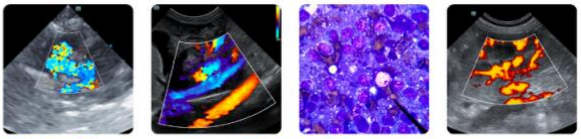


PATIENT
Max Bello

SPECIES
Canine

BREED
Lab Mix

SEX
Neutered Male

AGE
11

WEIGHT
89.2

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

IMAGING PERFORMED BY
Jenn

HOSPITAL NAME
Rockaway Animal Hospital

REFERRING VET
Dr. Maniar

INVOICE
15275

DATE
04/21/26

PRESENTING CLINICAL SIGNS

Trouble breathing, vomiting anorexia lethargy Hx of splenectomy

Abnormal PE/Chem/CBC/UA Results: WBC 19.53

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

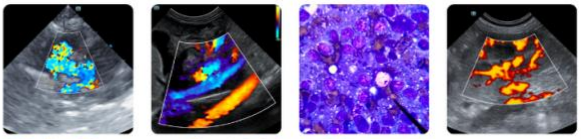
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	--	--	NM	1.1	36	67	0.1
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT**	**LAD** 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	1.0	89.2	3.5	3.1	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal to borderline subnormal **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 with normal to borderline decreased LV internal dimension. 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. No evidence of arrhythmia.

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 mild urine



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

No visualized pathology in the area of the residual prostate.

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 7.2 cm in length. The right kidney measured 7.4 cm in length.

Adrenal Glands

The adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.63 cm width at the caudal pole. The right adrenal gland measured 0.75 cm width at the caudal pole.

Spleen

The spleen was not visualized owing to previous splenectomy.

Liver & Gallbladder

The liver presented subjective mildly enlarged in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen with a mild coarse echotexture. Increased prominence of the intrahepatic hyperechoic portal vascular borders. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. 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

The stomach presented intact mildly thickened wall. The stomach contained a mild amount of nonshadowing retained ingesta/chyme and lumen gas without definitive visualized obstruction to pyloric outflow. The ventral gastric body wall measured 0.76 cm wall width.

The visualized segments of small intestine presented intact wall layering and normal wall layer ratio with empty intestinal lumen.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal cardiac structure/function with evidence of mild decreased cardiac volume.
- Mildly enlarged hypoechoic liver.
- Mild gallbladder debris (non-mucocele).

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- Nondistended mildly thickened stomach with mild retained nonshadowing chyme/gas.
- Sonographically normal empty visualized small intestine.
- Absent spleen- previous splenectomy.
- Mild urine sediment.

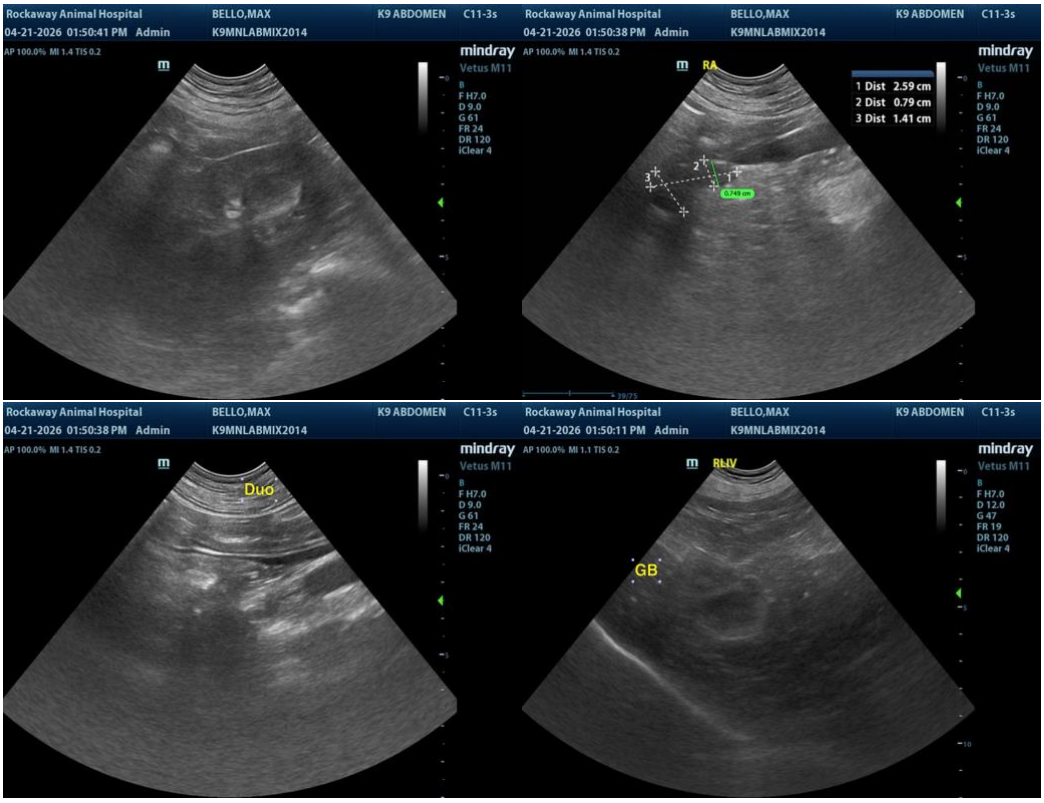
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural or functional cardiomyopathy as a contributing factor to the patient's clinical signs. The stomach may suggest mild hypomotile gastritis without mechanical gastrointestinal obstruction or definitive visualized small intestine mural pathology. Minor potential for emerging occult infiltrative mural pathology is not definitively excluded. Low-grade pancreatitis at times may present sonographically normal.

