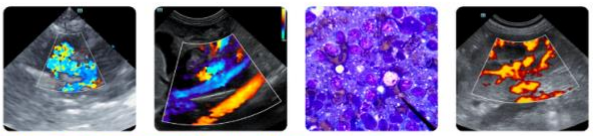


PATIENT

Rhythm Walters

SPECIES

Canine

BREED

Great Dane

SEX

Female Spayed

AGE

9

WEIGHT

132.7 lbs

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Halton Peel AH

REFERRING VET

Rhythm Walters

INVOICE

22257

DATE

12-12-25

PRESENTING CLINICAL SIGNS

History: Anorexia, anxiety, lethargy
Current Medications Meloxicam, gabapentin, fluoxetine
Abnormal PE/Chem/CBC/UA Results: Dec 2/25 ALP high 596 (N 5-161 U/L),
Primary Question to Be Answered in This Examination: Any reason for above symptoms?

ULTRASONOGRAPHIC EXAMINATION OF THE HEART AND ABDOMEN

CANINE CARDIAC PARAMETERS	**MR VMAX** (m/s)	**TR VMAX** (m/s)	**LA/AO** (m-mode long axis)	**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	N/A	N/A	1.0	1.0	35	64	0.2
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT** (kg)	**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	164	1.4	1.4	60.5	4.4	4.1	2.7

Cardiac Presentation

The left atrium is of normal size, with no evidence of spontaneous echo contrast or thrombus formation. The left ventricle is of normal size and exhibits appropriate systolic function. The right atrium is subjectively of normal size and right ventricular dimensions, and systolic function are subjectively normal. The mitral and tricuspid valves exhibit normal appearance and function, with no turbulence or insufficiency noted, and no vegetative lesions were seen. The aortic and pulmonic valves appear normal, and there is normal laminar flow in the left and right ventricular outflow tracts. The main pulmonary artery appears normal. There is no evidence of effusion, and no cardiac masses are seen. There is no evidence of an arrhythmia.

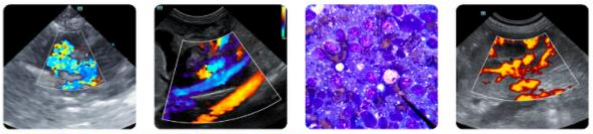
Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3.0 cm.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 7.9 cm in length. The right kidney is 8.6 cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 7.8 mm at the cranial pole and 6.2 mm at the caudal pole. The right adrenal gland height is 8.9 mm at the cranial pole and 8.8 mm at the caudal pole.



SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Rhythm Walters

SPECIES

Canine

BREED

Great Dane

SEX

Female Spayed

AGE

9

WEIGHT

132.7 lbs

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Halton Peel AH

REFERRING VET

Rhythm Walters

INVOICE

22257

DATE

12-12-25

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. (Normal dog spleen)

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents and a small amount of freely-moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is moderately distended with gas. The gastric wall is 5.4 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, with intact wall layering. The ileocecal junction is not visualized.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- No cardiac medications are indicated at this time
- No special cardiac anesthetic protocols are needed, should anesthesia be warranted in the near future
- While there is no evidence of cardiac disease at this time, this patient could develop acquired heart disease in the future just as any dog might. Thus, if a murmur develops, or symptoms of heart disease occur, a recheck echocardiogram would be recommended.
- There is no apparent explanation for the patient's clinical signs on today's ultrasound. Additional recommendations (if not already performed) would include:

1. Three view-chest radiographs
2. The possibility of primary neurologic disease should be considered, which may require advanced imaging to completely exclude.
3. A thorough oral cavity exam to rule out dental pain
4. A musculoskeletal and neurologic exam to rule out sources of pain that might reduce mobility
5. A trial with an antacid and anti-emetic
6. An appetite stimulant such as mirtazapine, cyproheptadine or capromorelin, until a definitive

