



PATIENT

Gemma Gardzielik

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

12Y, 3M

WEIGHT

83lbs

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. Andrew Armani

INVOICE

75107

DATE

5-21-26

PRESENTING CLINICAL SIGNS

New Patient; Presented for Gastroenteritis.
 Abnormal PE/Chem/CBC/UA Results: ALT 159, ALP 2449, PSL 499, WBC 18.9, T4 0.5, Pending Free T4.

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			--	1.4	44	76	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	126	1.5	1.4	83lbs	4.5	4.0	

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size and structure. The cranial and caudal **mitral** valve leaflets presented mild irregular age-related to degenerative changes with normal coaptation. Doppler revealed mild eccentric MR. The **left ventricle** presented normal free wall and septal thicknesses with linear contour. The **myocardium** presented some echogenic remodeling consistent with expected age-related change. **Contractility** of the ventricular walls was adequate and in normal range for this breed and patient size. The **left ventricular outflow** tract demonstrated normal laminar flow with subjectively unremarkable structure. Mild aortic valve insufficiency on Doppler. Subjective assessment of the **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated expected findings for this age patient. The **right ventricle** was of normal size (1/3 diameter of LV), 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 pleural fluid was noted. The **mediastinum** was free of masses in the visible window.

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 sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the iliac trifurcation was free of pathology.



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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. No evidence of pelvic dilation was present. The left kidney measured 7.7 cm in length. The right kidney measured 8.4 cm in length.

Adrenal Glands

The definitive left adrenal gland was not overtly visualized. In the area of the left adrenal gland, a swollen hypoechoic lymph node or mass was present measuring 4.5 x 2.6 cm.

The right adrenal gland was mildly enlarged at the cranial pole measuring 4.2 cm length x 2.3 cm width. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.83 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 enlarged in size with normal vascular volume. 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. A segmental ileus pattern is present without obstruction or foreign material.

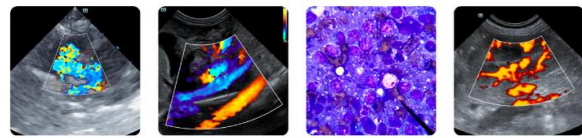
Intact mildly prominent colon wall with generalized empty colon lumen with semi-formed to soft fecal matter and lumen gas.

Pancreas

The pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation.

Free Abdomen

Mid abdomen to peri-pancreatic hyperechoic omentum was present.



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Intermittent minor pockets of peritoneal effusion were also present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

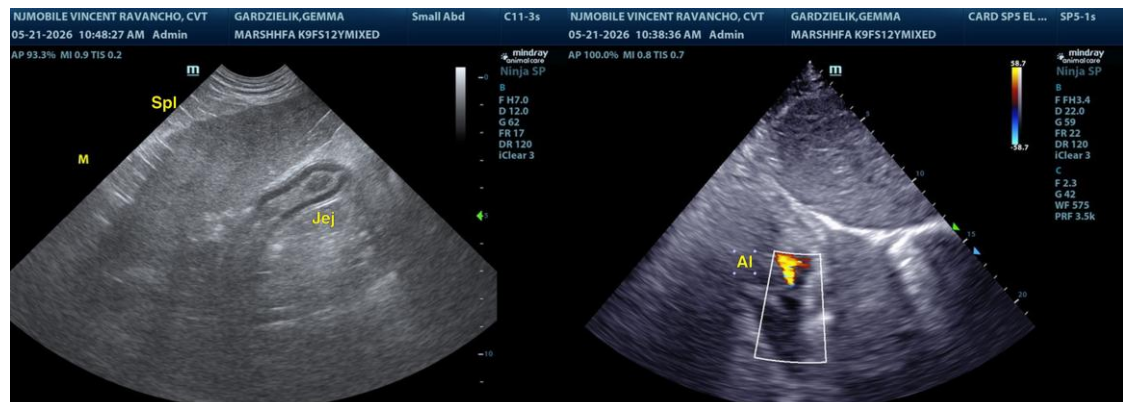
- Normal cardiac structure/function with mild myocardial remodeling.
- Mild compensated mitral valve insufficiency (B1).
- Mild aortic valve insufficiency.
- Hepatopathy - potentially acute, reactive vacuolar, inflammatory, cholestatic hepatopathy, occult neoplasia are all potentials.
- Normal gallbladder.
- Swollen hypoechoic pancreas - suggestive of pancreatitis. Potential for pancreatic neoplasia not excluded.
- Nonspecific enterocolonopathy.
- Peri-pancreatic to mid abdomen hyperechoic omentum and minor effusion.
- Hypoechoic swollen mid abdomen mesenteric lymphadenopathy. Potential for mass area of the left adrenal gland.

