



PATIENT

Jasper Charles

PRESENTING CLINICAL SIGNS

Weight loss, Inappetance, lethargy, New Murmur noted that new murmur (grade 3/6)

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: BW within normal limits

BREED

Mixed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART

SEX

M

AGE

13

WEIGHT

51

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
PATIENT				2.5	49	78	0.3
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LA 2D short axis Base view (cm)	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	NM	NM		6.1	5.8	

Cardiac Presentation

The mitral valve is diffusely thickened and mildly hyperechoic in appearance. Subjective moderate eccentric mitral regurgitation is present. No measured MR velocity. Severe LA/LV enlargement consistent with left heart volume overload was present. The aortic valve appears overtly normal in appearance. Normal RA/RV in size. Normal visualized tricuspid valve without overt evidence of significant TR. No overt cardiac tumors. Minor volume pericardial and suspect mild volume pleural effusion. Potential arrhythmia.

INTERPRETED BY

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

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distension which prohibited full evaluation of the urinary bladder walls. 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.

IMAGING PERFORMED BY

Hope Brossman

HOSPITAL NAME

Animal Mansion Veterinary Hospital

REFERRING VET

Shelley Parker DVM

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral pinpoint medullary mineral was present. The left kidney measured 6.5 cm in length. The right kidney measured 6.4 cm in length.

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The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

DATE

06/26/2023



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Spleen

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A mildly expansive non-homogenous medial splenic nodule was present with associated mild medial capsule distortion. The nodule measured ~ 2.0 cm in diameter. The remainder of the visualized spleen appeared to be unremarkable.

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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 gallbladder was non-distended in size with primarily anechoic luminal content and mild non-organized hyperechoic sediment. 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 to moderate echogenic non-shadowing ingesta with no signs of ileus, obstruction or foreign material.

AGE

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The visualized segments of 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.

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

Pancreas

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.

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(Canine and Feline)

Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

- Irregularly thickened mitral valve with eccentric MR.
- Severe LA/LV enlargement with volume overload.
- Overtly normal RA/RV.
- Minor volume pericardial and suspect pleural effusion. Possible arrhythmia.
- Non-specific mildly expansive splenic nodule-hyperplasia, hematopoiesis, focal splenitis, small hematoma or similar suspected, potential for emerging neoplastic criteria all possible.
- Mild chronic renal changes with pinpoint medullary mineral.
- Non-specific hepatomegaly.
- Gallbladder debris (non-mucocele).
- Unremarkable GI tract with non-shadowing gastric ingesta-consistent with food.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The cause of the murmur is chronic degenerative valvular changes with secondary eccentric mitral valve insufficiency. Evidence of left heart volume overload indicate that the risk of complication secondary to mitral valve insufficiency is significantly elevated.

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Pimobendan 0.3 mg/kg PO BID, combination Lasix/spironolactone both 1-2 mg/kg PO BID and ACE inhibitor medication if systemic BP is >130 (not advised if systemic BP is <130) is recommended. ECG



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assessment is strongly suggested given potential arrhythmia. Given potential for splenic neoplastic nodule. Referral to a cardiologist for further assessment of concurrent cardiac/pericardial disease as a contributing factor to the effusion is recommended.

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Anesthetic risk is significantly elevated. If referral is not elected recheck echocardiogram and reassessment of the spleen is recommended in 4 weeks, sooner if clinically indicated.