The hypoechoic liver may indicate patient variant or acute hepatopathy. Monitoring of hepatic enzyme levels with consideration for (assuming normal clotting status) hepatic FNA cytology to assess for occult disease. Three view chest radiographs are recommended if not done.

Gastrointestinal support with clinical monitoring and sonographic reassessment if evidence of acute hepatopathy or progressive gastrointestinal signs is recommended.

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.



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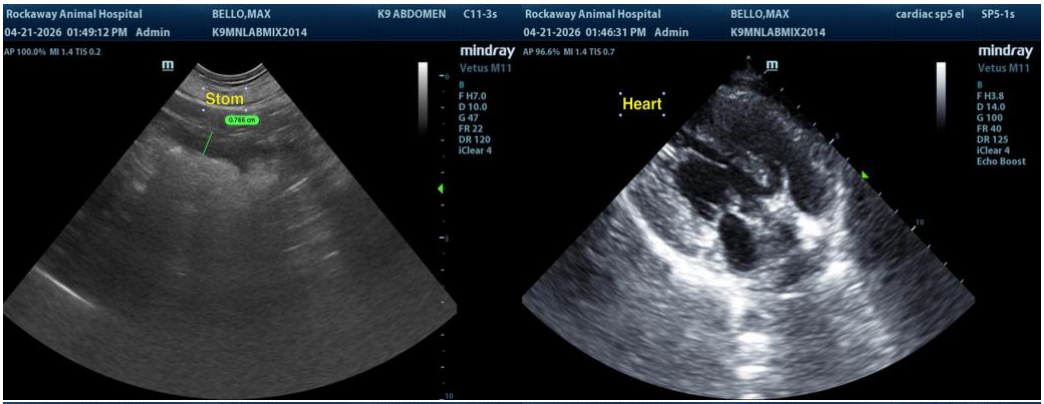

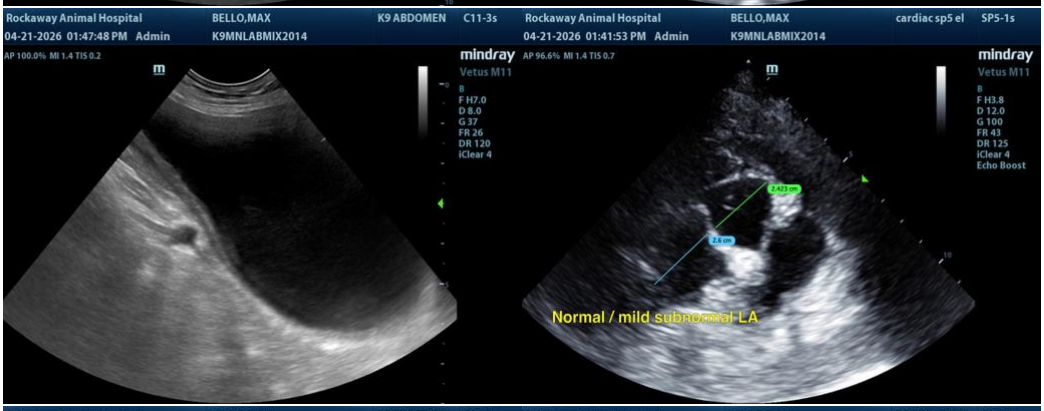

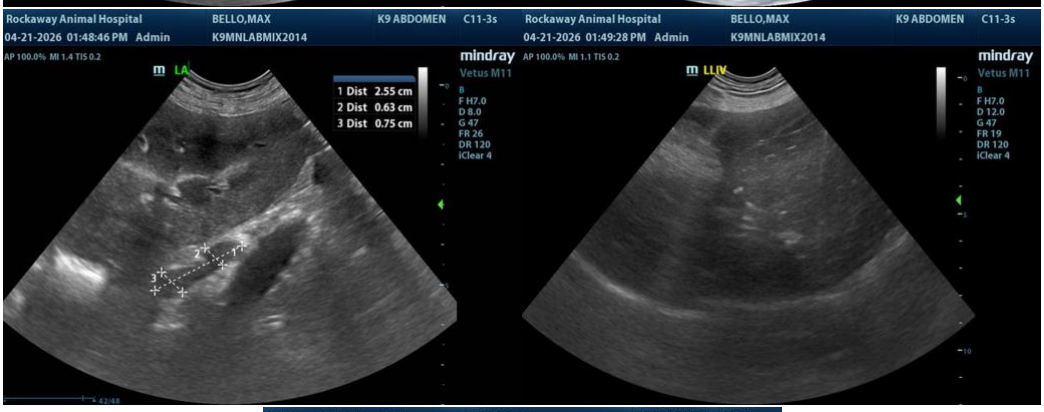

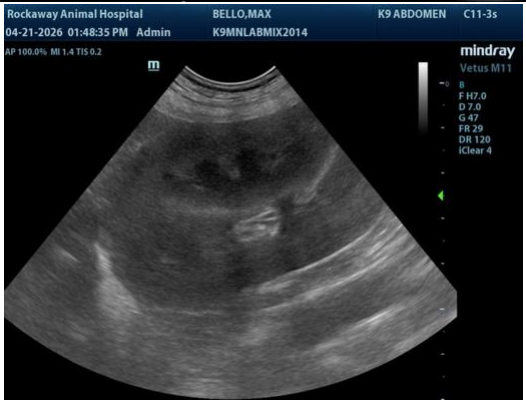

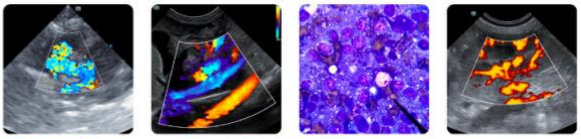

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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