



PATIENT

Teddie Dolinko

SPECIES

Canine

BREED

Labradoodle

SEX

MN

AGE

9yr

WEIGHT

35lb

PRESENTING CLINICAL SIGNS

Increased liver values, Hx of IBD. Current medications - Budesonide, Tylan.

Abnormal PE/Chem/CBC/UA Results: ALT 213, ALP 2082, GGT 16. Protein 3+, UPC 1.7, USG 1.018

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART

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	--	--	--	1.1	36	70	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	97	1.2	1.1	35lb	3.4	3.3	--

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. No evidence of valvular prolapse. The cranial and caudal mitral valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated mild 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. 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). Minor pulmonic insufficiency on Doppler. 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

Vincent Ravancho CVT

HOSPITAL NAME

Marsh Hospital for Animals

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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 renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 5.8 cm in length. The right kidney measured 5.5 cm in length.

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The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology

SEX

Adrenal Glands

MN

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland subjectively measured 0.56 cm width at the caudal pole. The right adrenal gland subjectively measured 0.57 cm width at the caudal pole.

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Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Pinpoint hyperechoic splenic foci suggestive of areas of microinfarction, fibrosis or mineralization were present. 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

The liver presented 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 mild non-organized 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 contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of 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 contained similar appearing non-shadowing ingesta/chyme with no signs of obstruction or foreign material.

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

Pancreas

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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.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Compensated mitral valve insufficiency (B1)
- Minor pulmonic valve insufficiency - not hemodynamically significant
- Hepatopathy subjective benign
- Non-organized gallbladder debris
- Non-specific chronic renal changes
- Overtly normal adrenal glands
- Sonographically unremarkable gastrointestinal tract with mild gastrointestinal ingesta - consistent with food echogenicity
- Pinpoint hyperechoic splenic parenchyma foci-benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural or functional cardiomyopathy indicating the hemodynamic effects of the mitral and pulmonic valve insufficiency are low. No indication for cardiac medications. Recheck echo suggested in 6 to 12 months, sooner if clinically indicated.

The liver suggests benign criteria with considerations including favored vacuolar or cholestatic hepatopathy given significantly elevated ALP and presence of gallbladder debris, concurrent or primary hepatic or hepatobiliary inflammation possible. No evidence of hepatobiliary neoplastic criteria or post-hepatic obstruction.

Further assessment may include assuming normal clotting status, hepatic FNA cytology, primarily to assess for non-obvious inflammation. Monitoring of UPC with PLN therapy if evidence of progressive proteinuria (UPC greater than 2.0 without concurrent azotemia) is recommended.

No evidence of gastrointestinal mural pathology. Continued empirical therapy for historical IBD is recommended.



