PATIENT

Cooper Petit Clair

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

9 Years 2 Months

WEIGHT

74 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

William Penn Veterinary Hospital

REFERRING VET

Dr. Bouzaout

INVOICE

14800

DATE

04/02/26

PRESENTING CLINICAL SIGNS

- Arrhythmia, vomiting
- Meds: Gaba 300, Maropitant

Abnormal PE/Chem/CBC/UA Results: wnl

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	5.2	--	NM	1.3	35	68	0.3
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	125	1.6	1.0	74.0	3.5	4.1	--

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 mild thickening consistent with mild degenerative changes/endocardiosis. Doppler revealed measurable 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 (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. No overt or significant arrhythmia.

Urinary System

PATIENT

Cooper Petit Clair

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

9 Years 2 Months

WEIGHT

74 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

William Penn Veterinary Hospital

REFERRING VET

Dr. Bouzaout

INVOICE

14800

DATE

04/02/26

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.

The area of the residual prostate appeared normal and free of pathology.

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 6.4 cm in length. The right kidney measured 6.3 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.73 cm width in the caudal pole. The right adrenal gland measured 0.78 cm width in 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 congealed hyperechoic gravity dependent biliary sludge. The common bile duct was not visualized.

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 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.

PATIENT

Cooper Petit Clair

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

9 Years 2 Months

WEIGHT

74 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

William Penn Veterinary Hospital

REFERRING VET

Dr. Bouzaout

INVOICE

14800

DATE

04/02/26

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

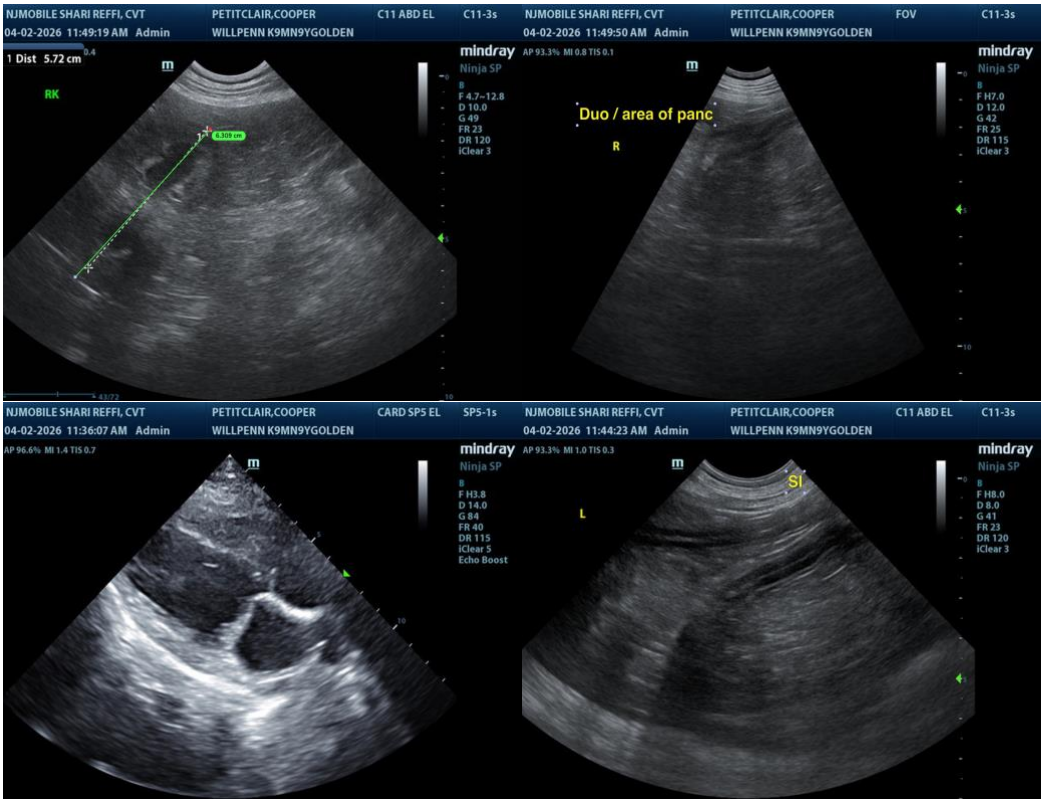
ULTRASONOGRAPHIC FINDINGS

- Normal cardiac structure/function.
- Mild mitral valve insufficiency (B1).
- Sonographically unremarkable empty gastrointestinal tract.
- Normal area of the pancreas.
- Mild congealed gallbladder debris (non-mucocele).

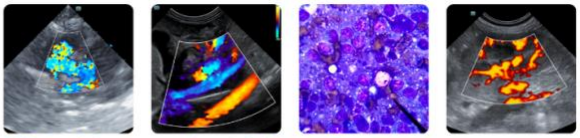
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hemodynamic effects of the mitral valve insufficiency appear low given lack of LA enlargement. No indication for cardiac medication. Cardiology consult regarding arrhythmia is recommended. Recheck echo is suggested in six to 12 months, sooner if clinically indicated. No cardiac anesthetic contraindications.

