

PATIENT

Bella Stasiak

PRESENTING CLINICAL SIGNS

Heart murmur 3/6, Tall R waves. Cystic mesenchymal tumor dorsal left scapula. Positive for

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: ALT 273, ALKP 1593, CAL 11.6

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART

BREED

German Shorthair Pointer

SEX

FS

AGE

14yr

WEIGHT

55lb

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	5.7	3.2	--	1.6	38	69	0.5
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	164	1.3	1.1	55lb	5.5	5.0	--

Cardiac Presentation

INTERPRETED BY

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

The echocardiogram in this patient demonstrated borderline mild increased left atrial size based on 2 different LA measurement methods. The cranial and caudal mitral valve leaflets presented mild thickening consistent with mild endocardiosis. Doppler indicated measurable moderate eccentric insufficiency. The left ventricle presented mild increased 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 or chamber overload. Tricuspid valvular assessment demonstrated mild thickening with TR on Doppler. 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 evidence of arrhythmia.

IMAGING PERFORMED BY

Vincent Ravancho CVT

HOSPITAL NAME

Sova Animal Hospital

REFERRING VET

Dr Sova

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 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 7.0 cm in length. The right kidney measured 7.0 cm in length.

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The area of the aortic trifurcation was free of pathology.

Adrenal Glands

BREED

German Shorthair Pointer

The bilateral adrenal glands were mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.2 cm width in the caudal pole. The right adrenal gland measured 1.0 cm width in the caudal pole.

SEX

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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.

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Liver/Gallbladder

WEIGHT

55lb

The liver was subjectively mild to possible moderate enlargement. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. A moderately sized, deep mid to right liver thinly walled intraparenchymal cyst was present measuring 5.5 cm in diameter. Additional smaller intermittent intraparenchymal cysts were present. 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.

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(Canine and Feline)

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.

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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.

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

Pancreas

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Consistent with age-related changes or remodeling and considered incidental.

Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

Primary

- Mitral valve insufficiency (ACVIM mild B2)
- TV insufficiency - estimated pulmonary pressure gradient suggestive of mild increased pulmonary pressure not consistent with clinical pulmonary hypertension
- Hepatopathy exhibiting variably sized hepatic cysts- vacuolar/ cholestatic or inflammatory hepatopathy, hyperplasia, age-related parenchymal remodeling, in addition to the benign hepatic cysts possible, occult hepatic neoplasia thought less likely
- Non-organized gallbladder debris (non-mucocele)
- Age-related renal changes
- Non-specific bilateral mild adrenomegaly- subjective benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is chronic degenerative valvular changes with secondary eccentric mitral valve insufficiency. The left atrial enlargement implies that the risk of complication secondary to mitral valve insufficiency is elevated, yet overall the heart appears stable. No other clinical issues such as LV systolic dysfunction or clinical pulmonary hypertension. Pimobendan 0.3 mg/kg BID is recommended. No overt indication for additional medication. Prognosis is considered variable and sonographic monitoring is recommended. Recheck echo cardiogram is suggested in 6 months, sooner if clinical signs arise. Anesthetic risk is considered mild once on Pimobendan for 3-5 days.

Adrenal workup warranted if clinical signs consistent with Cushing's syndrome are present. Screening hepatic FNA cytology, assuming normal clotting status could be considered for further clarification. Overall, largely a geriatric abdomen without evidence of significant visceral pathology or definitive neoplastic or metastatic criteria. Hepatosupportive medications may prove beneficial.

Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.



