

PATIENT

Eloise Duffy

SPECIES

Canine

BREED

Wire Haired Griffon

SEX

FS

AGE

10y 8m

WEIGHT

52 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho,
 CVT

HOSPITAL NAME

Marsh Hospital for
 Animals

REFERRING VET

Dr. Armani

INVOICE

10856

DATE

4/30/26

PRESENTING CLINICAL SIGNS

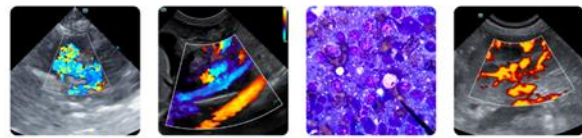
Gastroenteritis, extremely poor appetite. Current medication - Maropitant and Mirtazepine .
 Abnormal PE/Chem/CBC/UA Results: Glob 4.3, USG 1.026

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

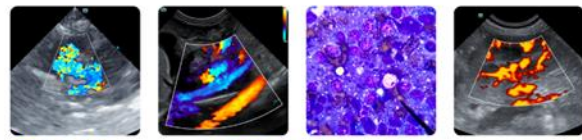
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	-	2.5	-	1.2	40	74	0.3
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	LAD LA MAX 4 Chamber	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	-	1.1	52 lbs.	3.8	4.0	-

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. 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. Mild TR on Doppler (2.5 m/s). 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.



PATIENT	Urinary System
Eloise Duffy	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 evidence of urine or 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.
SPECIES	
Canine	No evidence of pathology in the area of the aortic trifurcation.
BREED	
Wire Haired Griffon	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 6.5 cm in length. The right kidney measured 6.7 cm in length.
SEX	
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AGE	Adrenal Glands
10y 8m	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.58 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 0.53 cm width at the caudal pole.
WEIGHT	
52 lbs.	
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The spleen exhibited a solitary, moderately expansive, homogeneous, mildly hypoechoic splenic mass with associated symmetrical capsule distortion. The mass measured 4.1 cm diameter.
IMAGING PERFORMED BY	Liver/ Gallbladder
Vincent Ravancho, CVT	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. A solitary, visualized, mildly nonhomogeneous, ventral to ventrocaudal intraparenchymal nodule was present, measuring 1.7 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
HOSPITAL NAME	Gastrointestinal
Marsh Hospital for Animals	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.
REFERRING VET	
Dr. Armani	A midabdomen indistinctly marginated intestinal mass was present, exhibiting variably thickened hypoechoic wall and loss of wall layer detail, measuring ~4.0-5.0 cm in diameter. Surrounding nonhomogeneous hyperechoic to nodular mesentery was noted. Minor peritoneal effusion was present. The remainder of the small intestine exhibited maintained wall layering. Mild associated nonobstructive to potentially paralytic intestinal ileus was noted with overall empty small intestine.
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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 were evident.

Free Abdomen

No overt lymphadenopathy was present. Minor peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal cardiac structure / function
- Mild tricuspid insufficiency – no evidence of clinical pulmonary hypertension
- Splenic mass
- Nonobstructive intestinal mass
- Peri intestinal non-uniform, hyperechoic / nodular omentum and mild effusion
- Hepatic nodule

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multicentric, intestinal, splenic, and potential focal nodular hepatic neoplastic criteria are met with highly suspect concurrent regional peri intestinal omental seeding.

IMAGING PERFORMED BY

Vincent Ravancho,
CVT

Further assessment may include, assuming normal clotting status and using a 25-gauge needle, intestinal mass wall and splenic mass FNA cytology +/- if possible, effusion analysis. Assuming no evidence of pathology on three view chest radiographs, surgical and/or oncology consultation is recommended.

