PE/Chem/CBC/UA Results: WBC 18.50 [5.05 - 16.76 x10^9/L] Neutrophils 15.98 [2.95 - 11.64 x10^9/L] Platelets * 8 [148 - 484 x10^9/L] MPV 14.8 [8.7 - 13.2 fL] Platelecrit 0.01 [0.14 - 0.46 %] PTT 104.0 [72.0 - 102.0 seconds] PT 14.0 [11.0 - 17.0 seconds] Platelecrit 0.01 [0.14 - 0.46%] Manual smear - 0.3/hpf Platelet average/10 hpf/, macrocytosis, target cells, large number of band neutrophils, hyper segmented and large basophilic vacuoles, negative agglutination 4DX positive for anaplasmosis and ehrlichia negative for heart worm Radiographic Findings afast negative, TFAST negative

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	--	--	NM	1.45	40	74=3	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	--	1.0	27.7	3.9	3.4	--

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. 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



PATIENT

Nerea Rose

SPECIES

Canine

BREED

Flat Coat Mix

SEX

Spayed Female

AGE

7 Years

WEIGHT

27.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hamilton Region Veterinary Emergency Clinic

REFERRING VET

Dr. Pask

INVOICE

14370

DATE

03/17/26

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 increased pulmonary artery diameter compared to the aorta with normal valve structure, laminar flow and normal measured RV outflow velocity. 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.

Urinary System

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 change were noted.

No evidence of pathology in the area of the uterine remnant.

The area of the aortic trifurcation was free of pathology.

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 8.4 cm in length. The right kidney measured 8.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width at the caudal pole.

The right adrenal gland was overtly normal in size, position and shape. The right adrenal gland subjectively measured 0.66 cm width at the caudal pole.

Spleen

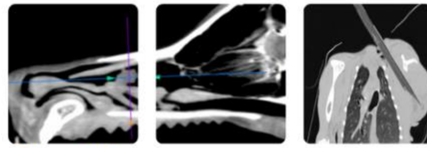
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver & Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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

Gastrointestinal



PATIENT

Nerea Rose

SPECIES

Canine

BREED

Flat Coat Mix

SEX

Spayed Female

AGE

7 Years

WEIGHT

27.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hamilton Region Veterinary Emergency Clinic

REFERRING VET

Dr. Pask

INVOICE

14370

DATE

03/17/26

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.

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 was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal LA/LV with normal contractility.
- Normal RA/RV.
- Mildly dilated pulmonary artery with normal measured RV outflow velocity and laminar outflow profile on doppler.
- Sonographically normal noncongested liver.
- Early mild nonspecific age-related renal changes.
- Overtly normal bilateral adrenal glands.
- Sonographically normal spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

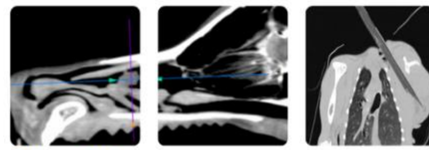
The only abnormal finding on the echocardiogram is the mildly dilated pulmonary artery which is nonspecific given lack of concurrent RA/RV enlargement. No evidence of pulmonic stenosis. This finding may be a patient variant or may suggest increased pulmonary pressure or possible mild non-clinical pulmonary hypertension.

Monitoring for clinical signs which may suggest pulmonary hypertension or respiratory disease going forward with echocardiographic reassessment suggested in six months, sooner if clinical signs consistent with pulmonary hypertension. Correlation with three view chest radiographs is recommended.

No overt evidence of abdominal pathology as an obvious contributing factor to the patient's clinical signs or CBC abnormalities including no evidence of neoplastic criteria.

Urinary workup including urinalysis +/- culture/sensitivity or UPC level if clinically indicated is recommended. CBC pathology review +/- recheck infectious disease serology is recommended.

The Focal Zone
FUELED BY SONOPATH VETERINARY ULTRASOUND



Teleradiology
Educational Teleconsultation Services™

SonoPath www.thefocalzone.com
info@thefocalzone.com 289.808.2608

PATIENT

Nerea Rose

SPECIES

Canine

BREED

Flat Coat Mix

SEX

Spayed Female

AGE

7 Years

WEIGHT

27.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hamilton Region Veterinary Emergency Clinic

REFERRING VET

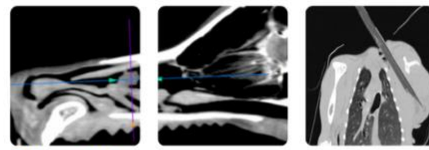
Dr. Pask

INVOICE

14370

DATE

03/17/26



PATIENT

Nerea Rose

SPECIES

Canine

BREED

Flat Coat Mix

SEX

Spayed Female

AGE

7 Years

WEIGHT

27.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hamilton Region Veterinary Emergency Clinic

REFERRING VET

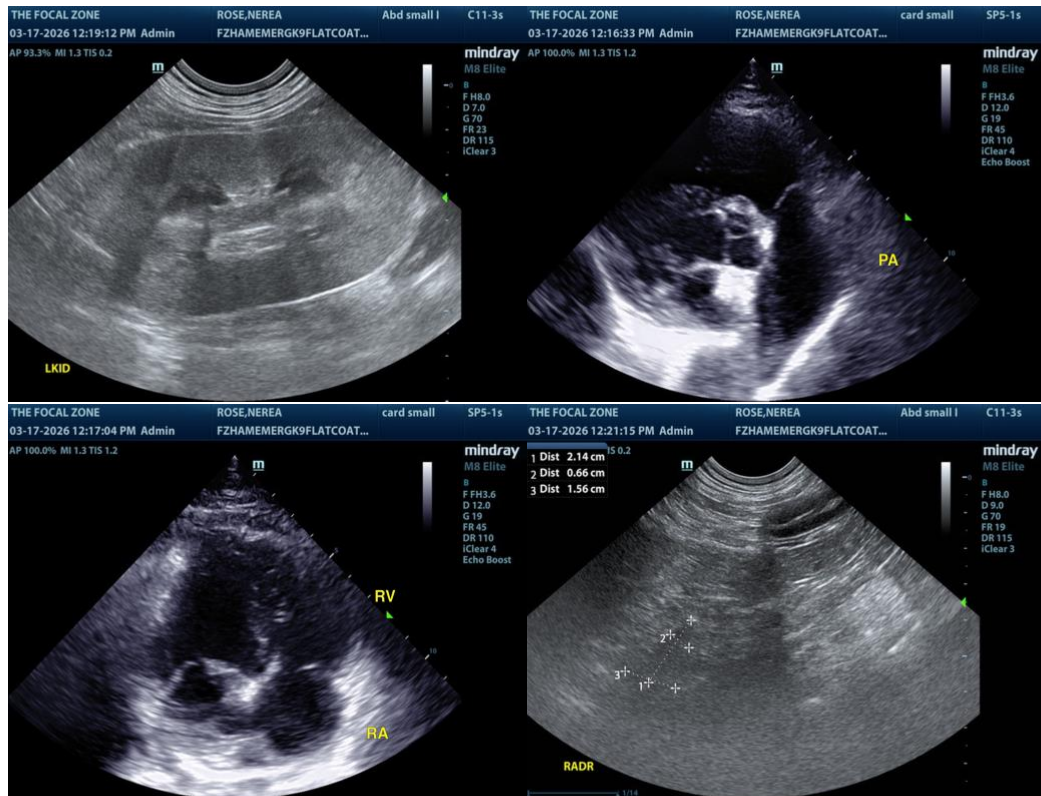
Dr. Pask

INVOICE

14370

DATE

03/17/26



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