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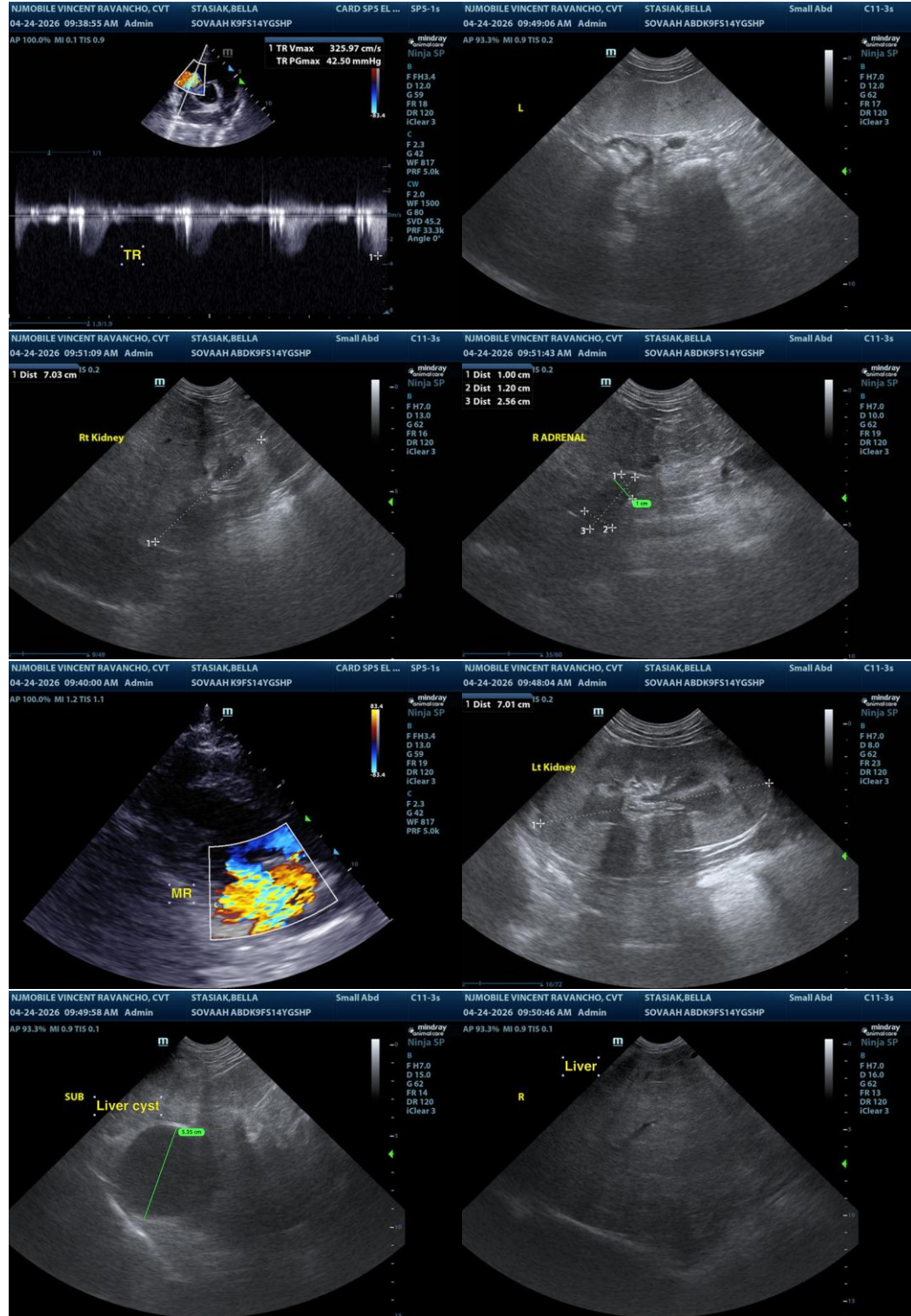
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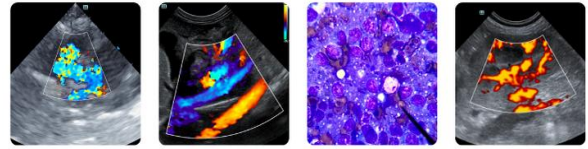
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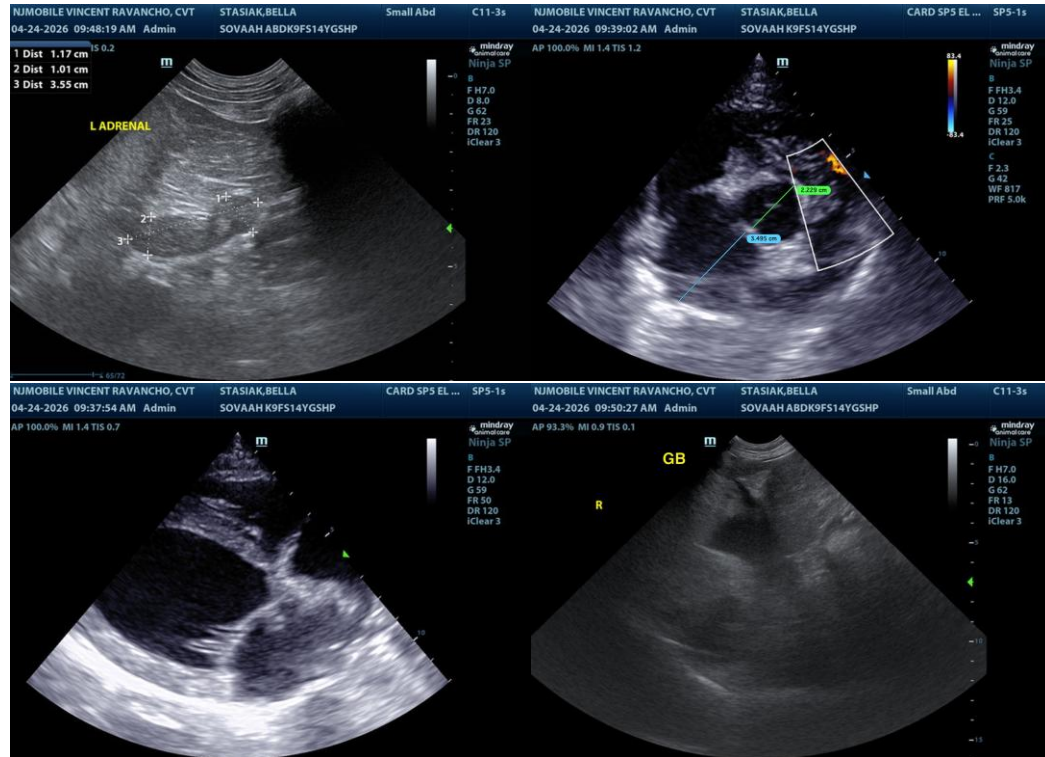
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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