



PATIENT

Vincent Ramirez

SPECIES

K9

BREED

Pit Mix

SEX

M

AGE

9

WEIGHT

57.5

PRESENTING CLINICAL SIGNS

splenic mass anemic thrombocytopenia enlarged prostate intact male
Abnormal PE/Chem/CBC/UA Results: HCT 17% Platelets 88 Glob 6.9 TP 9.8

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			NM	1.0	40	73	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	NM	1.0	0.73	57.5	4.3	3.9	

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr Dubos

INVOICE

75271

DATE

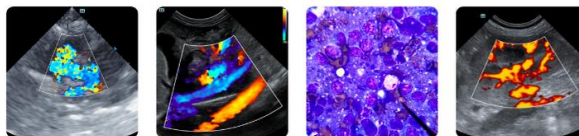
6-3-26

Cardiac Presentation

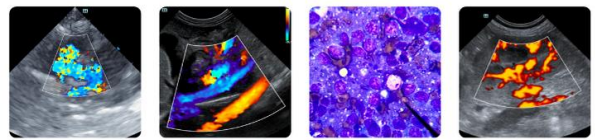
The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. The **left ventricle** presented 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. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** 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. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window. Possible mild bradycardia.

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or 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.



PATIENT	The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 5.1 cm diameter.
Vincent Ramirez	
SPECIES	No evidence of pathology in the area of the aortic trifurcation.
K9	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. Intermittent cortical cyst was present in the left kidney. An example of larger cranial cortical cyst measured 1.4 cm diameter. The left kidney measured 7.4 cm in length. The right kidney measured 8.0 cm in length.
BREED	
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SEX	Adrenal Glands
M	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.74 cm width at the caudal pole.
AGE	
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WEIGHT	Spleen
57.5	The spleen exhibited subjectively normal size with symmetrical contour and primarily homogeneous parenchyma. A solitary, mildly expansive, nonhomogeneous, non-capsule deforming splenic mass was present measuring approximately 3.3 cm in diameter in the subjective mid spleen. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.
INTERPRETED BY	Liver/ Gallbladder
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.
IMAGING PERFORMED BY	The gallbladder was non-distended in size with mild nonorganized gallbladder debris. The cystic and common bile ducts were normal.
Jenn	
HOSPITAL NAME	Gastrointestinal
Rockaway Animal Hospital	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.
REFERRING VET	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 ileus, obstruction, or foreign material.
Dr Dubos	
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75271	Pancreas
DATE	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 were evident.
6-3-26	Free Abdomen



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No evidence of peritoneal effusion was present.

No visualized omental lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram with possible mild bradycardia.
- Small mildly expansive splenic mass.
- Normal liver.
- Mild gallbladder debris (nonmucocele).
- Mild age related renal changes with left kidney cortical cyst.
- Benign prostatic hyperplasia pattern - possible mild prostatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

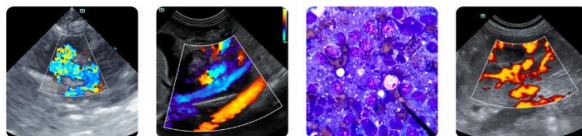
The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other).

Obvious sonographic evidence of major organ or cardiac metastasis was not overtly evident. Non sonographically evident metastasis / micrometastasis cannot be definitively excluded. If no pathology on thoracic radiographs, diagnostic and prophylactic splenectomy with gross inspection of the perisplenic area and abdominal cavity is warranted. Concurrent neuter at time of surgery could be considered if patient is not intended for breeding purposes.

