

PATIENT PRESENTING CLINICAL SIGNS

Ivy Mazza Initially seen for vomiting and Diarrhea on April 16th 2026. Hypoalbuminemia [13 g/l] was the only abnormality on the bloodwork. her Urinalysis and UPCR was normal. Her GI signs did not improve with antibiotics. The Antibiotic was changed and she was started on Prednisone @ 1 mg/kg bid , B12 injection. Still no improvement and and her Albumin dropped to 11 g/l on 7th of May 2026, Her WBC / NEUTROPHILS were elevated.

SPECIES

Canine

She was having laboured breathing and mild distension of abdomen. Her Fecal test was Negative for Giardia/ ova.

BREED

Yorkie Mix

Current Medications Prenisolone 1 mg/kg bid, inj B12 weekly , Clavamox 62.5 mg bid, Metronidazole @ 10 mg/kg bid

SEX

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Abnormal PE/Chem/CBC/UA Results: CBC; Elevated WBC/ NEUTROPHILS biochem; Albumin 11 g/l

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART

AGE

11yr

WEIGHT

3.7kg

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	5.2	<2.0	--	1.36	40	72	0.21
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	--	--	3.7kg	2.3	2.0	--

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Dewitt Park Animal Hospital

REFERRING VET

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24808

DATE

05/12/2026

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 vegetative thickening consistent with endocardiosis. Doppler indicated mild to moderate 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. Minor 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 mildly thickened



PATIENT

Ivy Mazza

with mild 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 fluid with mild to moderate volume pleural effusion present. No echographically detectable evidence of infiltrative disease was visible. The cranial mediastinum and pericardial regions were free of masses in the visible window. No evidence of arrhythmia.

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Urinary System

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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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral areas of medullary mineral were present. The left kidney measured 3.9 cm in length. The right kidney measured 4.0 cm in length.

AGE

11yr

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

3.7kg

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.41 cm width in the caudal pole. The right adrenal gland measured 0.55 cm width in the caudal pole.

Spleen

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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.

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Liver/Gallbladder

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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. Normal vascular volume The gallbladder was non-distended in size with primarily anechoic luminal content. No evidence of gallbladder/peripheral gallbladder inflammation or wall edema was present. The cystic and common bile ducts were normal.

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Gastrointestinal

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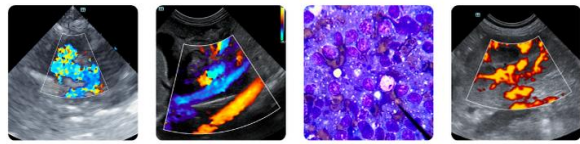
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The stomach presented mild thickened wall. Intact wall layering was maintained and distinct. The stomach contained a mild amount of anechoic non-shadowing fluid.

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The small intestine presented prominent intact wall layering owing to propensity for prominent intestinal mucosa. Subtle hyperechoic intestinal mucosal speckling to fogging was present.



PATIENT Normal visible colon wall layers were present The colon exhibited generalized mild distension with soft and non-formed fecal matter.

Ivy Mazza

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

Moderate volume peritoneal effusion

Yorkie Mix

Generalized homogenous hyperechoic omentum

SEX

No visualized significant omental lymphadenopathy.

FS

ULTRASONOGRAPHIC FINDINGS

Primary

AGE

- Compensated mitral valve insufficiency (B1)
- Tricuspid insufficiency - no obvious clinical pulmonary hypertension
- Minor aortic valve insufficiency
- Mild non-congested hepatomegaly
- Mild hypomotile gastritis and small intestine protein losing enteropathy pattern
- Generalized mild distended colon with soft and non-formed fecal matter
- Chronic renal changes exhibiting mild medullary mineral
- Bicavitary effusion-noncardiogenic

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of cardiomyopathy, hepatic congestion, significant hepatic disease in conjunction with lack of significant proteinuria indicating intestinal protein loss and protein losing enteropathy as a primary contributing factor to the gastrointestinal signs and non-cardiogenic bicavitary effusion. Considerations may include inflammatory bowel disease, lymphangiectasia or infiltrative intestinal disease. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Correlation with effusion analysis cytology +/- C/S if clinically indicated is recommended

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Kelly Reschny

Part or all of this protocol may be considered based on your clinical impression of the patient:

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OBJECTIVE: keep albumin levels > 2 g/dl, avoid thromboembolism and cavitory effusions, monitor concurrent PLN and liver disease:

Plasma 10 mL / kilogram IV over 4 hours

Or **Human albumin** 2 ml/kg/h over 10 hours. Total daily volume 20.l/kg/day

And Colloids/Hetastarch

10 to 20 mL per kilogram per day and dogs

10 to 15 mL per kilogram per day cats

(Can bolus first 1/3 of dose over 15 minutes)

& maintain on LRS maintenance otherwise.