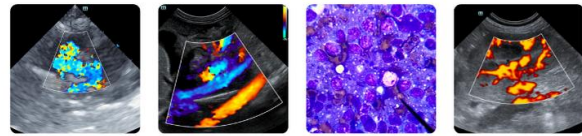
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, hepatic, pancreatic, and if accessible, mesenteric lymph node/unspecified mass in the area of the left adrenal gland cytology is warranted for further clarification. Adrenal screening and workup could be considered if clinical signs consistent with adrenal disease. Empirical therapy for pancreatitis with hepatogastrointestinal support with clinical and sonographic monitoring would be reasonable.

No evidence of structural or functional cardiomyopathy. Anesthetic risk, if required, is considered low. A guarded prognosis is suspected.

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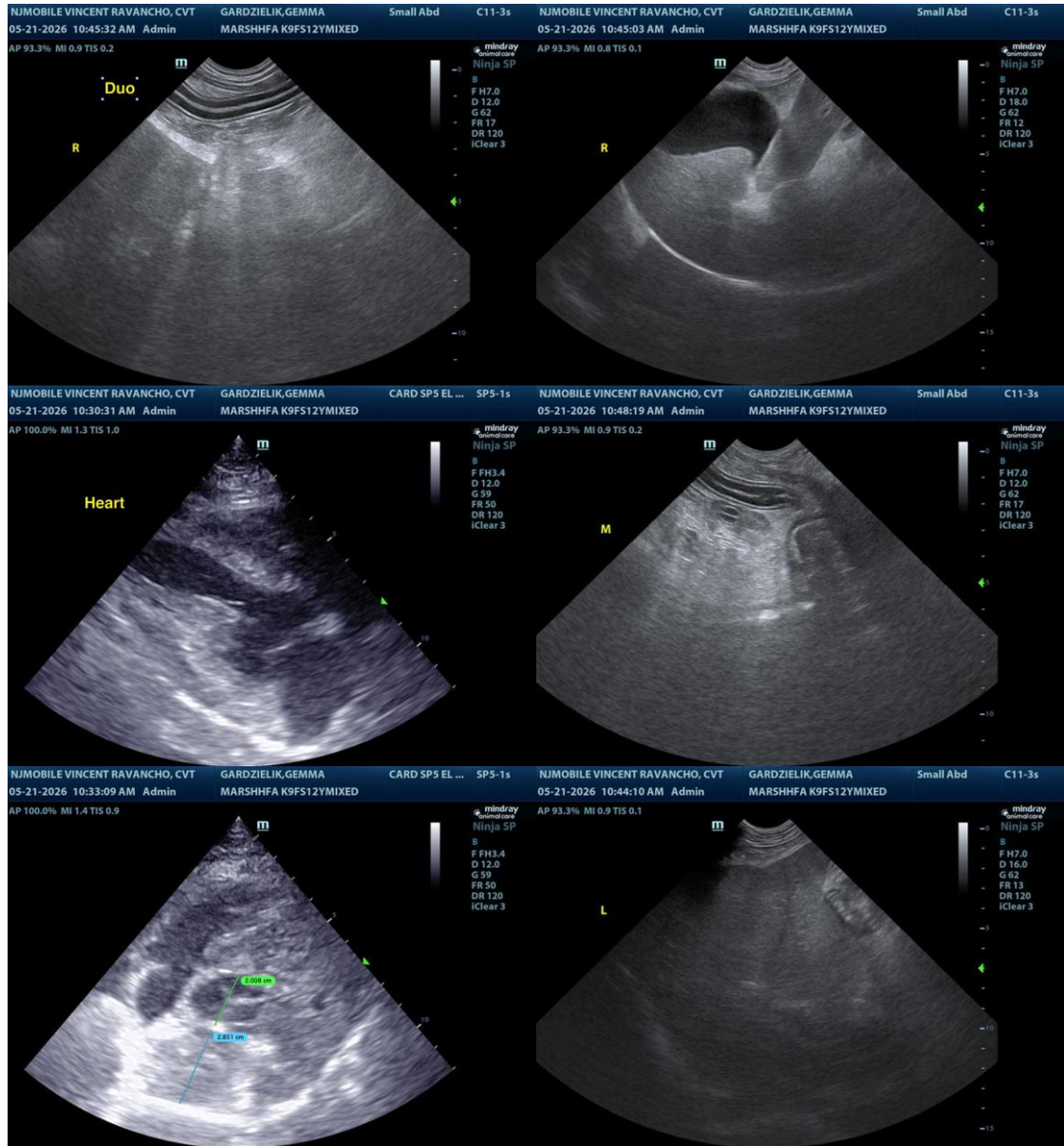
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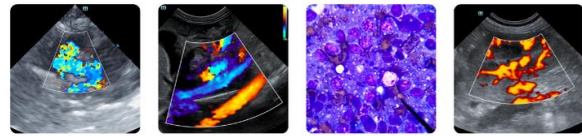
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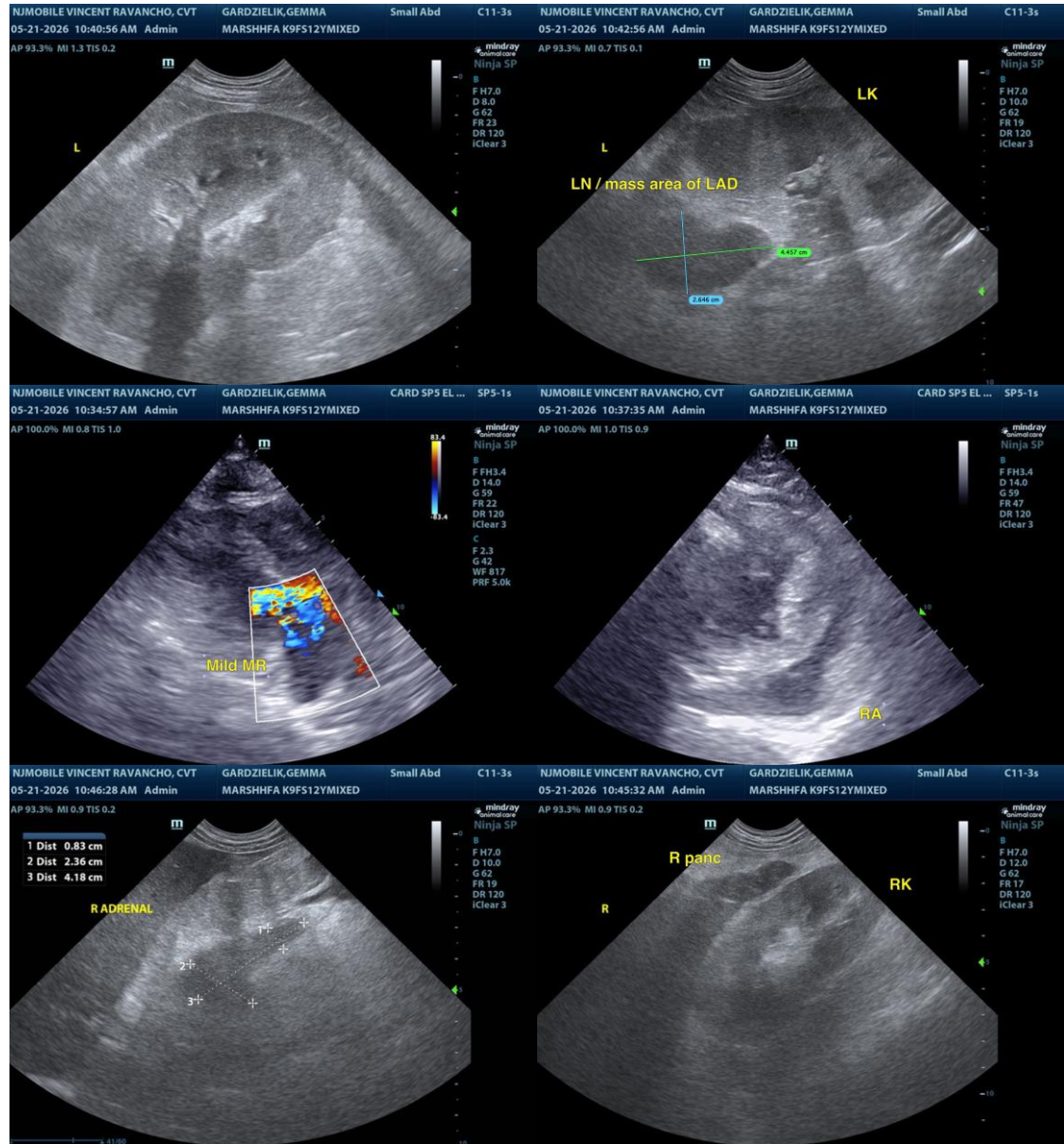
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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