

PATIENT PRESENTING CLINICAL SIGNS

Gibbs Defonte HX CKD rapidly worsening values, not eating, drinking, V/D, dehydrated, 1 lb wt loss

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: HCT-32.7 creat-4.2 bun-91 phos-11 na-162 alt-139 alp-262 chol-106 T4-0.7

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART

BREED

Maltese

SEX

MN

AGE

13yr

WEIGHT

13.4lb

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	5.8	--	--	1.22	48	82	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	2.0	1.5	13.4lb	2.5	2.4	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal left atrial size based on 2 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal mitral valve leaflets presented thickening consistent with endocardiosis. Doppler indicated moderate to significant eccentric insufficiency. 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. Aortic valve insufficiency on Doppler. 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 infiltrative disease was visible. The cranial mediastinum and pericardial regions were free of masses in the visible window.

Urinary System

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr Dubos

INVOICE 24435

DATE 04/09/2026



PATIENT

Gibbs Defonte

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 mild dependent lumen hyperechoic sand / mineral. 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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The residual prostate appeared normal and free of pathology

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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. Bilateral medullary renoliths were present with small cortical cysts. The left kidney measured 3.9 cm in length. The right kidney measured 3.8 cm in length.

SEX

MN

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

Left adrenal gland mild enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.5 cm width at the caudal pole.

AGE

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The right adrenal gland was borderline prominent in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.48 cm width in the caudal pole.

WEIGHT

13.4lb

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal to coalescing echogenic nodules were present throughout the medial parenchyma. Suspect concurrent regional mild medial splenic capsule fibrosis. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

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DVM, DABVP
(Canine and Feline)

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 congealed hyperechoic debris. The cystic and common bile ducts were normal.

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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.

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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 was evident.

Canine

Free Abdomen

BREED

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

Maltese

ULTRASONOGRAPHIC FINDINGS

Primary

SEX

- Chronic mitral valve disease (ACVIM B1)
- Aortic valve insufficiency
- Mild urinary bladder sand / mineral
- Bilateral chronic nephropathy exhibiting medullary renolithiasis and cortical cysts
- Borderline / mild bilateral adrenomegaly
- Hepatopathy- subjective benign
- Congealed non-organized gallbladder debris- not consistent with mature mucocele
- Sonographically unremarkable gastrointestinal tract / area of pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is subjective mild chronic degenerative valvular changes with secondary MR. No evidence of additional issues such as DCM criteria, LV systolic dysfunction or clinical pulmonary hypertension. The lack of left atrial enlargement implies that the risk of complication secondary to mitral valve insufficiency is relatively low at this time and, without current clinical signs, indicates that medical therapy is not required at this stage. Prognosis at this stage is variable and serial sonographic monitoring is recommended with a recheck echocardiogram in 6 months, sooner if clinical signs suggestive of heart disease develop. Assessment of systemic BP for evidence of hypertension, given aortic valve insufficiency is recommended. Cardiac anesthetic risk is considered mild. 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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Emerging to progressive chronic renal failure is of concern in this patient. Correlation with UA, screening urine C/S +/- UPC for renal staging is recommended. Hospitalization with renal and gastrointestinal support with monitoring of renal parameters for further prognosis is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate and three view chest radiographs are recommended if not done to assess for non-renal or occult disease as a contributing factor to the weight loss.

The borderline mild adrenomegaly is of unclear clinical significance given current clinical presentation.

No overt abdominal neoplastic criteria.

