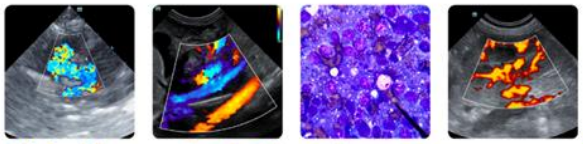


PATIENT

Nooshy Aponte

SPECIES

Canine

BREED

Pit Mix

SEX

FS

AGE

6

WEIGHT

63

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr Salazar

INVOICE
24107

DATE
03/04/2026

PRESENTING CLINICAL SIGNS

epiosdes of fainting /syncope events when stressed

Abnormal PE/Chem/CBC/UA Results: ALT 235 2/18/26

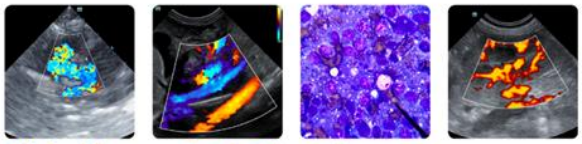
ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART

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	--	--	--	1.3	35	65	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	0.6	63	3.0	3.2	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal left atrial size based on 3 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. Flattened interventricular septum. 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 moderate increased size, normal structure and content. No evidence of masses was noted. Tricuspid valvular assessment demonstrated thickening with TV insufficiency on Doppler. Measured TV insufficiency 4.5 m/s ~ 80 mmHg pulmonary pressure. The right ventricle was of moderate increased size compared to the LV with normal myocardial echogenicity and free wall thickness. Pulmonary outflow tract assessment revealed increased size compared to the aorta with laminar flow. Mild decreased measured RVOT velocity 0.6 m/s. 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



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The urinary bladder was subnormal in size owing to lack of urine distension which prohibited full evaluation of the urinary bladder walls. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

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 indistinct loss of corticomedullary symmetry and definition. No evidence of pelvic dilation was present. The left kidney measured 6.0 cm in length. The right kidney measured 6.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

No obvious pathology in the area of the left adrenal gland, although not definitively visualized. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.72 cm width at the caudal pole and – cm width at the cranial 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. A solitary non-homogenous hypoechoic nodule was present measuring 1.2 cm in diameter. 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 possible borderline subnormal in size. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. No evidence of hepatic or vena cava congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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 contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

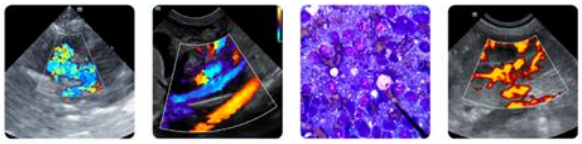
The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

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



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No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Severe pulmonary hypertension
- Non-congested hepatopathy - non-specific
- Gastric ingesta- consistent with food echogenicity
- Non-expansive splenic nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Empirical therapy for severe pulmonary hypertension, including sildenafil trial 1-2 mg/kg PO BID initially with concurrent exercise restriction and clinical monitoring is recommended. No current evidence of congestive right heart failure. The prognosis for pulmonary hypertension is variable. Sonographic monitoring is advised for further prognosis. Recheck echo is suggested in 6 months, sooner if evidence of right sided CHF. Elective anesthesia is not advised.

Potential etiologies for the splenic nodule may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound guided FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodule for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.

Concurrent hepatosupportive medications may prove beneficial. A bile acid profile is recommended.

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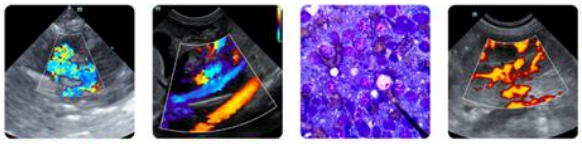

