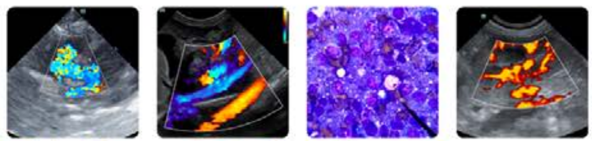

PATIENT

Gracie Zaccario

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

15 Years

WEIGHT

19

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel

HOSPITAL NAME

Central Jersey Animal Hospital

REFERRING VET

Dr. Gabriel

INVOICE

72797

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12/27/25

PRESENTING CLINICAL SIGNS

hx of cardiomegaly, had echo 3 month ago and it was stage b1 since yesterday labor breathing coughing, not eating.

Abnormal PE/Chem/CBC/UA Results: cbc,chem xray : look at attachment

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & 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	NM	NM	NM	1.2	44	NM	NM
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	NM	1.77	0.85	8.6	2.9	3.4	1.9

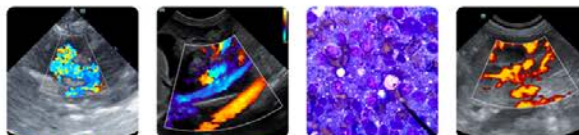
Cardiac Presentation

The **left atrium** is of normal size with no evidence of spontaneous echo contrast or thrombus formation. The **left ventricle** is mildly increased in diameter with normal wall thickness and demonstrates good systolic function. Estimates of left ventricular filling pressures cannot be precisely assessed, due to aliasing / baseline setting for the mitral inflow velocities, but appear subjectively normal. The **right atrium** is subjectively of normal size and **right ventricular** dimensions and systolic function are subjectively normal. There is mild to moderate **mitral valve** regurgitation and mild **tricuspid valve** regurgitation noted, with irregular thickening of the valve leaflets. There was no evidence of chordae tendineae rupture or valvular prolapse in either valve and no vegetative lesions were seen. The **aortic** and **pulmonary valves** both exhibit normal appearance and function – there is subjectively mild to moderate aortic insufficiency present, which is not hemodynamically significant. The **main pulmonary artery** appears normal. There is no evidence of pulmonary hypertension. No pericardial/pleural effusion or 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 (visible to 1.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The kidneys are hyperechoic, and exhibit mildly decreased cortico-medullary differentiation. There is diffuse pinpoint mineralization throughout the renal cortices. There is no evidence of nephrolithiasis,



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pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The right kidney measures 5.6 cm.

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. Left measures 4.8 mm at the caudal pole. Right measures 5.8 mm at the caudal pole.

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.

Liver

The liver is diffusely hyperechoic and subjectively enlarged, with sharp borders. There are hypoechoic nodules present throughout the parenchyma. 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 mildly distended with gas. The gastric wall is 3.1 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 (1.1 mm) with intact wall layering. The ileocecal junction is not seen.

Pancreas

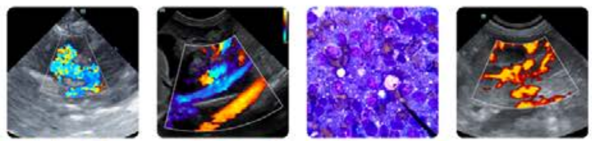
The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

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.

PRIMARY FINDINGS

- Myxomatous mitral valve disease – Stage B1 - stable
- Aortic insufficiency – may be incidental or may indicate underlying systemic hypertension



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- Diffuse pinpoint mineralization within the spleen and renal cortices – an incidental finding associated with endocrine disease in the dog (presumably secondary to diabetes mellitus in this patient)
- Diffusely nodular, hyperechoic, subjectively enlarged liver, consistent with non-specific hepatopathy
- Bilateral chronic renal changes