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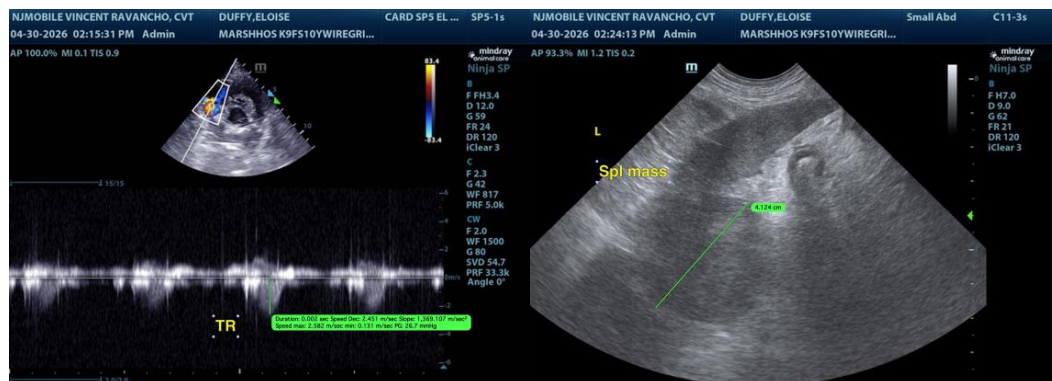
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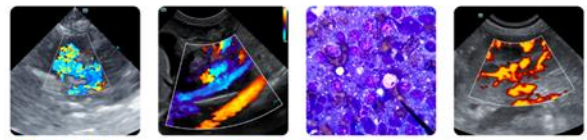
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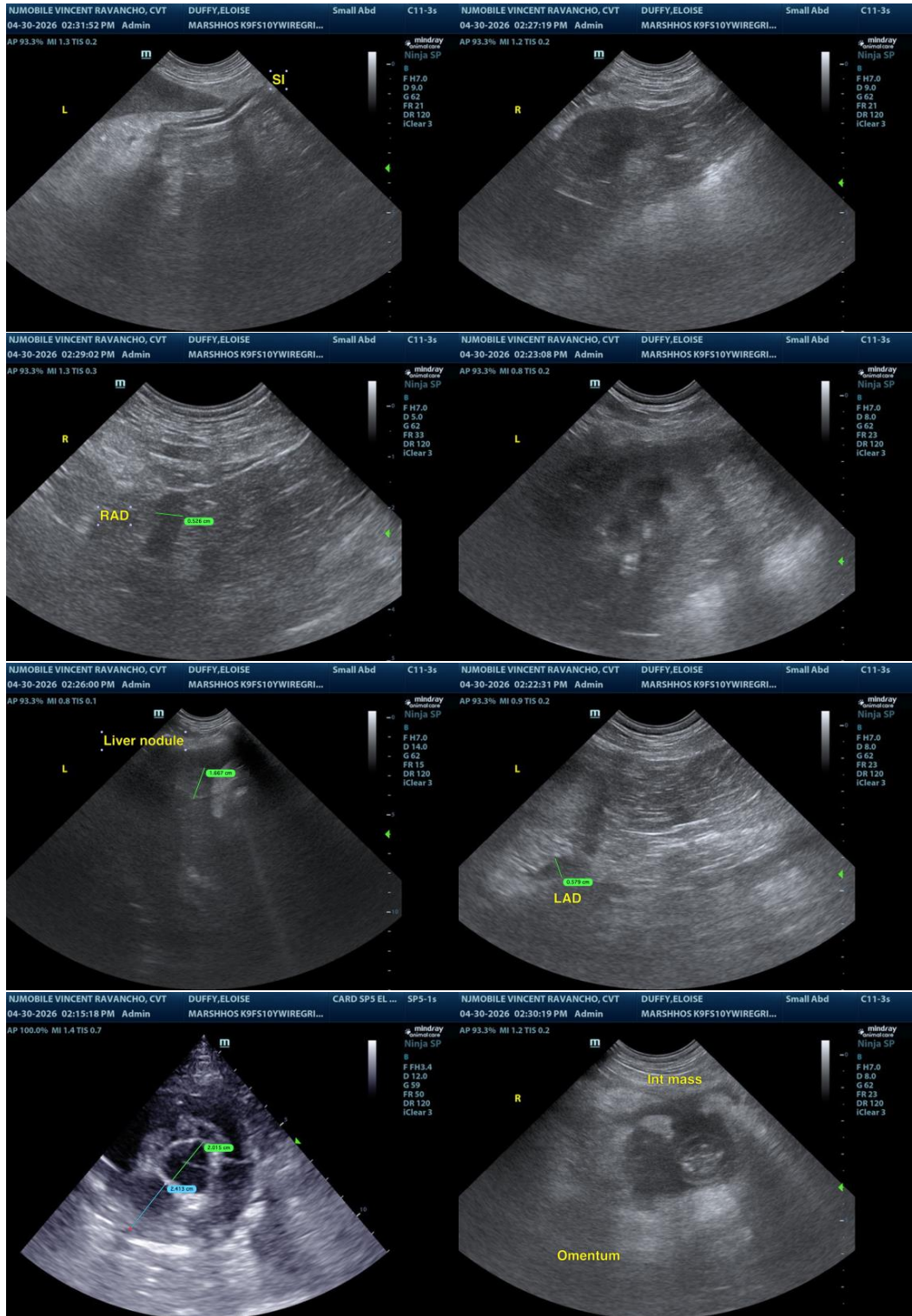
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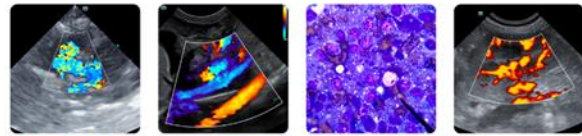
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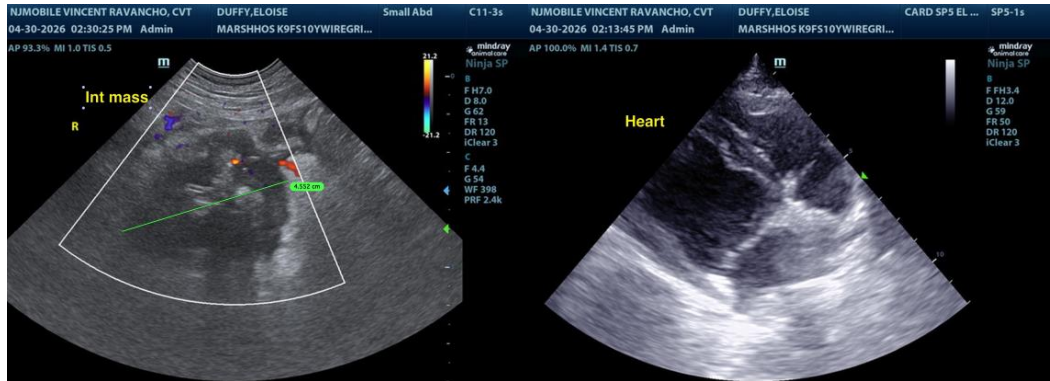
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com