ECG prior to anesthesia indicated given possible subjective bradycardia. If no evidence of overt arrhythmia, 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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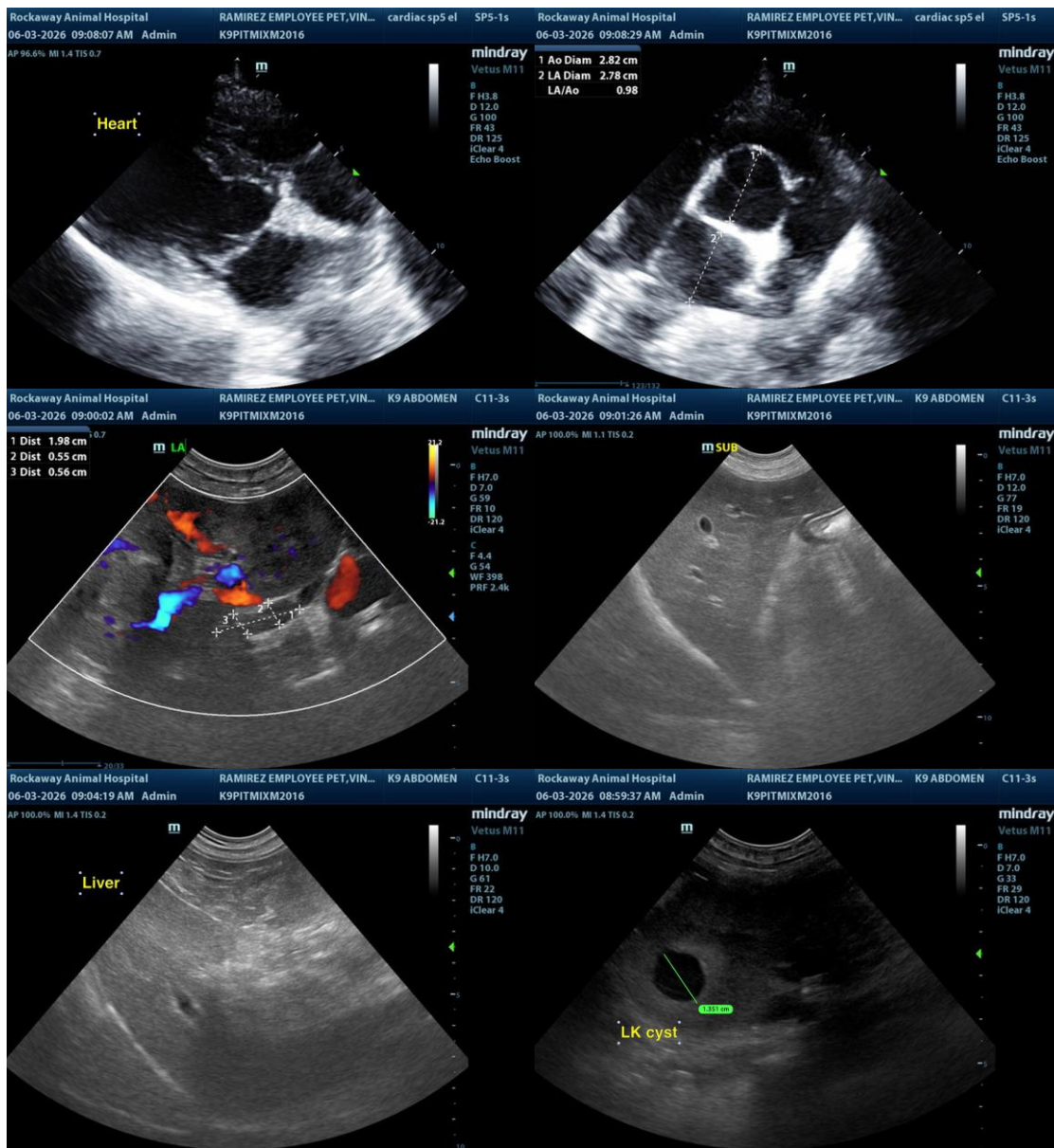
Dr Dubos