Gastrointestinal support and empirical therapy for suspect mild, nonspecific gastroenteritis is recommended. A GI panel to include PLI, TLI, cobalamin and folate may be considered to assess for non-structural, occult, intestinal or pancreatic disease.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
www.SonoPath.com
info@sonopath.com
800.838.4268

PATIENT

Cooper Petit Clair

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

9 Years 2 Months

WEIGHT

74 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

William Penn Veterinary Hospital

REFERRING VET

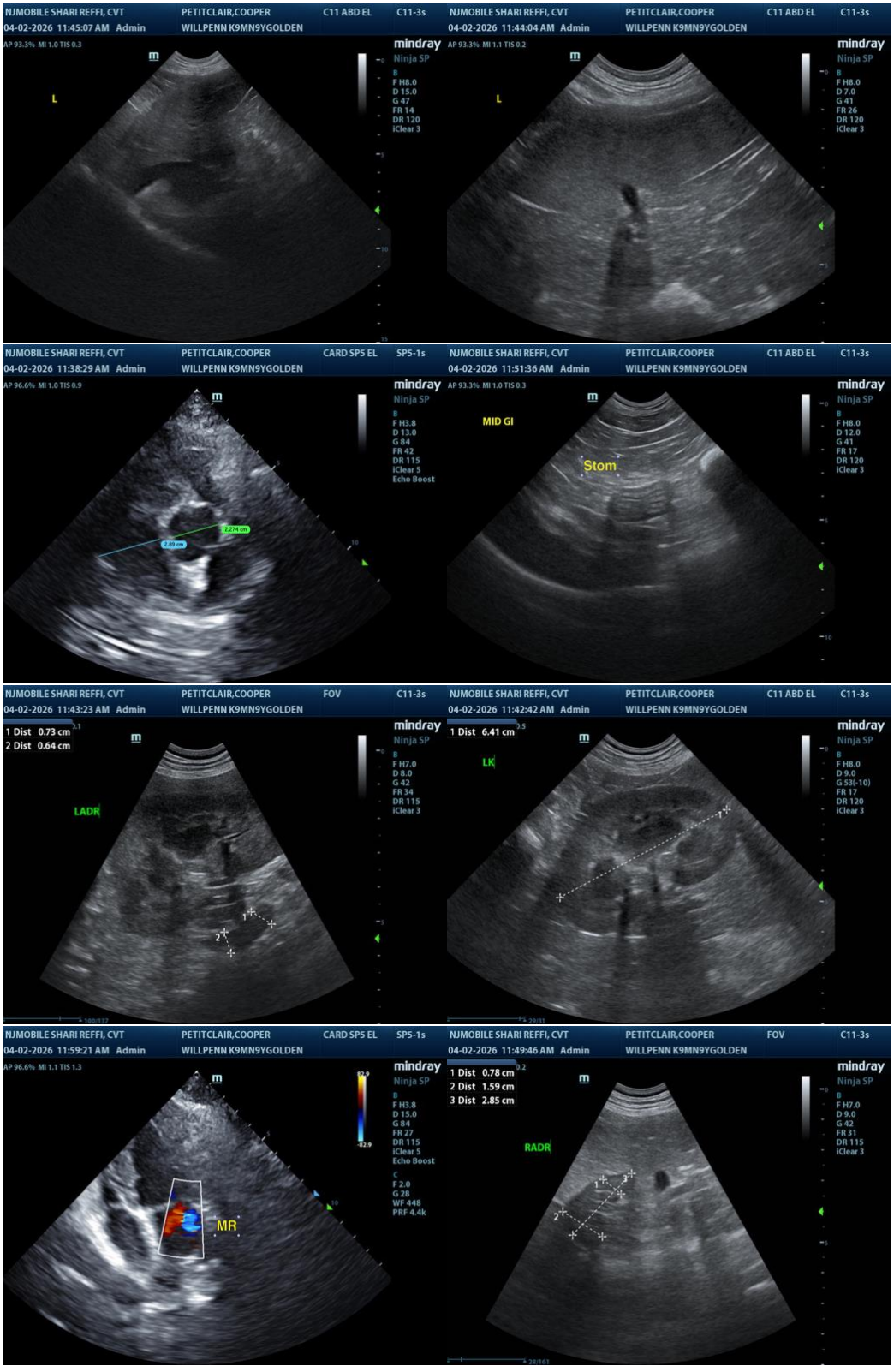
Dr. Bouzaout

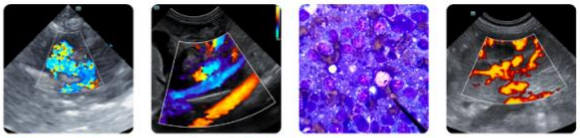
INVOICE

14800

DATE

04/02/26





PATIENT

Cooper Petit Clair

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

9 Years 2 Months

WEIGHT

74 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

William Penn Veterinary Hospital

REFERRING VET

Dr. Bouzaout

INVOICE

14800

DATE

04/02/26

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