



**PATIENT**

Mia Rzeszewicz

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

12.8 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Meghan Morse LVT  
CVT

**HOSPITAL NAME**

Rondout Valley  
Veterinary Associates

**REFERRING VET**

Dr. Page

**INVOICE**

14960

**DATE**

04/08/26

**PRESENTING CLINICAL SIGNS**

Heart murmur, recent onset CHF, decreased appetite, increased LEZ. Grade 5/6 HM. Current meds: Furosemide, Denamarin, Prednisone. CBC- WBC counts NWL Chem- BUN 34, ALT 176, ALP 423, GGT 19

**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	1.2	38	70	0.1
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	NM	1.2	0.7	12.8	2.8	2.7	--

**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 thickening consistent with endocardiosis. Doppler indicated moderate 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 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 no uroliths or



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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.

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 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. Mild medullary mineral was present with no evidence of pyelectasia. The left kidney measured 3.9 cm in length. The right kidney measured 3.9 cm in length.

***Adrenal Glands***

The bilateral adrenal glands were borderline prominent in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.60 cm width in the caudal pole. The right adrenal gland measured 0.57 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 presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with moderate gravity dependent to mildly congealed yet nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

***Gastrointestinal***

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas and 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. Subtle segmental hyperechoic intestinal mucosal speckling to the level of the colon.

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

***Pancreas***

The area of the pancreas was sonographically normal.



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**Free Abdomen**

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No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

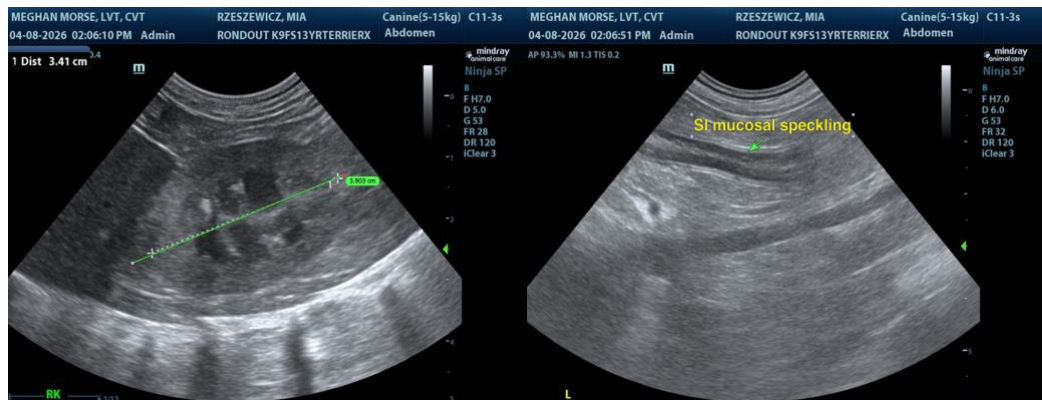
- Chronic mitral valve disease (ACVIM stage B1).
- Hepatopathy- subjective benign.
- Nonorganized gallbladder debris- not consistent with mature mucocele.
- Mild chronic renal changes.
- Borderline prominent adrenal glands.
- Structurally normal gastrointestinal tract with nonspecific and discrete intestinal mucosal speckling.
- Normal area of the pancreas.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The lack of LA or LV enlargement indicates that the current or future risk of complication, secondary to MR, is low and not overtly consistent with congestive criteria. No evidence of clinical pulmonary hypertension. If evidence of radiographic pulmonary edema, or clinical signs consistent with congestion, continued lowest effective dose, LASIX trial and Pimobendan 0.3 mg/kg PO BID with monitoring of clinical response would be reasonable. Echocardiographic monitoring is advised with recheck echo suggested in four to six months, sooner if clinically indicated.

Vacuolar, inflammatory, steroid or cholestatic hepatopathy are all potentials with occult hepatic neoplasia considered less likely. Underlying nonspecific enteropathy given mild mucosal speckling and potential suppression of intestinal mural changes owing to prednisone is possible. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Supportive care for potential non-specific enteritis with concurrent hepatosupportive medications and sonographic monitoring of the liver if evidence of progressive hepatopathy as well as the gastrointestinal tract if progressive gastrointestinal signs is recommended.