High colony count probiotic Provioble or Visbiome

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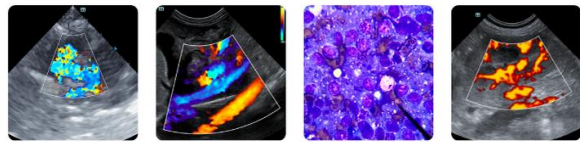
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Famotidine 1 mg/kg Iv Im po dc Sid /bid

Sucralfate 0.5-1 g po tid dogs, 0.5 g bid cats in slurry **Or Misoprostol** 1-5 ug/kg po tid

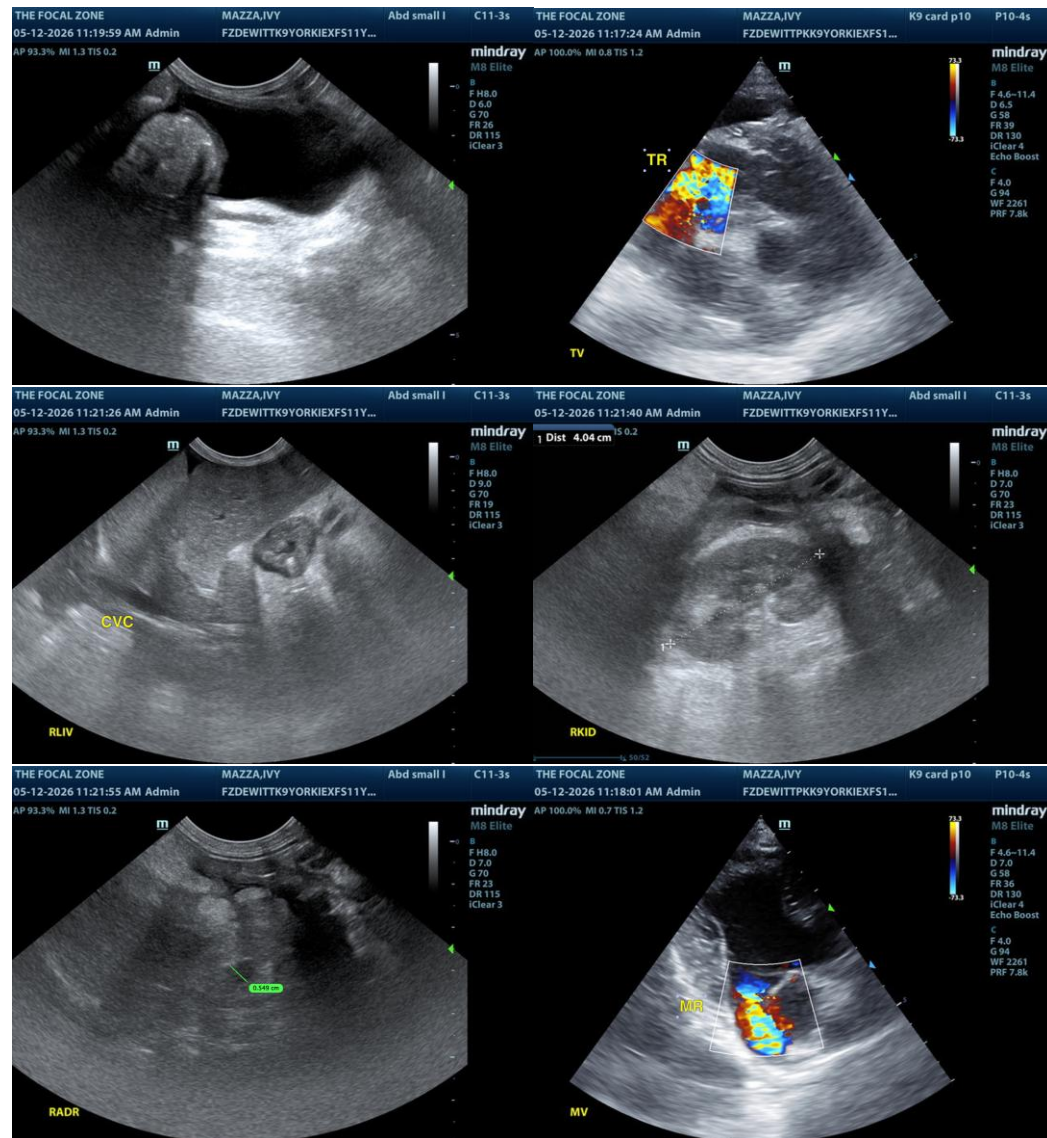
Diet: Highly digestible high quality protein, low fiber, low fat diet (< 15% of dry matter). Hydrolyzed protein or novel protein. Purina HA or Royal Canine HP or similar.

