

**PATIENT**

Bane Svejcar

**SPECIES**

Canine

**BREED**

Pitbull Mix

**SEX**

MN

**AGE**

12yr

**WEIGHT**

47lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Q St Animal Hospital

**REFERRING VET**

Dr Bretschneider

**INVOICE**  
25042

**DATE**

06/08/2026

**PRESENTING CLINICAL SIGNS**

enlarged spleen, no GI symptoms. Is coughing regularly - to a moderate degree

ABNORMAL Labwork Values

CBC/Chem normal with exception of Alk Phos = 411

For ECHO Only: Blood Pressure

will get

HR/RR/BP:

100/ 30 / not yet taken

Is there a Heart Murmur? If so, please grade.

no heart murmur, but coughing and splenomegaly present

Current Medications

often gives Gabapentin and Trazodone to sedate for exams (not aggressive - just wiggly). Also on Levothyroxine 0.4 mg BID, Ursodiol 250 mg 1 1/2 SID

Radiographic Findings

moderate splenomegaly on radiograph, had FAST scan at WilVet South - they reported moderate splenomegaly as well, plus some nodules in the spleen

**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	--	--	--	1.32	41	72	0.2
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	1.2	0.8	47lb	4.4	4.0	--

**Cardiac Presentation**

The echocardiogram in this patient demonstrated normal left atrial size based on 2 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. No overt 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. Normal measured LVOT velocity. The right atrium and auricle revealed



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normal size, structure and content. No evidence of masses was noted. Tricuspid valvular assessment demonstrated adequate linear morphology and kinesis. No overt TR on Doppler. 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). Normal measured RVOT velocity. No visible pericardial or free pleural fluid was noted. The cranial mediastinum and pericardial and extra-cardiac regions were free of masses in the visible window.

**Urinary System**

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.

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

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. The left kidney measured 6.5 cm in length. The right kidney measured 6.4 cm in length.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The bilateral adrenal glands were subjective borderline prominent in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.87 cm width in the caudal pole. The right adrenal gland measured 0.86 cm width in the caudal pole.

**Spleen**

The spleen exhibited subjective mild enlargement. Areas of mild medial capsule asymmetric contour. Mild generalized heterogeneous splenic parenchyma. Solitary non-capsule deforming hypoechoic caudal splenic nodule measuring 0.59 cm in diameter was present. No evidence of splenic mass. Normal vascularity.

**Liver/Gallbladder**

The liver presented normal in size. The parenchyma of the liver was subjectively mildly increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with moderate congealed non-organized hyperechoic debris. The cystic and common bile ducts were normal.

**Gastrointestinal**



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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 was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

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

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**Pancreas**

The area of the pancreas was sonographically normal.

**Free Abdomen**

**SEX**

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

MN

**ULTRASONOGRAPHIC FINDINGS**

**Primary**

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- Normal cardiac structure/function
- Hepatopathy -subjective benign
- Congealed gallbladder debris (non-mucocele)
- Mildly enlarged heterogeneous spleen with small hypoechoic splenic nodule- benign criteria i.e. hyperplasia, hematopoiesis, possible splenitis, suspect small myelolipoma favored
- Age-related renal changes
- Age-related adrenal glands with borderline prominent adrenal size - patient variant, borderline to mild adenomatous change, borderline hyperplasia suspected
- Gastric ingesta- consistent with food echogenicity

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of structural/ functional cardiomyopathy or pulmonary hypertension as a contributing factor to the patient's coughing indicating probable non-cardiogenic origins such as lower airway disease. Correlation with three view chest radiographs recommended. No indication for cardiac medications. Respiratory support which may include antitussive medication with clinical monitoring recommended.

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Although benign splenic criteria is suspected, screening splenic FNA cytology used in 25ga needle and if normal clotting status may be considered if persistent splenomegaly or evidence of weight loss. Adrenal screening could be considered if clinical signs consistent with adrenal disease are non-reported or arise. Continued hepatosupportive medications including ursodiol and Denamarin or similar are suggested.