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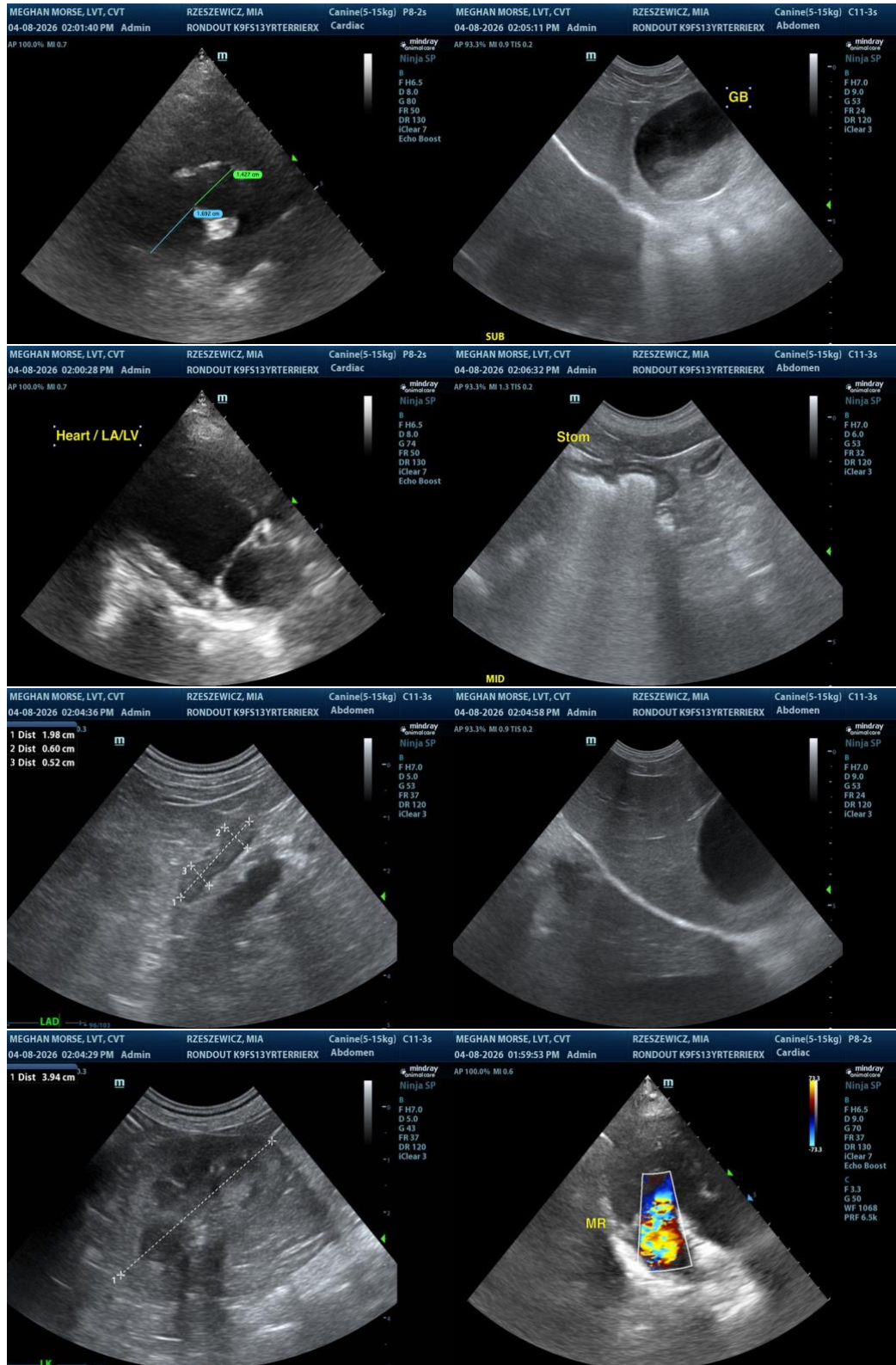
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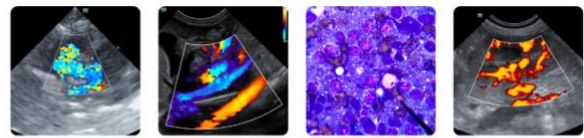
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)