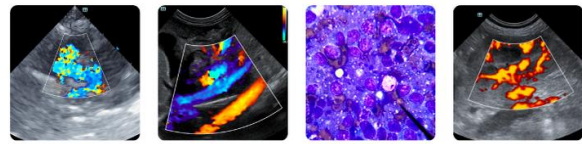
Prednisone or prednisolone 2 mg/kg bid x 3-5 days then 2 mg/kg sid. **Chlorambucil** in refractive severe IBD/alimentary lymphoma cases (monitor cbc for rare bone marrow suppression) 4 mg/m² Q 24-48 hours.

Cobalamin (B12) 250-1500 ug/dog weekly x 6 weeks.

Calcium supplementation if necessary.

Aspirin 0.5-1 mg/kg/day **or Clopidogrel (Plavix)** 1-5 mg/kg/day.





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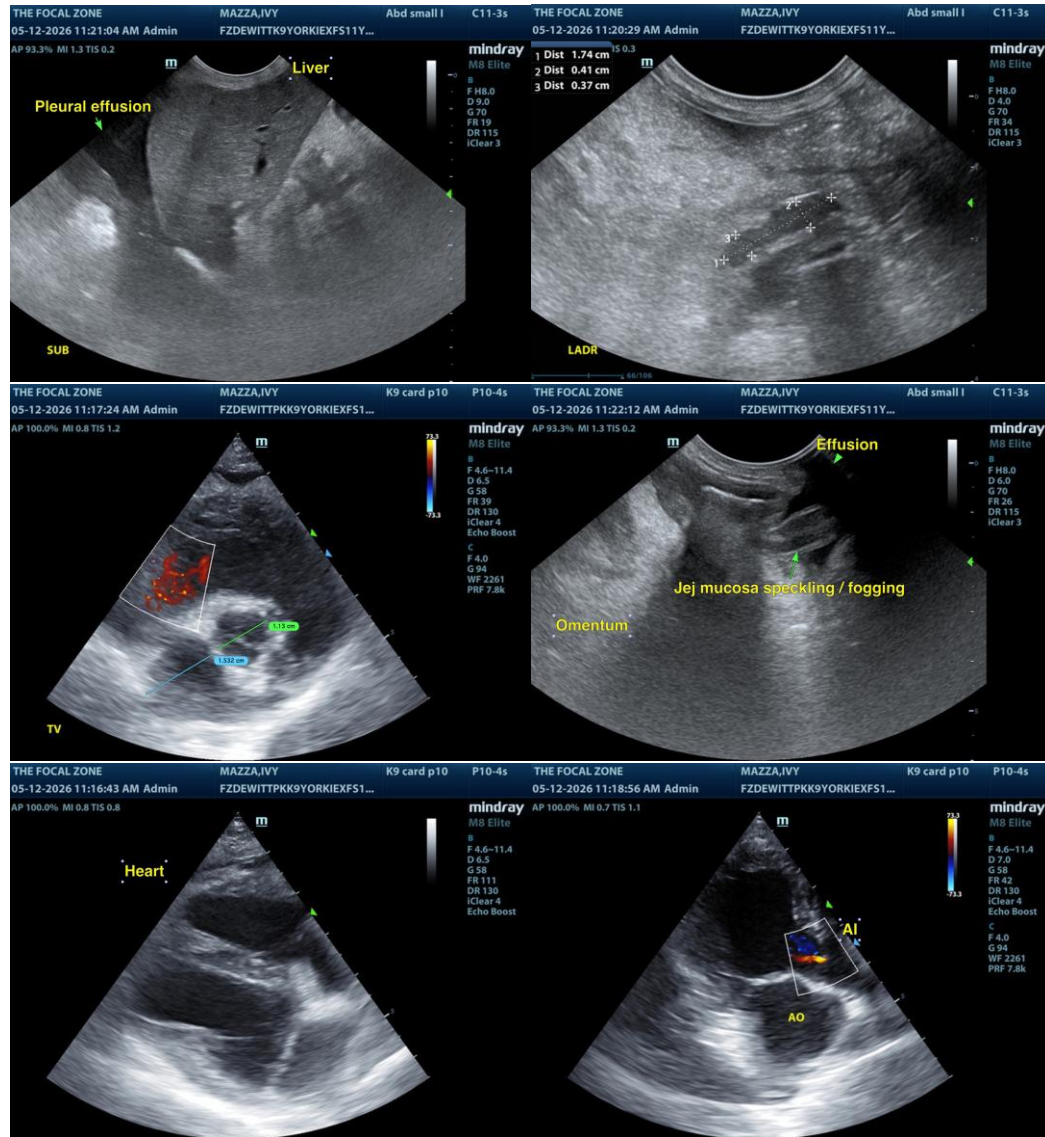
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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