



PATIENT

Corkie Robinson

SPECIES

Canine

BREED

Dachshund

SEX

FS

AGE

10 yrs

WEIGHT

43.0 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ackmann

HOSPITAL NAME

Buffalo VC

REFERRING VET

Dr. Bessler

INVOICE

10769

DATE

4/7/26

PRESENTING CLINICAL SIGNS

History:

- Presented for dental.

Abnormal PE/Chem/CBC/UA Results: Color pink, no heart murmur noted. HR 100. BCS 5/5 Abdomen palpates normal. EKG wide QRS can be suggestive of ventricular enlargement thyroid 1.5 CBC PLT 62 with platelet aggregates, adequate platelets Chem ALT >2000 Rads show enlarged rounded heart on VD and enlarged heart base on lateral view, with some mild pulmonary edema, also has hepatomegaly and numerous small bladder stones

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

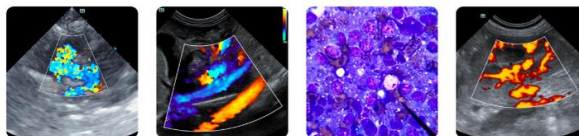
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	-	-	-	1.0	45	78	0.3
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	LAD LA MAX 4 Chamber	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	1.2	0.9	43.0 lbs.	3.1	2.9	-

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **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 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



PATIENT	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.
Corkie Robinson	
SPECIES	Urinary System
Canine	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. The bladder wall with normal in appearance. Several to multiple small dependent lumen to accumulated calculi were present. Concurrent mild nondependent particulate urine sediment was present. The urethra exhibited normal structure and tone to a depth of 3.0 cm.
BREED	
Dachshund	
SEX	No evidence of pathology in the area of the aortic trifurcation.
FS	
AGE	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. Focal to mild medullary mineral noted. The left kidney measured 5.5 cm in length. The right kidney measured 5.4 cm in length.
10 yrs	
WEIGHT	Adrenal Glands
43.0 lbs.	The left adrenal gland was mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 0.76 cm width at the caudal pole. The right adrenal gland was not definitively visualized.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
IMAGING PERFORMED BY	Liver/ Gallbladder
Dr. Ackmann	The liver presented hepatomegaly exhibiting symmetrical to rounded capsule contour and mild nonhomogeneous, increased hepatic parenchyma echogenicity compared to the spleen, exhibiting mild coarse echotexture. There were no visualized hepatic masses or nodules. The hepatic and portal vasculature were normal in appearance without signs of congestion. Normal to adequate hepatic vascular volume was present. The gallbladder was non-distended in size containing primarily anechoic content with moderate, congealed gallbladder debris with possible entrapped intra-debris to peripheral mucus.
HOSPITAL NAME	Gastrointestinal
Buffalo VC	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	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.
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Normal visible colon wall layers were present with apparent formed feces in lumen.

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Pancreas

SPECIES

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.

Canine

BREED

Free Abdomen

Dachshund

No overt lymphadenopathy or peritoneal effusion was present.

SEX

ULTRASONOGRAPHIC FINDINGS

FS

- Normal cardiac structure / function
- Multiple small cystic calculi
- Chronic renal changes exhibiting mild medullary mineral
- Mild left adrenomegaly
- Chronic hepatopathy pattern
- Early immature gallbladder mucocele

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WEIGHT

43.0 lbs.

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

There are no cardiac clinical issues such as left or right heart chamber enlargement, LV systolic dysfunction, or arrhythmia. There is no indication for cardiac medications.

IMAGING PERFORMED BY

Overall, the hepatopathy is suggestive of chronic benign criteria, although nonspecific. No overt evidence of intrahepatic or extrahepatic macroscopic shunt. Further assessment may include, assuming normal clotting status, hepatic FNA cytology +/- bile acid profile, if evidence of hepatic dysfunction.

Dr. Ackmann

The mild left adrenomegaly is of unclear clinical significance. Adrenal screening is warranted if clinical signs are consistent with Cushing's Syndrome.

HOSPITAL NAME

Buffalo VC

If the patient is nonclinical, hepatosupportive medications including Denamarin and Ursodiol with sonographic monitoring of the gallbladder, if evidence of progressive cholestasis or hepatic inflammation, would be reasonable.

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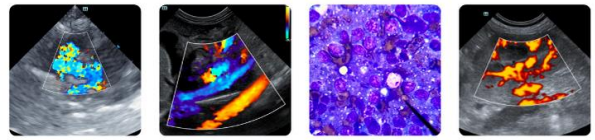
There are no overt cardiac anesthetic contraindications with assessment of BUN, cholesterol, albumin and glucose level, which indicate hepatic function, suggested prior to anesthesia.

