



PATIENT

Pepper Gervais

SPECIES

Canine

BREED

French Bulldog

SEX

Spayed Female

AGE

7 Years

WEIGHT

26.3 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Flanders Vet Clinic

REFERRING VET

Dr. Gasparro

INVOICE

14098

DATE

03/06/26

PRESENTING CLINICAL SIGNS

- presented to ER on 3/2/26 for acute respiratory distress. Rads showed normal cardiac/respiratory.

Abnormal PE/Chem/CBC/UA Results: BW elevated ALT, sliding hostel hernia seen on rads

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	1.44	47	80	0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (lbs)	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	146	1.6	1.3	26.3	2.6	3.0	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** dimension 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 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 normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). 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



PATIENT

Pepper Gervais

SPECIES

Canine

BREED

French Bulldog

SEX

Spayed Female

AGE

7 Years

WEIGHT

26.3 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Flanders Vet Clinic

REFERRING VET

Dr. Gasparro

INVOICE

14098

DATE

03/06/26

sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

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 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 4.8 cm in length. The right kidney measured 5.1 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 uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 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 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 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 visualized pancreas exhibited mild prominent size, mild capsule asymmetry and mild nonhomogenous hypoechoic parenchyma compared to adjacent nonreactive omentum.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.



PATIENT

Pepper Gervais

SPECIES

Canine

BREED

French Bulldog

SEX

Spayed Female

AGE

7 Years

WEIGHT

26.3 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Flanders Vet Clinic

REFERRING VET

Dr. Gasparro

INVOICE

14098

DATE

03/06/26

ULTRASONOGRAPHIC FINDINGS

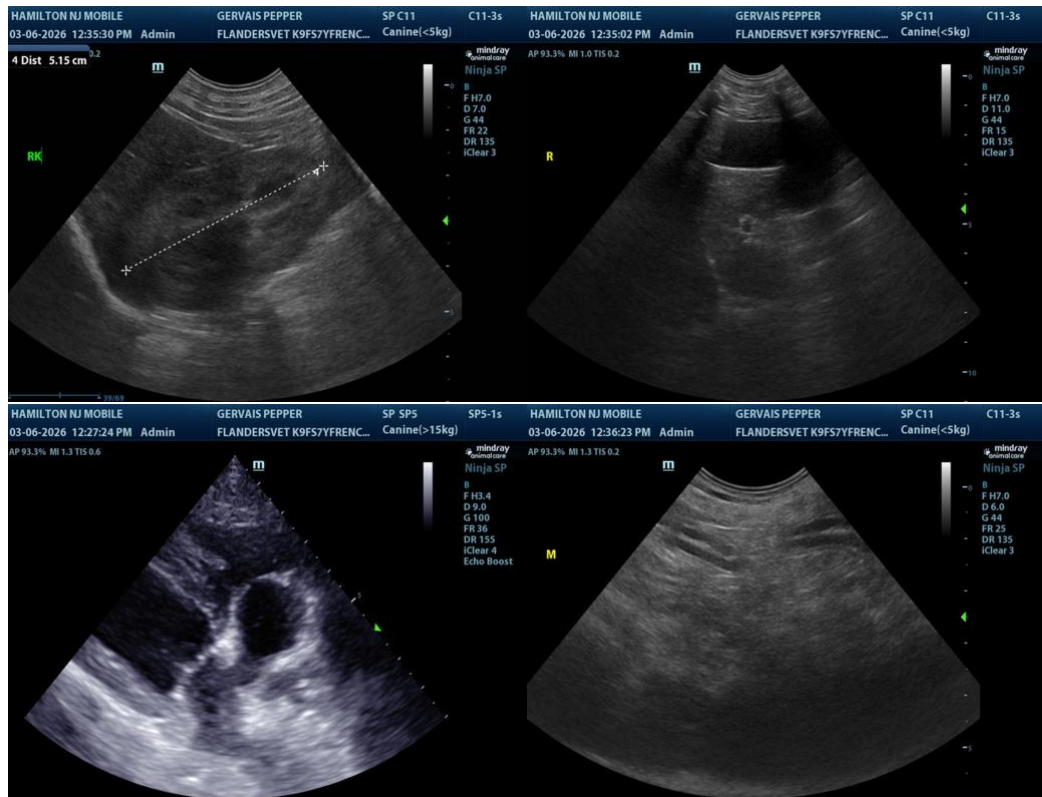
- Normal echocardiogram.
- Mildly prominent nonhomogenous hypoechoic pancreas.
- Sonographically unremarkable normal volume liver.
- Sonographically unremarkable gastrointestinal tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural or functional cardiomyopathy or abdominal visceral pathology as an obvious cause of the patient's acute respiratory distress. Primary lower airway disease with considerations including infectious, inflammatory, neoplastic etiologies or other are possible.

Assessment for evidence of cranial abdomen/subxiphoid discomfort on palpation which may allude to mild pancreatitis is recommended although no evidence of significant or active pancreatitis as a potential cause of systemic inflammation. No overt evidence of intrahepatic or extrahepatic macroscopic shunt. Primary hepatic parenchymal disease, portal hypoplasia/microvascular dysplasia are possible.

