



**PATIENT**

Todd Volk

**PRESENTING CLINICAL SIGNS**

Hx of splenectomy/hemangiosarcoma with hematoma Met check Current check Yunnan Biayo Hydroxyzine /Ataraz 50mg Pred 20mg now finished

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART**

**BREED**

Hound Mix

**SEX**

MN

**AGE**

8

**WEIGHT**

60.2

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	--	--	--	1.3	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	NM	1.2	0.7	60.2	3.3	3.4	--

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway Animal Hospital

**REFERRING VET**

Dr Schiess

**INVOICE 24071**

**DATE 03/02/2026**

**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 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 cm 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.



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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 6.9 cm in length. The right kidney measured 6.8 cm in length.

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The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology.

## BREED

### *Adrenal Glands*

Hound Mix

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.62 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 0.82 cm width at the caudal pole.

## SEX

MN

### *Spleen*

The spleen was not visualized owing to previous splenectomy.

## AGE

8

### *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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

## WEIGHT

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### *Gastrointestinal*

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(Canine and Feline)

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.

## IMAGING PERFORMED BY

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

### *Pancreas*

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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*

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Regional non-homogenous hyperechoic to non-uniform potentially indistinctly nodular omentum vs multiple small lymph nodes present in the area of the previous spleen.

No evidence of peritoneal effusion.

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## ULTRASONOGRAPHIC FINDINGS

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Primary



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- Normal echocardiogram
- Non-homogenous hyperechoic to nodular omentum vs multiple mild lymphadenopathy area of previous spleen
- Normal liver

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## REFERRING VET

Dr Schiess

## INVOICE

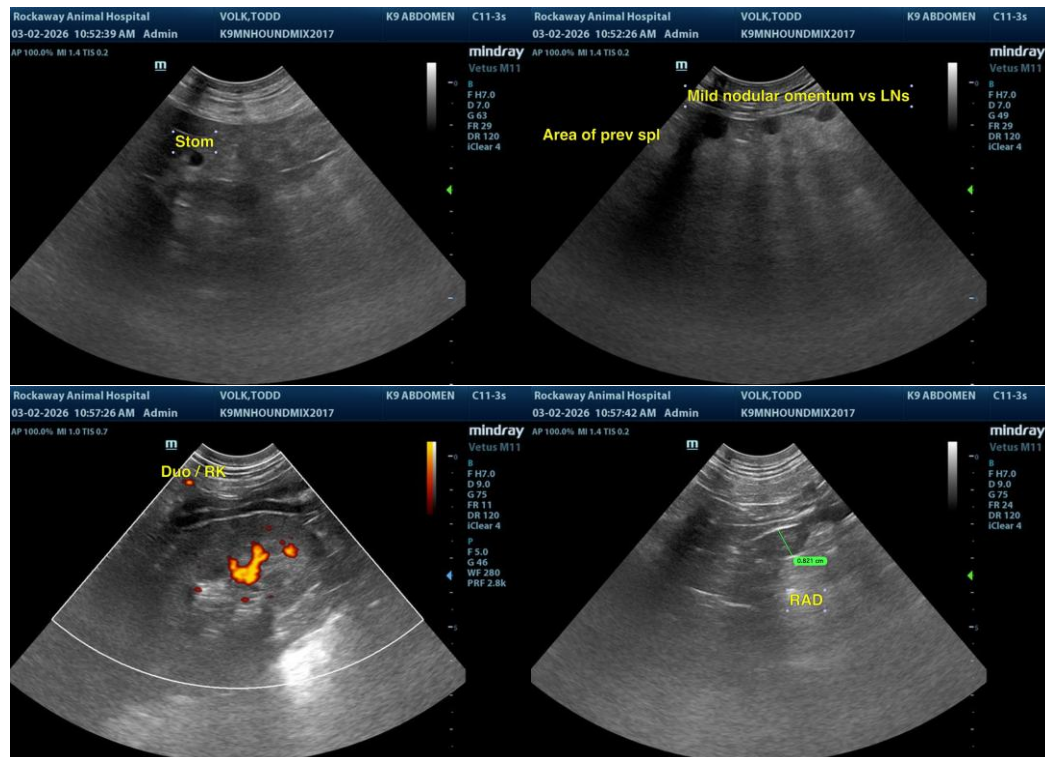
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## DATE

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild non-homogenous to nodular omental changes with potential for mild multiple lymphadenopathy in the area of the previous spleen may indicate reactive or inflammatory omental and lymphatic changes or emerging omental metastasis / seeding. No other evidence of intra-abdominal or cardiac macrometastasis. FNA cytology of non-homogenous potentially nodular omentum or mild lymphadenopathy for further clarification could be considered. Serial sonographic monitoring of the omentum for evidence of progression with initial recheck in 3-4 weeks would also be reasonable.