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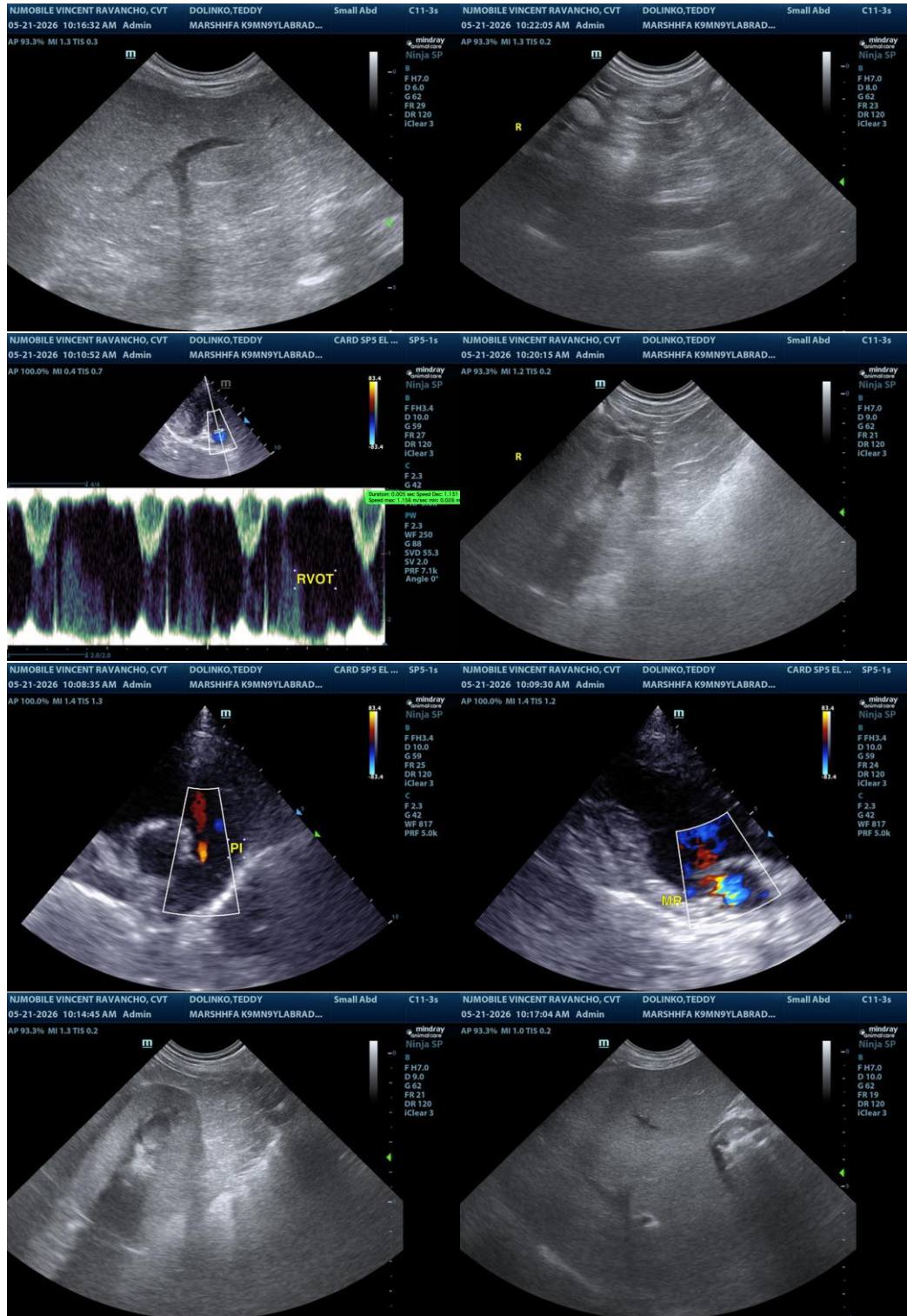
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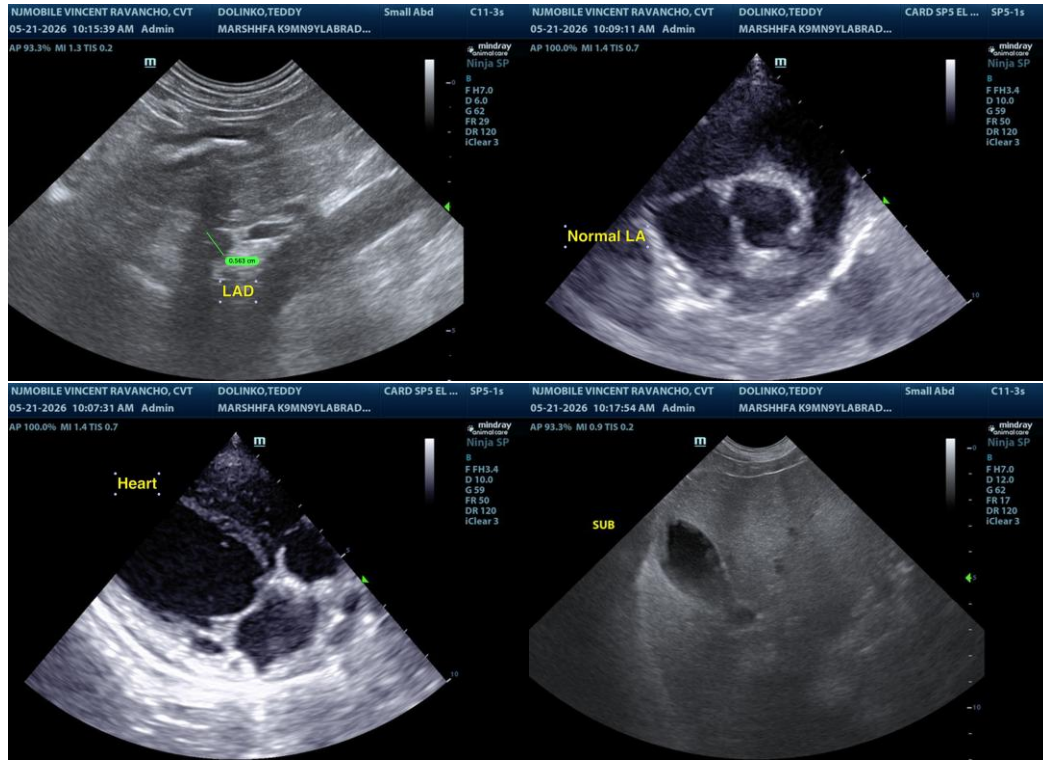
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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