



PATIENT

Ozzy Serpico

SPECIES

Canine

BREED

Pug

SEX

Neutered Male

AGE

9 Years 5 Months

WEIGHT

24 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe CVT

HOSPITAL NAME

Stroudsburg Animal
Hospital

REFERRING VET

Dr. Bower

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DATE

06/04/26

PRESENTING CLINICAL SIGNS

Elevated liver enzymes, coughing, decreased appetite, lethargy. Nasal discharge, reduced mentation, labored breathing. Acute vision loss 4/26. Was on prednisone post MRI – Neuro exam. Enrofloxacin 34MGBID, Hycodan 2.5mg BID, mirtazapine 2.5 mg, maropitant

Abnormal PE/Chem/CBC/UA Results: Alk phos 20,130, Alt 574, Ast 97, Glu 419, WBC 38

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	1.3	35	68	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	1.6	1.1	24 lbs	2.6	3.0	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** dimension based on 2 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. Minor centralized 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** 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.

Urinary System



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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 change were noted.

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The area of the residual prostate appeared normal and free of pathology.

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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 4.6 cm in length. The right kidney measured 5.0 cm in length.

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Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width at the caudal pole.

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The right adrenal gland was indistinctly visualized exhibiting subjective generalized asymmetrical enlargement and mid to cranial hyperechoic nodule measuring approximately 1.9 c x 1.5 cm at the caudal pole. The right adrenal gland measured 0.60 cm width.

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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.

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Liver & Gallbladder

The liver presented subjective mildly 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.

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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.

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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.

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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.

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

Pancreas

The area of the pancreas was sonographically normal.



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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal cardiac structure/function with minor mitral valve insufficiency (B1).
- Hepatopathy.
- Mild nonorganized gallbladder debris (non-mucocele).
- Enlarged right adrenal gland with nodule.
- Sonographically normal gastrointestinal tract.

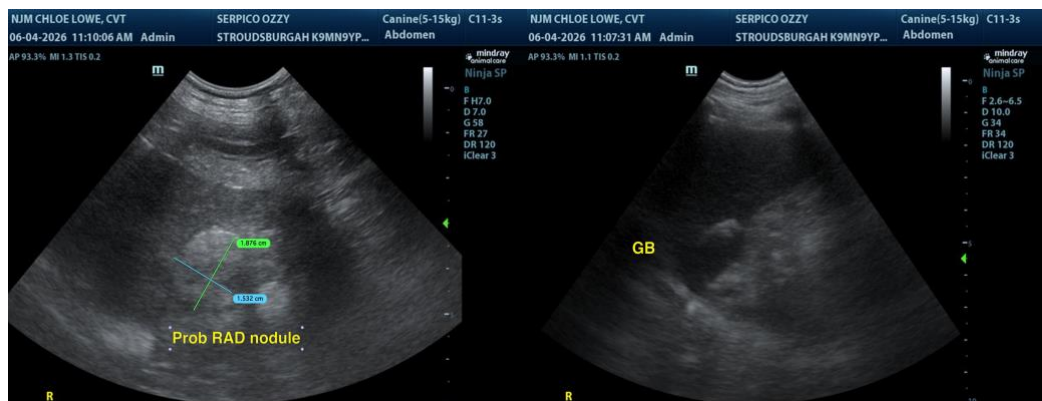
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural/functional cardiomyopathy or clinical pulmonary hypertension as a contributing factor to the patient's clinical or respiratory signs. No indication for cardiac medication.

Although non-specific, the hepatopathy suggests probable benign criteria such as steroid/vacuolar, cholestatic, inflammatory hepatopathy or combination without overt sonographic evidence of hepatic neoplasia or metastasis.

Right adrenomegaly owing to benign hyperplasia, functional versus non-functional adenomatous change, lipogranuloma or tumor are possible. Serial monitoring of systemic blood pressure for evidence of hypertension is recommended. If hypertension is present, urine metanephrine level could be considered. Adrenal screening or work up is warranted if clinical signs are consistent with Cushing's syndrome.

Serial monitoring of the right adrenal gland or gold standard abdominal CT for further clarification is indicated. Hepatosupportive medications may prove beneficial. Correlation with neurological workup and exam is recommended.