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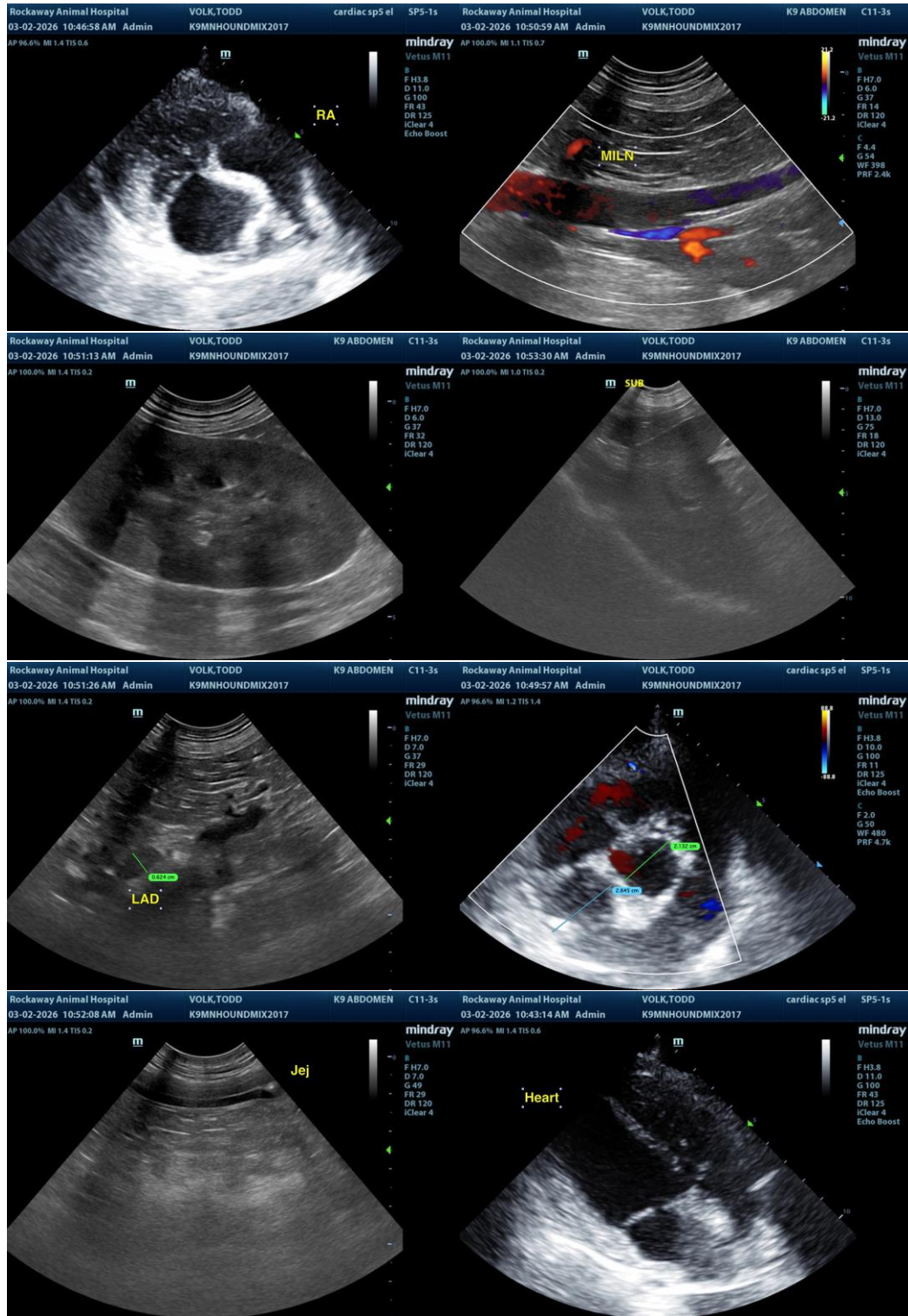
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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visible in the image/video clips provided.

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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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[info@sonopath.com](mailto:info@sonopath.com)

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