Further assessment may include (assuming normal clotting status) hepatic FNA cytology and bile acid profile. Respiratory support indicated. A sliding hiatal hernia was not definitively visualized yet cannot be confirmed nor excluded.





PATIENT

Pepper Gervais

SPECIES

Canine

BREED

French Bulldog

SEX

Spayed Female

AGE

7 Years

WEIGHT

26.3 pounds

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Rebecca Hamilton

HOSPITAL NAME

Flanders Vet Clinic

REFERRING VET

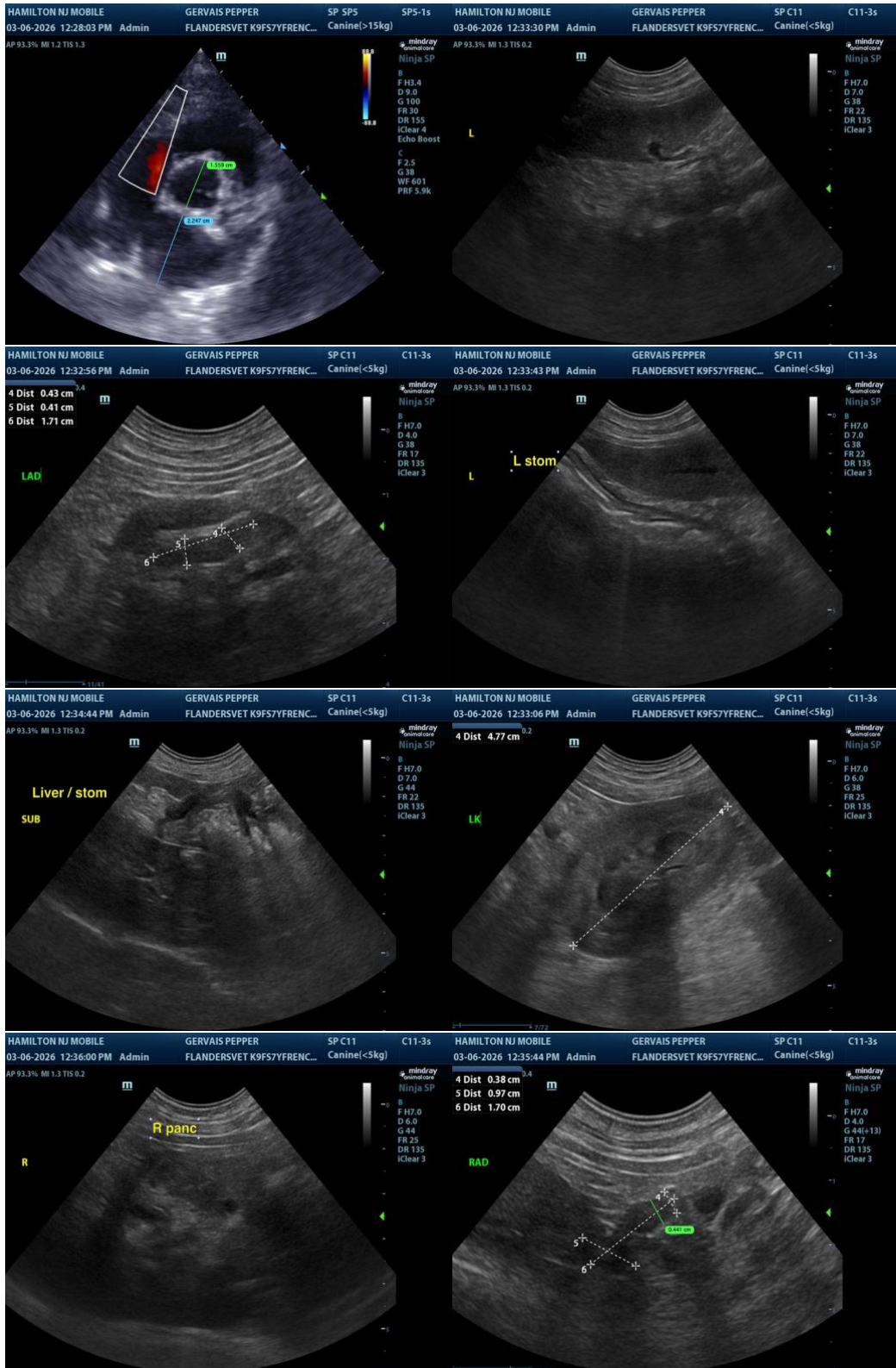
Dr. Gasparro

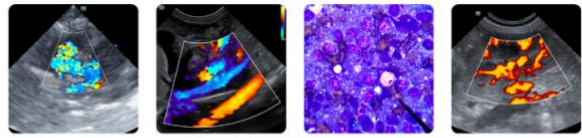
INVOICE

14098

DATE

03/06/26





PATIENT

Pepper Gervais

SPECIES

Canine

BREED

French Bulldog

SEX

Spayed Female

AGE

7 Years

WEIGHT

26.3 pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rebecca Hamilton

HOSPITAL NAME

Flanders Vet Clinic

REFERRING VET

Dr. Gasparro

INVOICE

14098

DATE

03/06/26

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