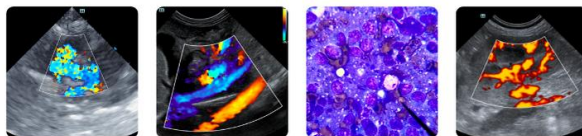
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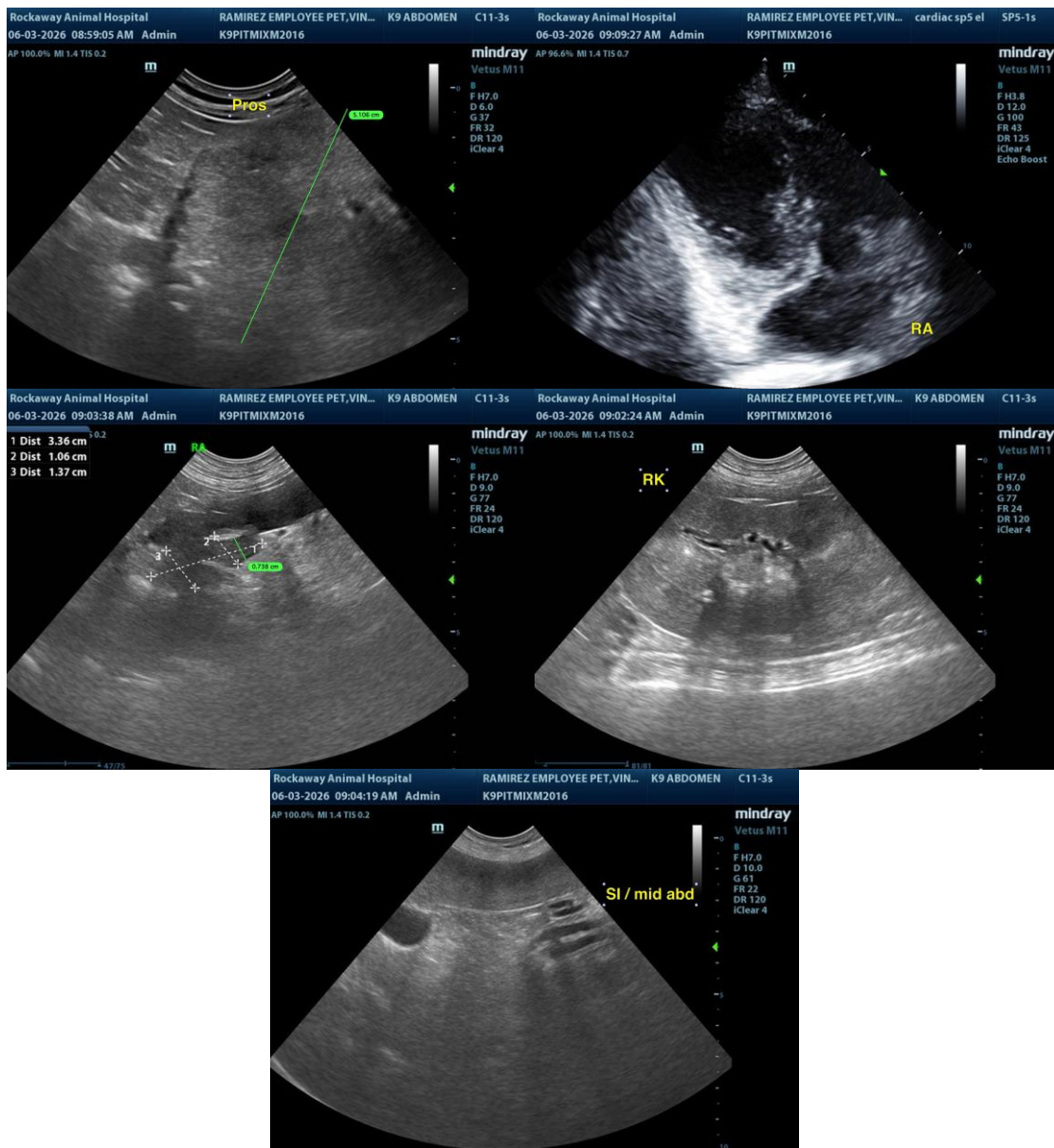
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@sonopath.com