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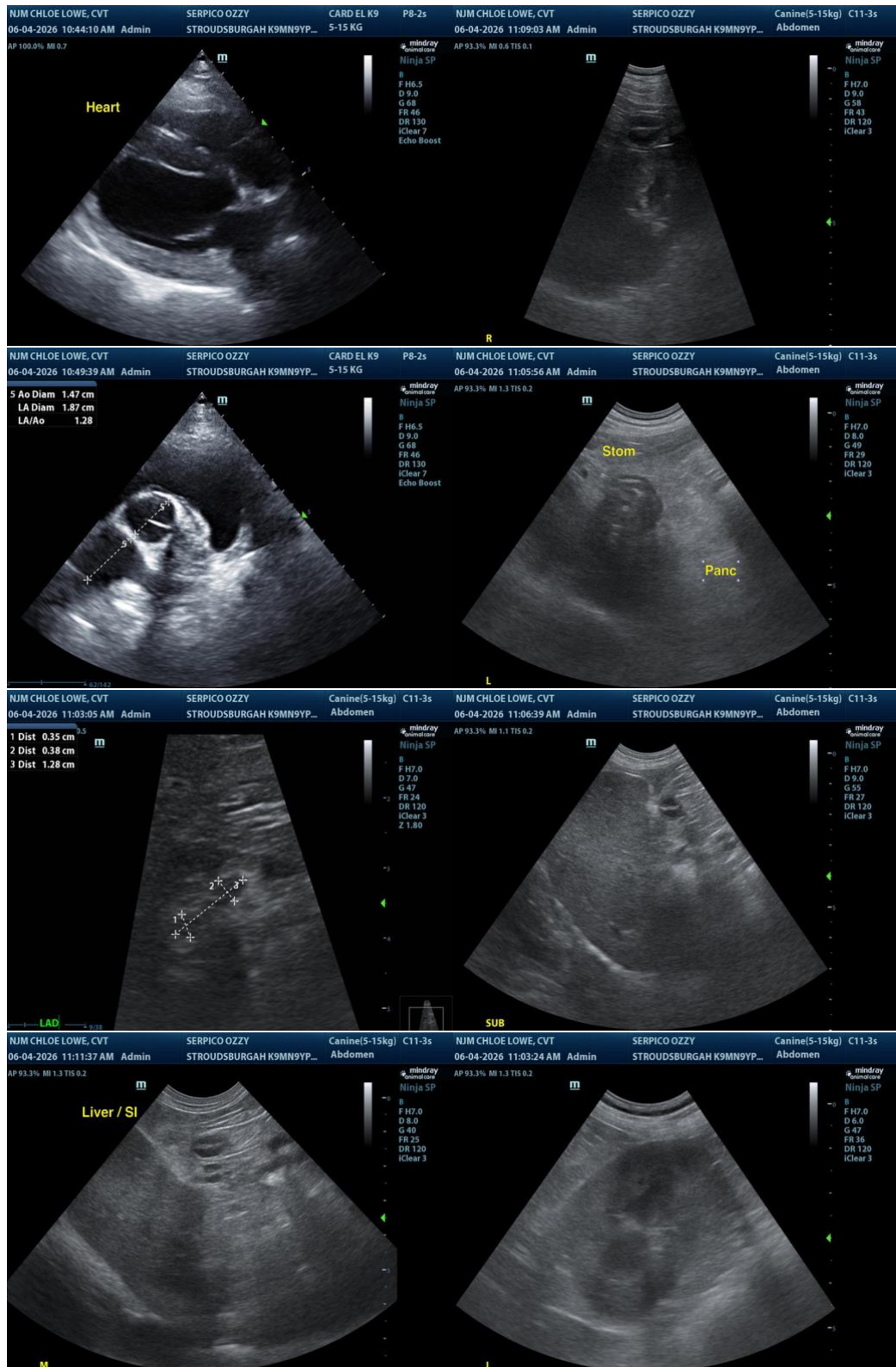
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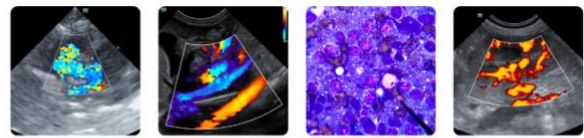
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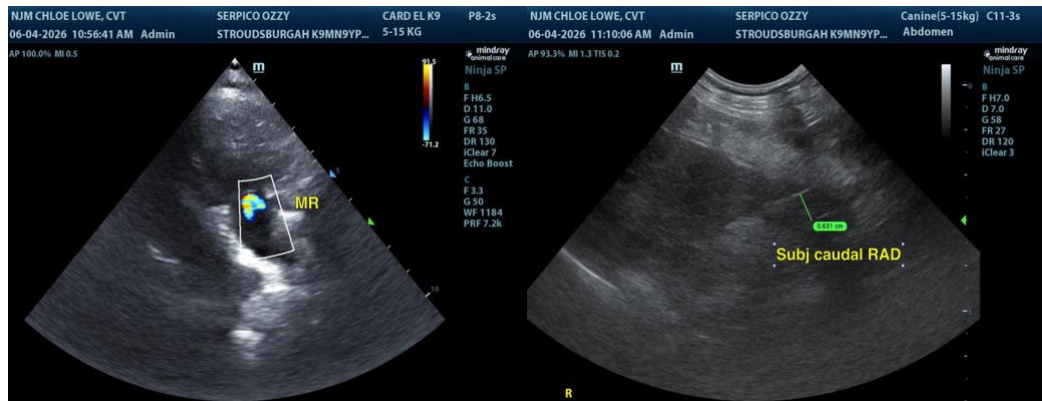
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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