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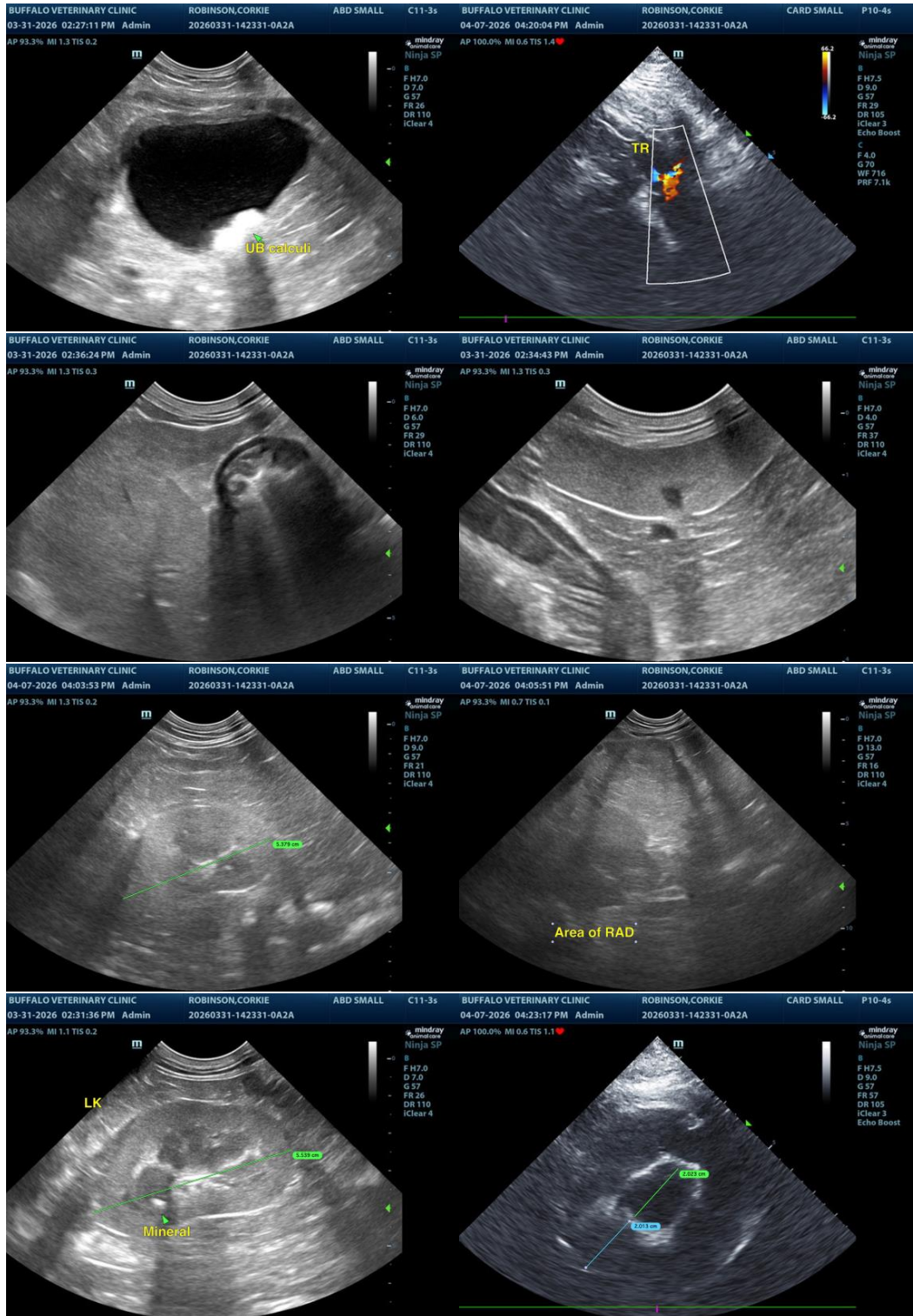
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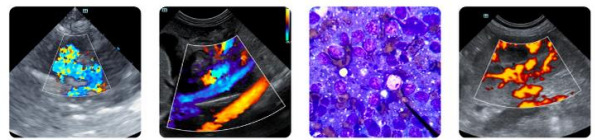
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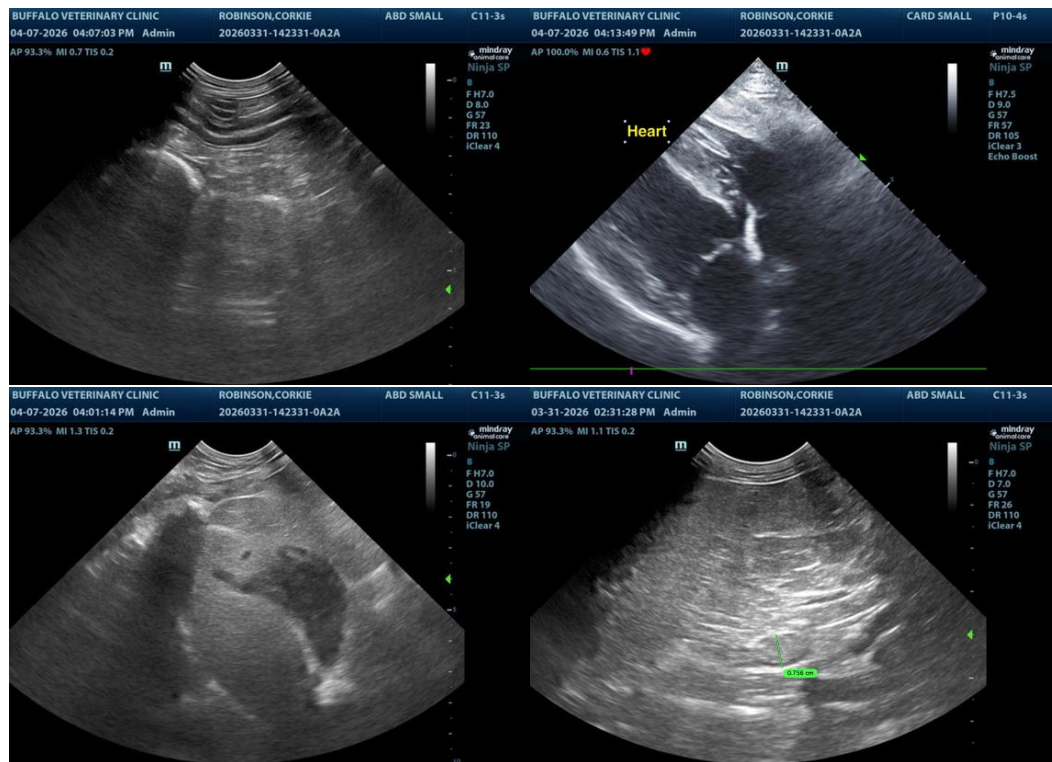
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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