



PATIENT

Henry Juliano

SPECIES

Canine

BREED

Cavalier

SEX

Male

AGE

10 years

WEIGHT

25 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Johanna Murray

HOSPITAL NAME

New Britain VC

REFERRING VET

Dr. Bhatia

INVOICE

68522

DATE

11/10/25

PRESENTING CLINICAL SIGNS

History: Radiographs showed right heart enlargement Has heart murmur

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

15 Still Images of the abdomen and 11 videos were submitted

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **left kidney** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsule was acceptably uniform without significant irregularities. The left kidney measured 5.2 cm. The right kidney was not visualized.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

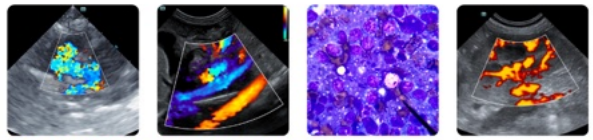
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The visible **liver** was unremarkable.

Gastrointestinal

The visible **gastrointestinal tract** was unremarkable. There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool



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consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

The visible **pancreas** was unremarkable.

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Heart

SEX

Male

Rapid view of the heart revealed no evidence of volume overload or pressure overload. Chamber sizes and contractility appeared adequate. The mitral valve was subjectively thickened and presumably the source of the murmur.

AGE

10 years

HR 90 bpm.

WEIGHT

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ULTRASONOGRAPHIC FINDINGS

- Unremarkable visible abdomen.
- Structurally normal heart.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Based on the still images there is no evidence of gross pathology in the abdomen.

Further imaging is necessary to assess for exact cause of the murmur.

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I strongly recommend SDEP protocol or equivalent for abdominal and cardiac imaging to ensure all lesions are potentially recognized.

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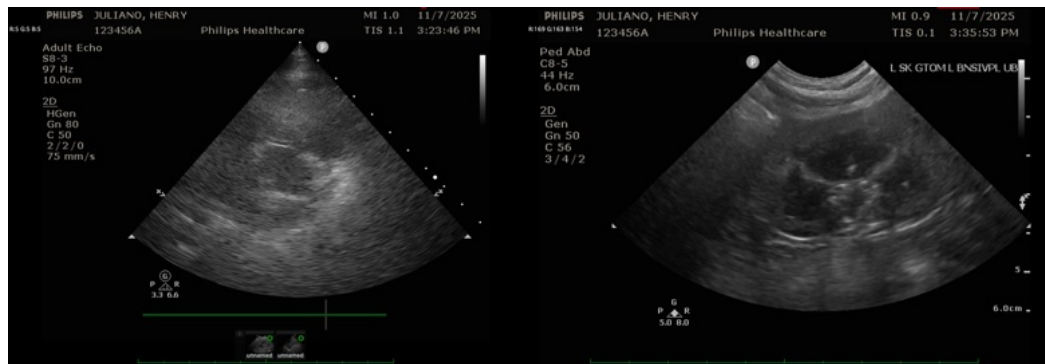
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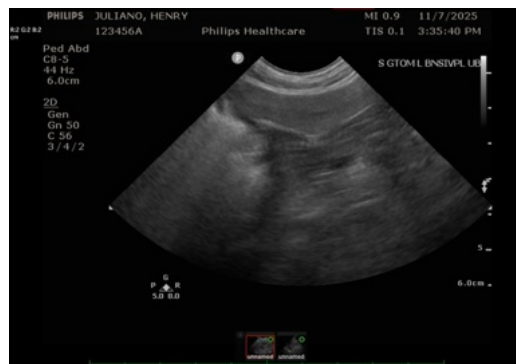
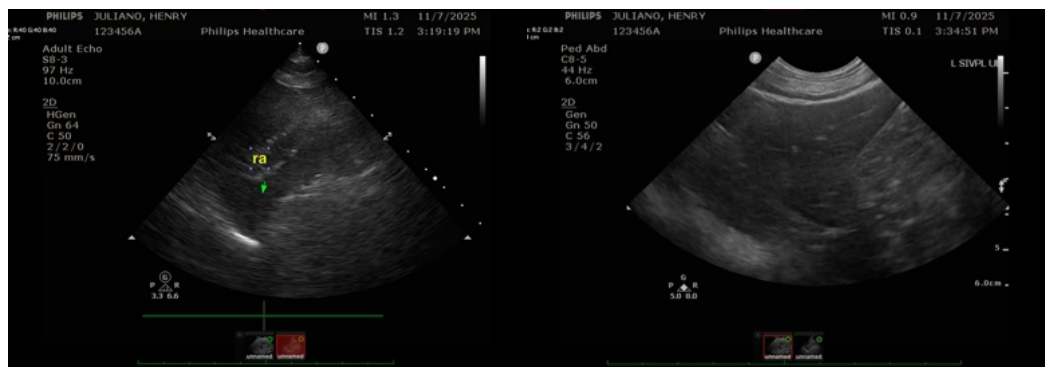
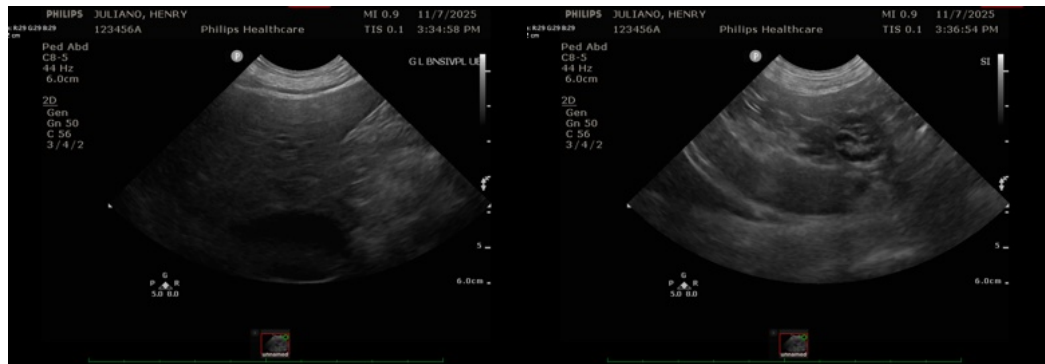
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

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