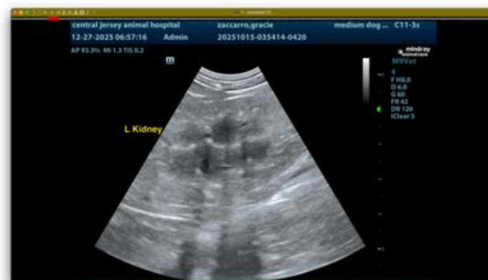
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

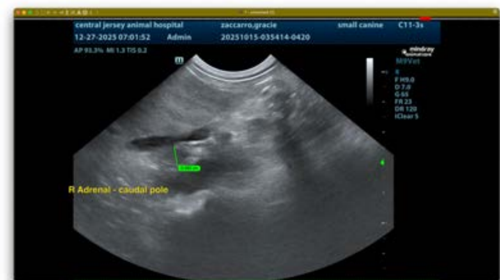
There is no evidence of congestive heart failure to explain the patient's acute respiratory distress. While the left ventricular internal diameter is mildly increased at end diastole, this is likely due to the presence of aortic insufficiency, as there has been no progression in left atrial size as compared to Oct. 2025, and the mitral inflow velocities appear normal (and would typically be significantly elevated in congestive heart failure).

The pathology noted within the abdomen is stable, as compared to the findings in October 2025, and are likely attributable to the patient's age and diabetes mellitus.

Blood pressure assessment is recommended, as systemic hypertension can be associated with aortic insufficiency in dogs.

Based on the radiograph report, possible other differential diagnoses for the patient's respiratory distress would include pulmonary neoplasia (primary of metastatic), pneumonia, pulmonary thromboembolism, ARDS, etc. Advanced imaging such as CT scan may be needed for definitive diagnosis.





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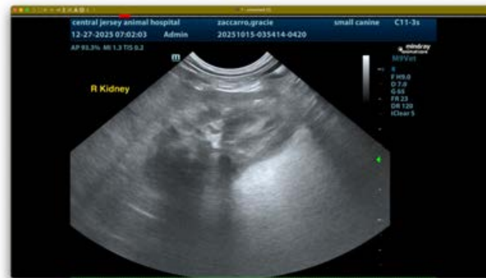

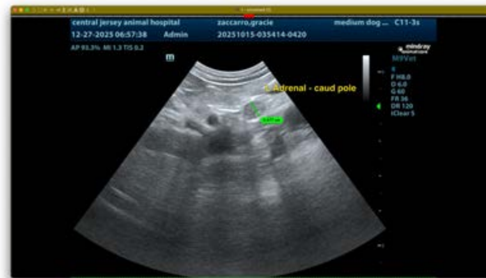

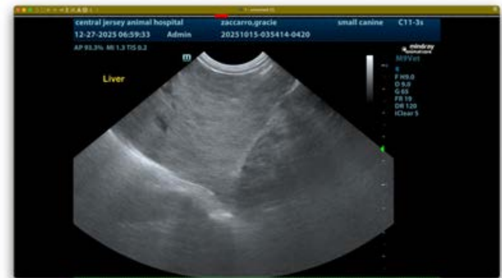

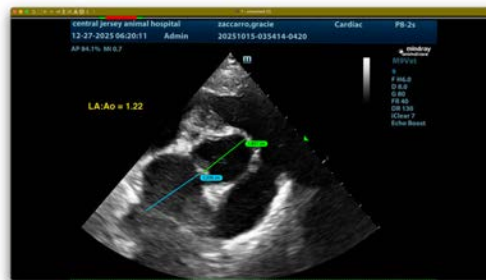

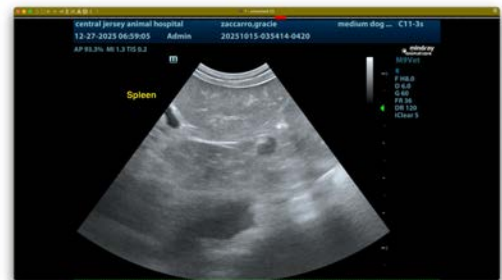

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com