



PATIENT

Indie Mayhew

SPECIES

Canine

BREED

French Bulldog

SEX

Spayed Female

AGE

9 Years 2 Months

WEIGHT

19.2 lbs

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP (Canine
 / Feline Practice)

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Smithfield Animal
 Hospital

REFERRING VET

Dr. Boe

INVOICE

16349

DATE

06/04/26

PRESENTING CLINICAL SIGNS

Inflammation in bladder, elevated ALT, enlarged liver. On radiographs possibly enlarged heart.

Abnormal PE/Chem/CBC/UA Results: Cl 107, Glob4.1, Alt 145, T4 0.8

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	--	3.5	NM	1.4	34	66	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	141	1.6	1.0	19.2 lbs	2.7	2.8	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 2 LA measurement methods. The cranial and caudal **mitral** valve leaflets presented mild thickening consistent with mild degenerative changes/endocardiosis. Doppler revealed mild MR on doppler. 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** exhibited increased dimension compared to the LA. Increased right ventricle dimension. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated thickening with moderate insufficiency on doppler. **Pulmonic** 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. Nonhomogenous heart base mass was present measuring approximately 2.4 cm in diameter.

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 change were noted.



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Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.9 cm in length. The right kidney measured 4.9 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 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 0.44 cm width at 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 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.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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.

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Compensated mitral valve insufficiency (B1).



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- Moderate pulmonary hypertension with enlarged right atrium/ventricle.
- Heart base mass.
- Sonographically unremarkable noncongested liver.
- Mild gallbladder debris (non-mucocele).
- Normal kidneys/urinary bladder.
- Normal adrenal glands.
- Sonographically normal spleen.

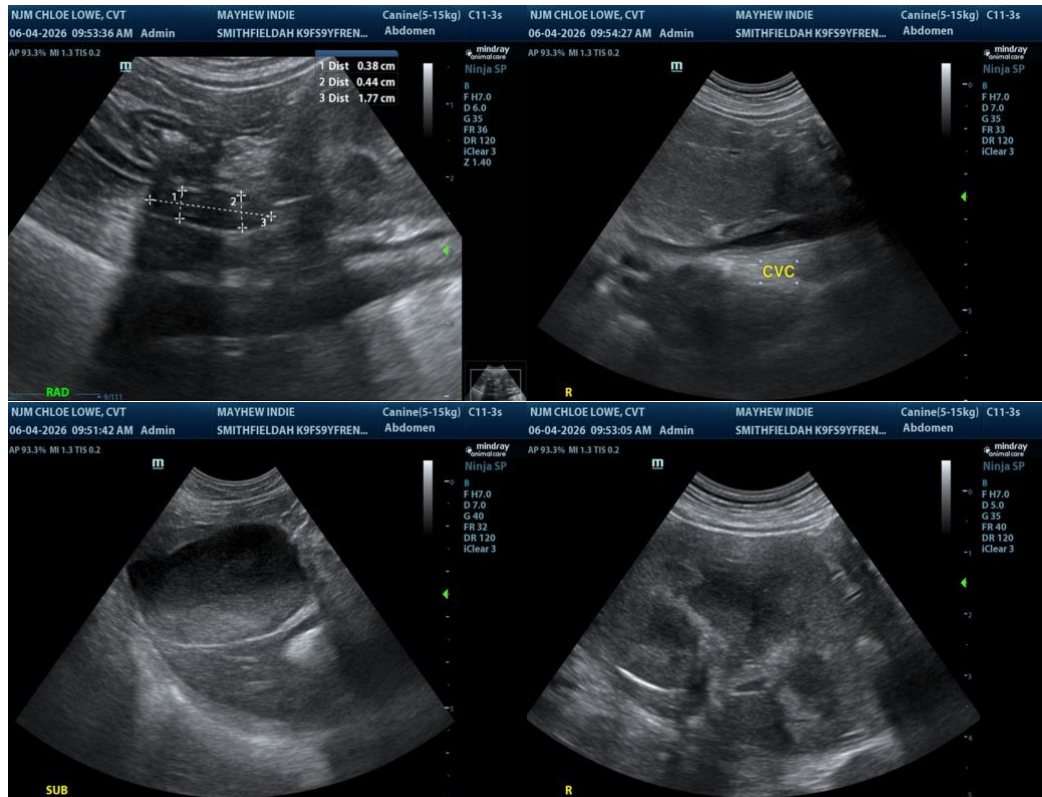
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The heart-based mass is consistent with neoplastic criteria with considerations including sarcoma, chemodectoma, or other. The RA/RV enlargement appears compensated at this stage given no evidence of hepatic congestion. If clinical signs consistent with pulmonary hypertension are non-reported or arise, sildenafil trial at 1-2 mg/kg PO BID is warranted.

No overt evidence of primary abdominal neoplasia as a source of cardiac metastasis. Advanced imaging of the thoracic cavity and heart, if possible, is recommended for further assessment.