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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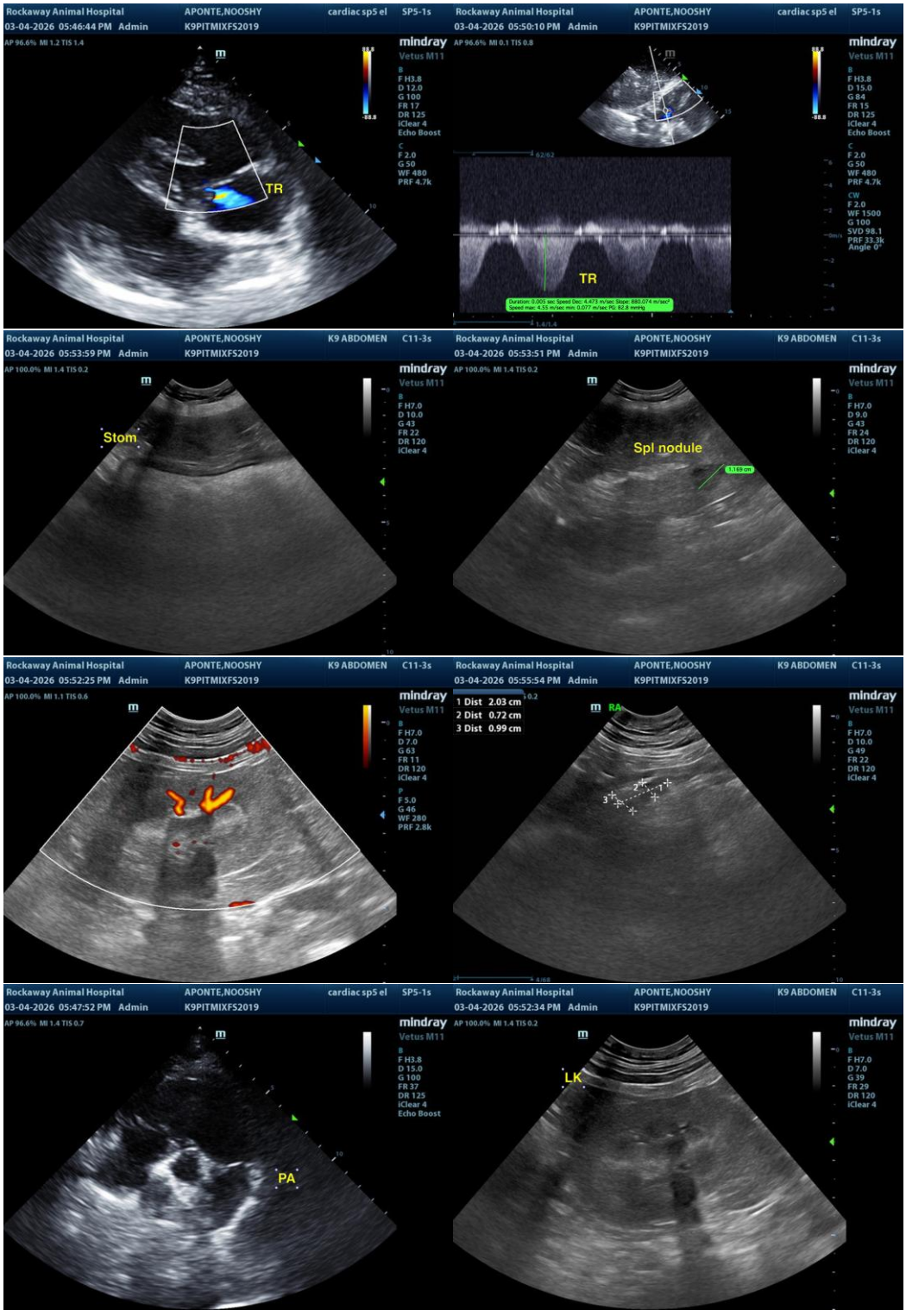

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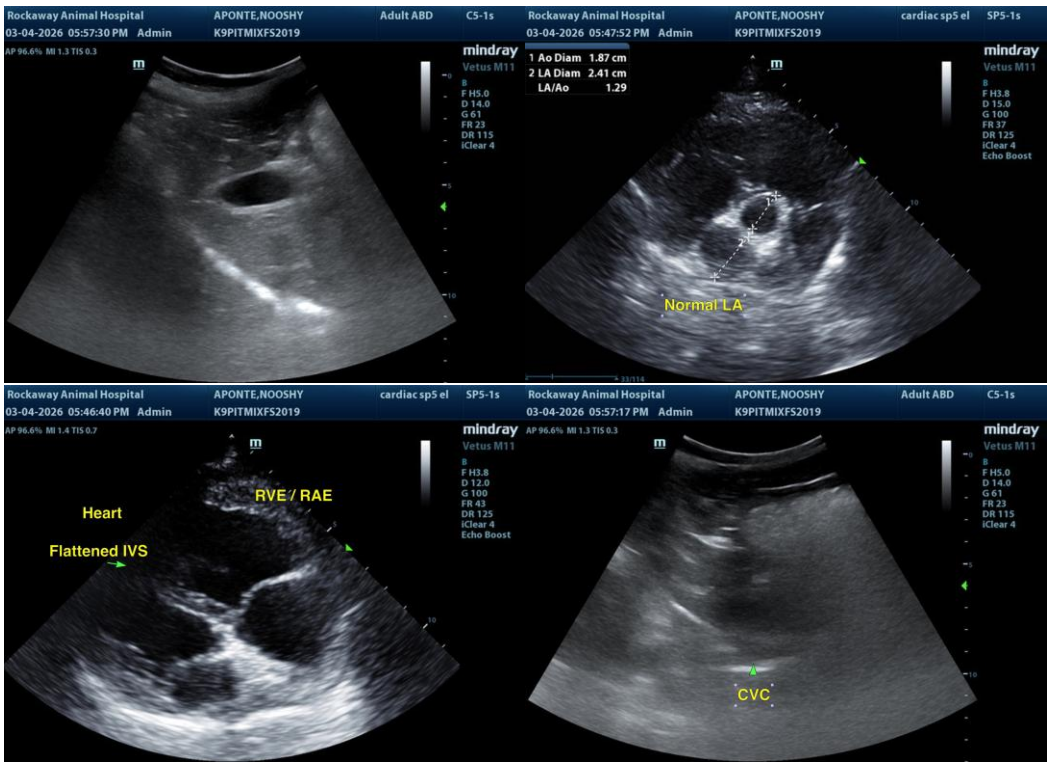

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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