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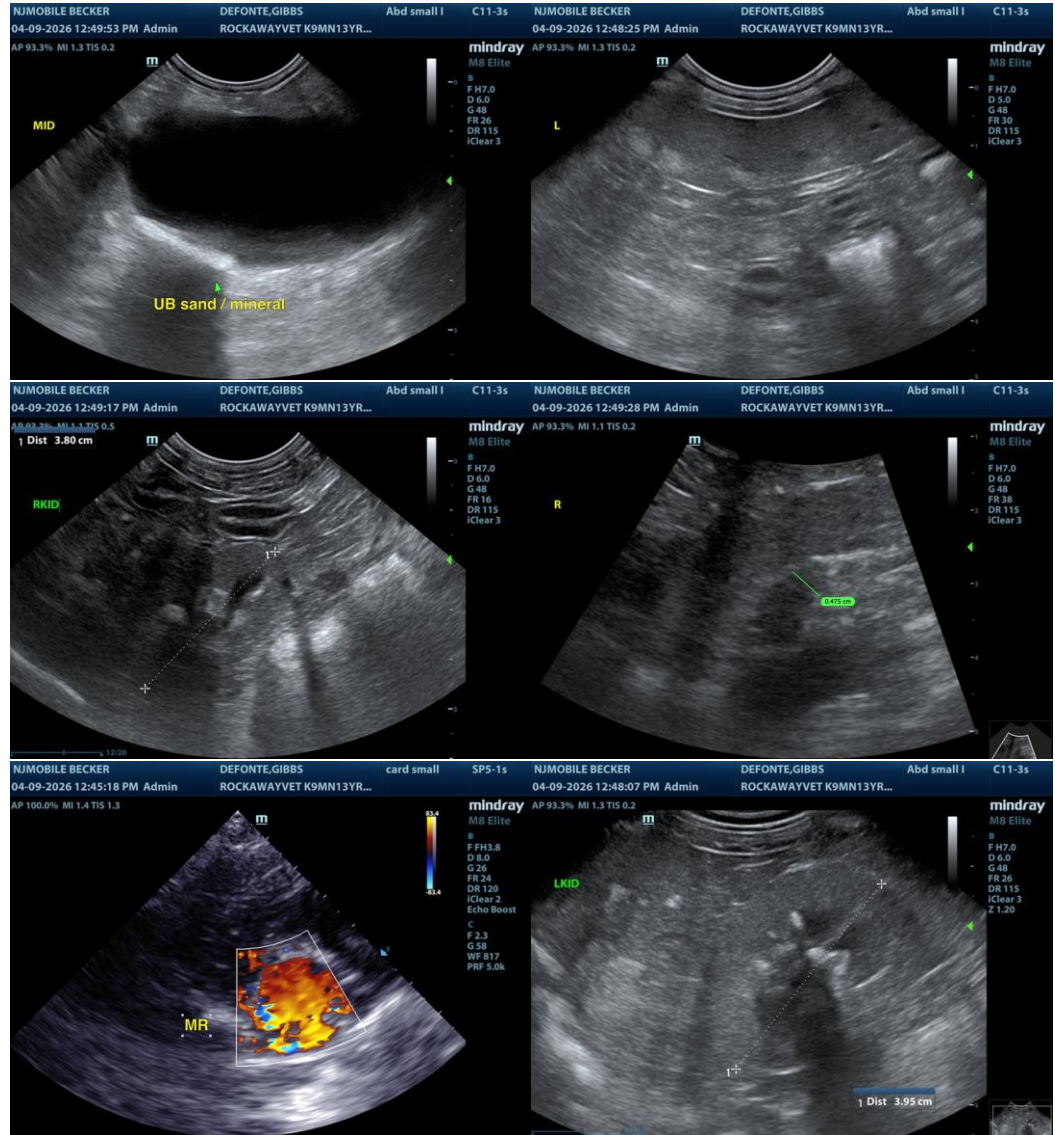
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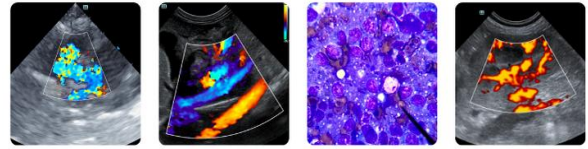
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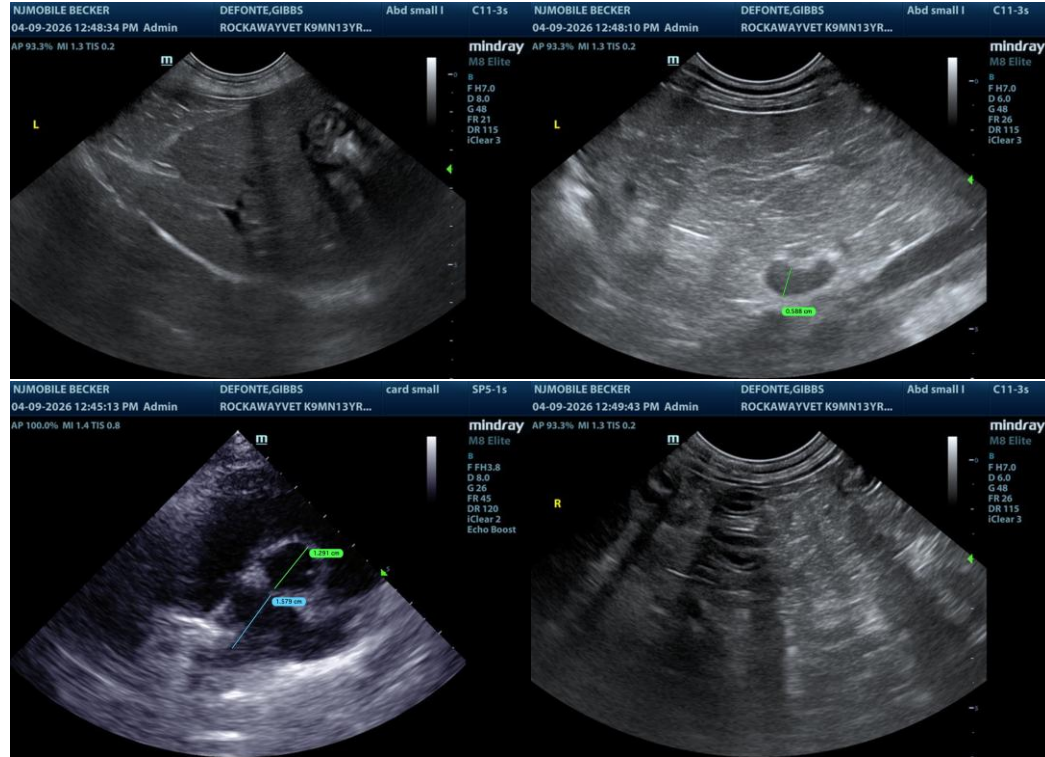
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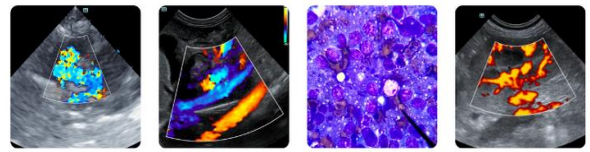