PATIENT

Rhythm Walters

SPECIES

Canine

BREED

Great Dane

SEX

Female Spayed

AGE

9

WEIGHT

132.7 lbs

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Halton Peel AH

REFERRING VET

Rhythm Walters

INVOICE

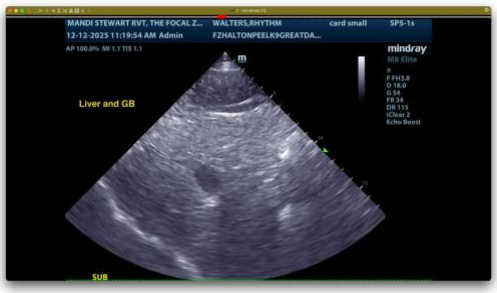
22257

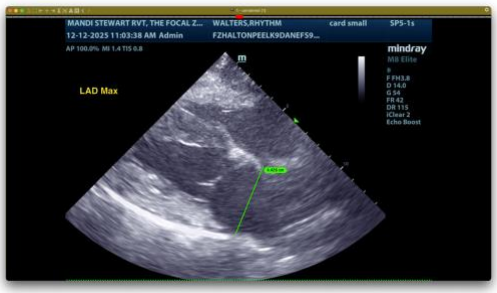
DATE

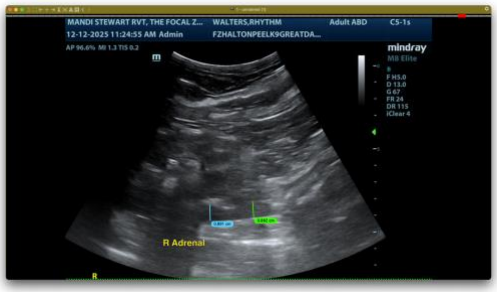
12-12-25

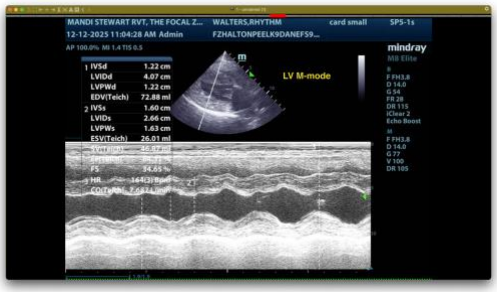
cause can be found.

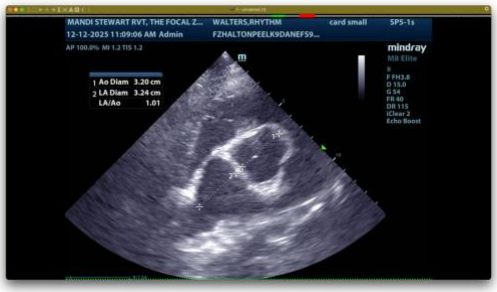
7. The possibility of occult GI disease cannot be excluded. Thus, a complete GI panel, resting cortisol level, and potentially gastrointestinal biopsies would be recommended, if no other cause for the patient's symptoms can be found.

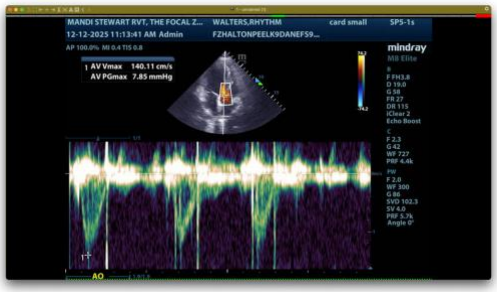












PATIENT

Rhythm Walters

SPECIES

Canine

BREED

Great Dane

SEX

Female Spayed

AGE

9

WEIGHT

132.7 lbs

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Halton Peel AH

REFERRING VET

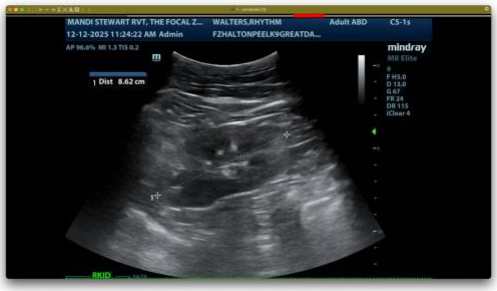
Rhythm Walters

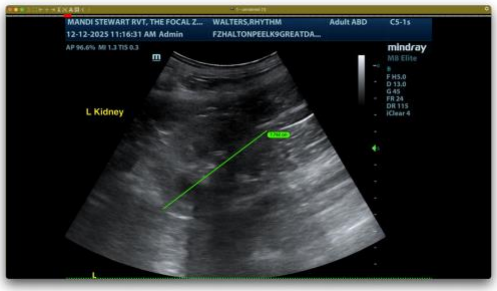
INVOICE

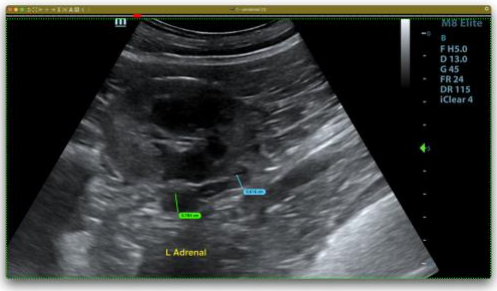
22257

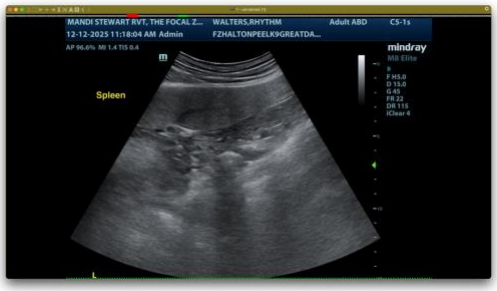
DATE

12-12-25









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.

Tam Mengine, DVM, DABVP (canine/feline practice)
info@SonoPath.com