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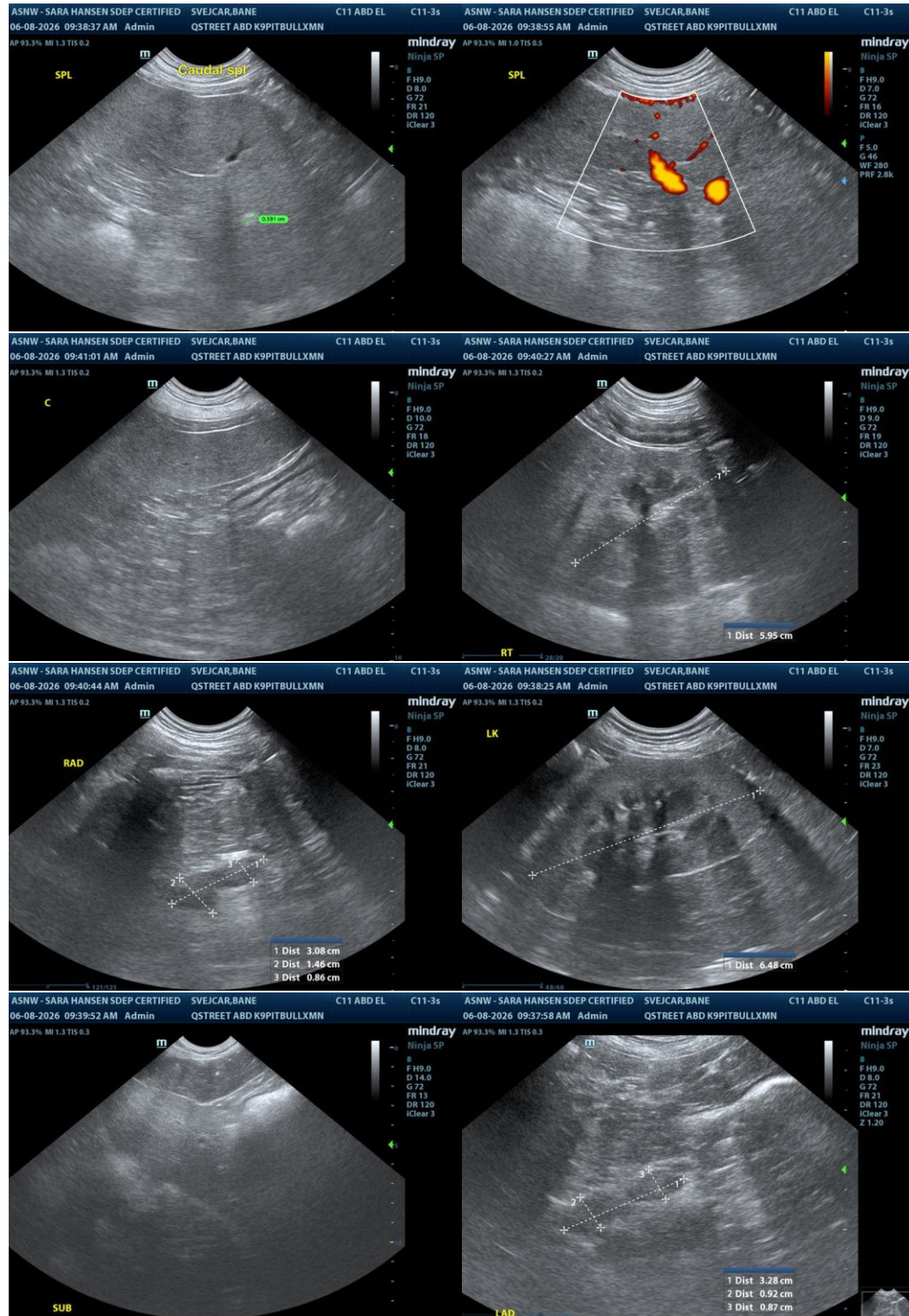
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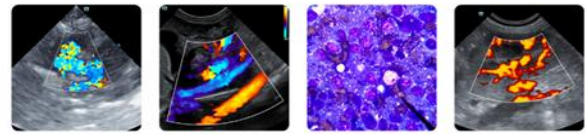
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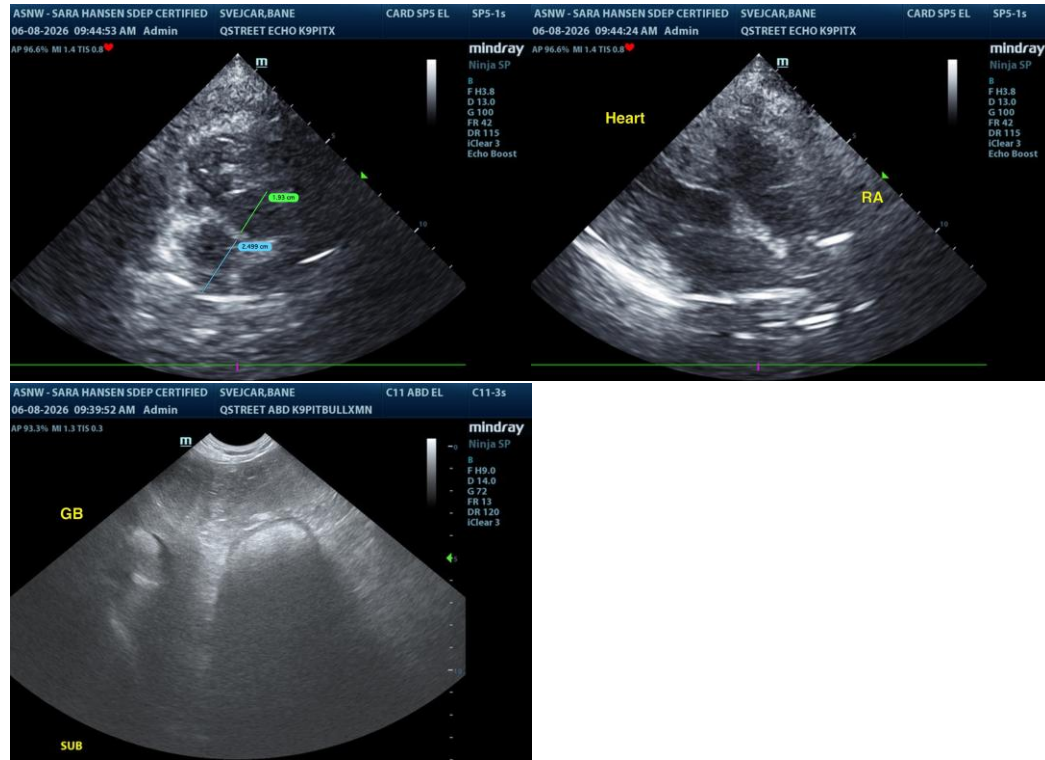
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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