ABOUT SONOPATH CT SERVICES:

SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at <https://sonopath.com/services/sonopath-ct-services>





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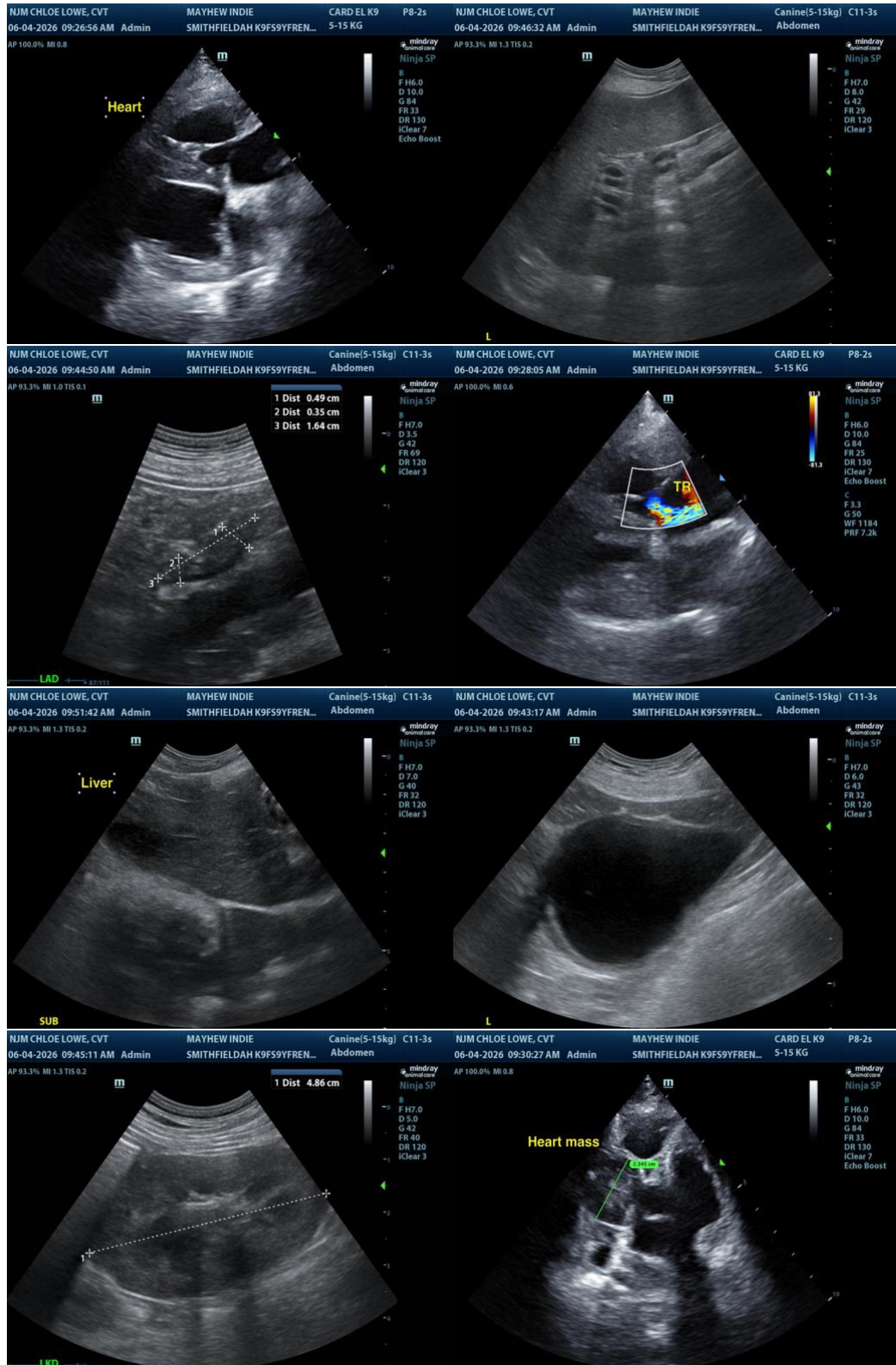
Dr. Boe

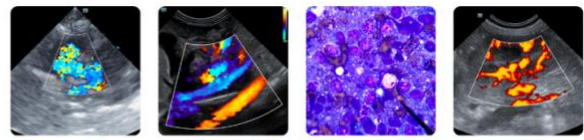
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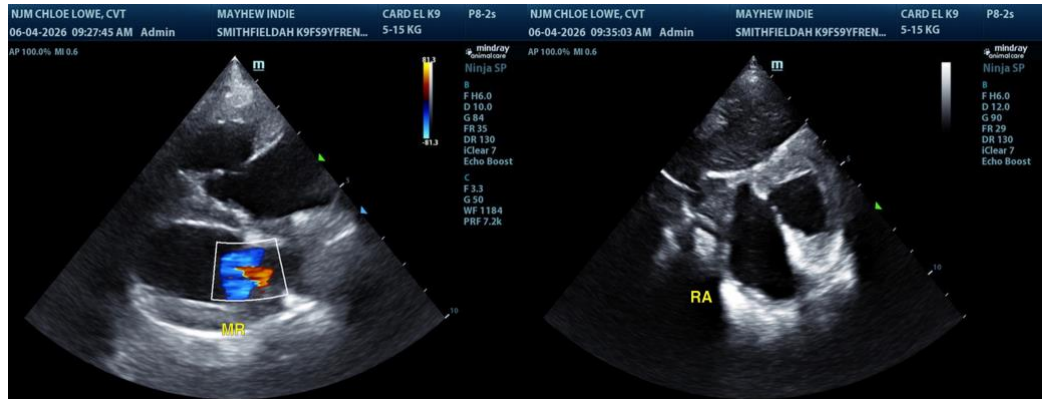
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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