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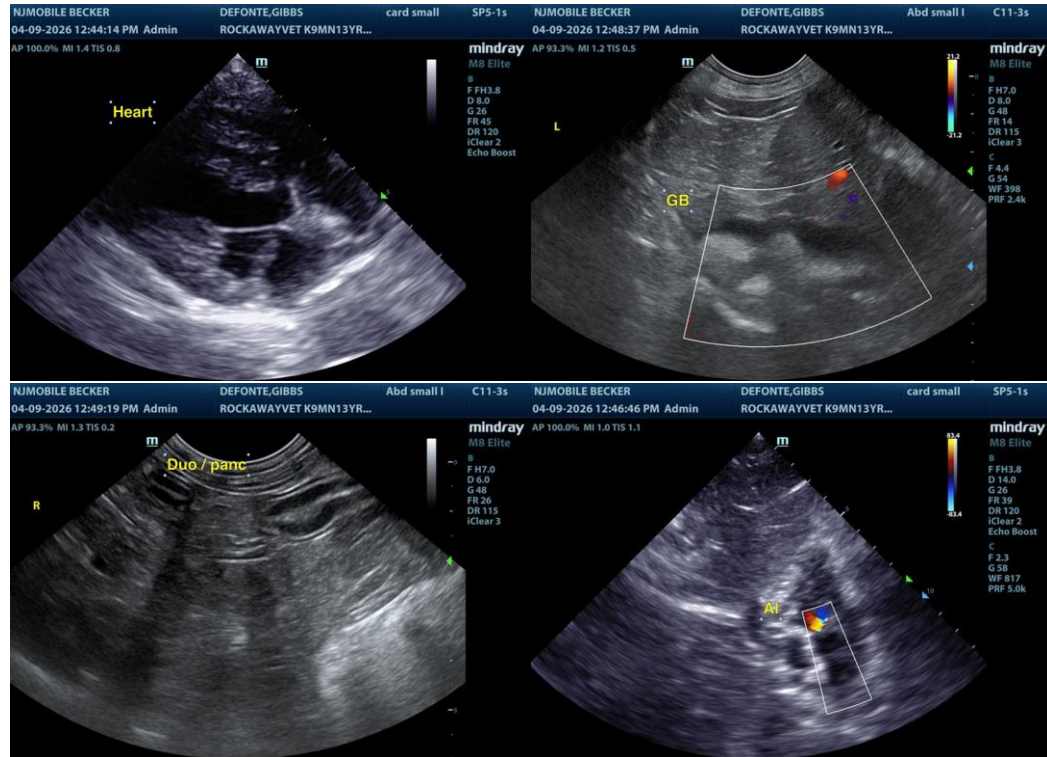
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

IMAGING PERFORMED BY

Kerri Becker

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

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