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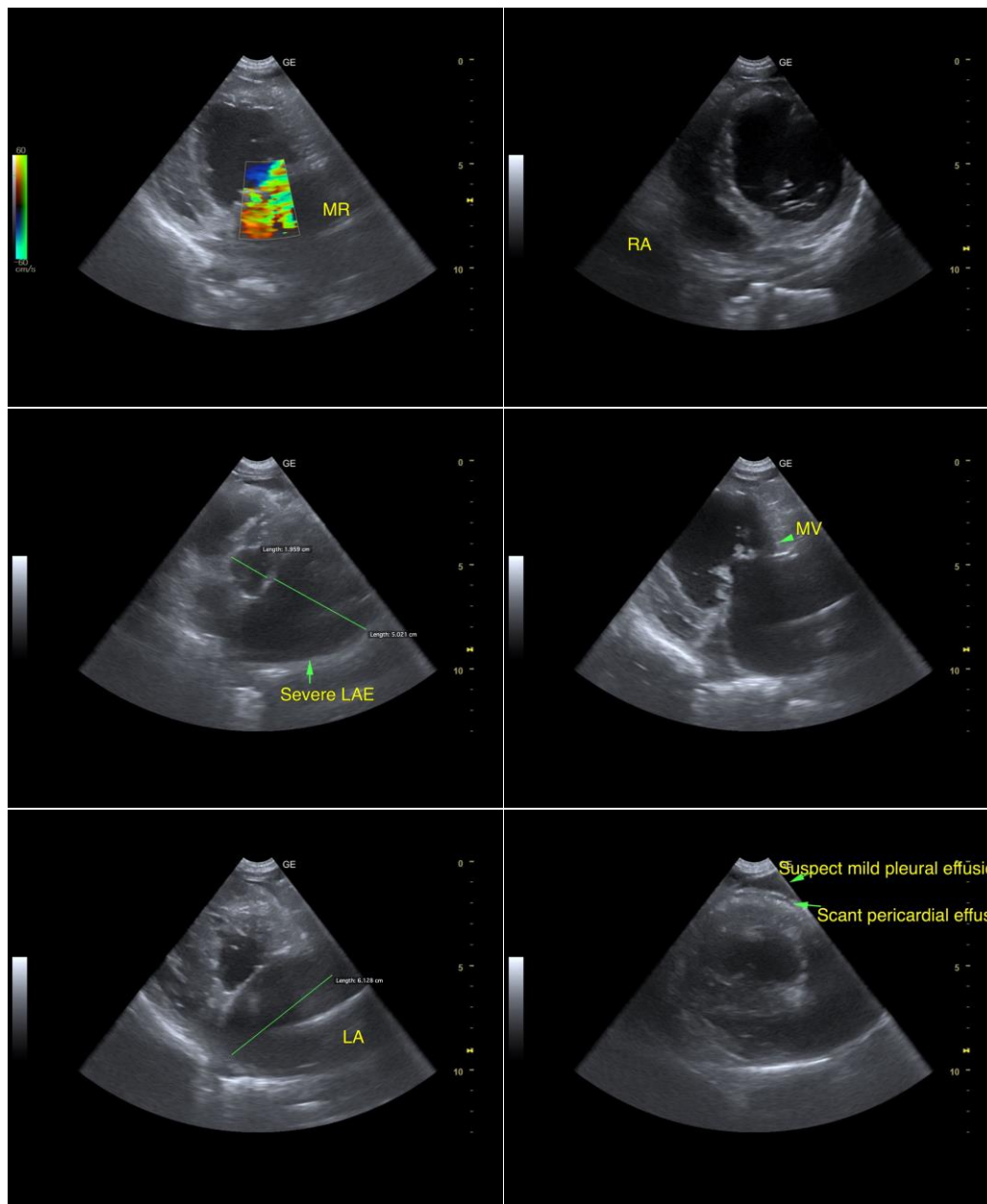
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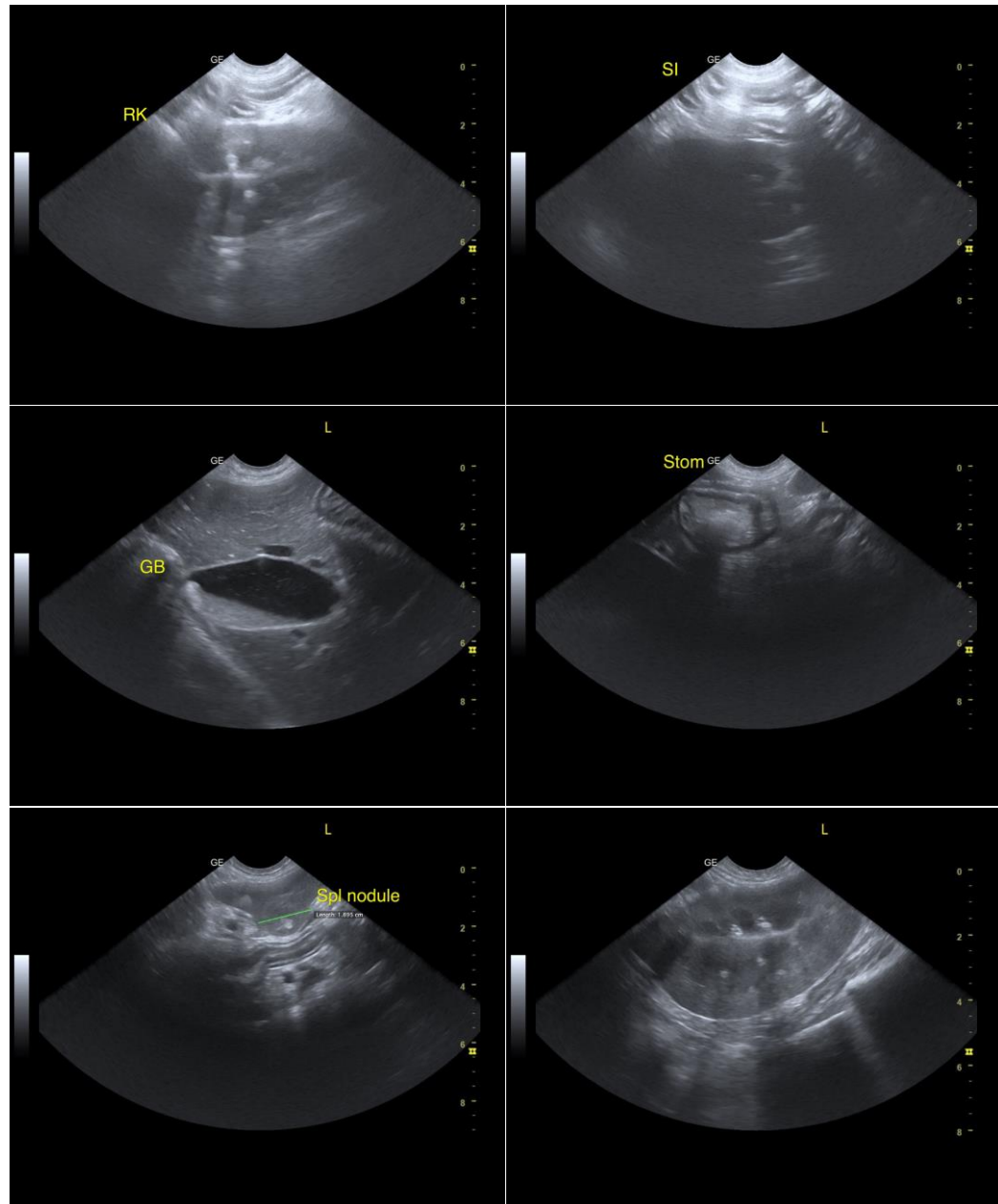
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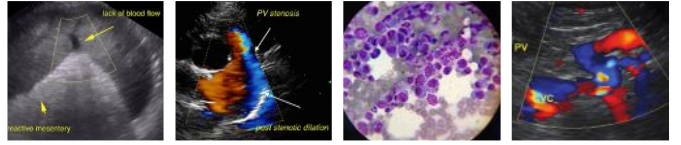
06/26/2023



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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info@sonopath.com



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