



## PATIENT

Maddie Rubio

## SPECIES

Canine

## BREED

Schnauzer Mix

## SEX

Spayed Female

## AGE

12

## WEIGHT

14.4

## INTERPRETED BY

Karen Ebersole, DVM,  
DABVP (Canine and  
Feline practice)

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway AH

## REFERRING VET

Dr. Schiess

## INVOICE

35757

## DATE

12/6/25

## PRESENTING CLINICAL SIGNS

History: Presents for incontinence and anorexia regurgiting food, hunched over, disoriented  
Regenerative anemia, auto immune dz vs hemorrhage vs neoplasia.

Abnormal PE/Chem/CBC/UA Results: ALP 240 T bili 1.7 RBC 3.13 HCT 25.3%

## 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	NA	1.0	--	66	--	0.18
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	0.99	0.92	4.9 kg	2.8	2.6	0.88

### Cardiac Presentation

All four chambers presented normal volume and contractility. The septum and free wall thicknesses for the left ventricle were normal. Contractility was normal. There was no evidence of left atrial enlargement. No evidence of volume overload was noted. There was trivial mitral and tricuspid regurgitation. There were no hemodynamically significant changes. No visible pleural effusion or masses were visible adjacent to the heart.

### Urinary System

The bladder was normal in size and shape. The bladder wall was normal in thickness for the volume of urine present. The trigone and visible urethra were normal in appearance. The urine was anechoic with no visible sediment or uroliths.

Both kidneys were normal in size with a mildly irregular capsule contour. There was a moderate increase in cortical echogenicity. The corticomedullary junction was mildly indistinct. There were variably sized, non-obstructive medullary mineralization with mild pelvic dilation. The left kidney measured 4.3 cm in length. The right kidney measured 4.3 cm in length.

The iliac trifurcation was visualized and evaluated. There was normal vascular perfusion with no evidence of thrombus formation. There was no visible lymphadenopathy.



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## *Adrenal Glands*

Both adrenal glands were normal in size. There was an overall normal shape, with mild capsular irregularity and mild heterogenous parenchyma. The changes were mild with no suspicion of neoplasia. The left adrenal gland measured 0.53 cm width at the caudal pole and 0.65 cm width at the cranial pole. The right adrenal measured 0.57 cm at the caudal pole and 0.61 cm at the cranial pole.

## *Spleen*

The spleen was mildly increased in size with a smooth capsule contour. The parenchyma was diffusely mildly heterogenous without any visible nodules or masses. The vasculature showed no evidence of thrombus and good vascularity with power doppler.

## *Liver/Gallbladder*

The liver was normal in size and shape, with a smooth capsule contour. The hepatic parenchyma displayed normal echotexture and normal portal markings. The hepatic vasculature was normal in volume and structure.

The gall bladder was normal in size and shape with a smooth capsule contour. There was mineralized gallbladder sand and/or small stones, which were nonobstructive. The visible cystic and common bile ducts appeared normal with no evidence of obstruction or inflammation.

## *Gastrointestinal*

The stomach was normal in size and shape, with a smooth serosal contour. The stomach wall was normal in thickness and layering. The small intestine displayed normal curvilinear patterns throughout. Subjectively normal wall thickness and layering was maintained. The visible colon wall was normal in thickness and layering. There were no visible masses or focal lesions in the GI tract.

## *Pancreas*

The pancreas was normal in size with a mildly irregular capsule contour. The parenchyma was isoechoic to heterogeneous compared to the mesentery. No signs of active inflammation or neoplasia.

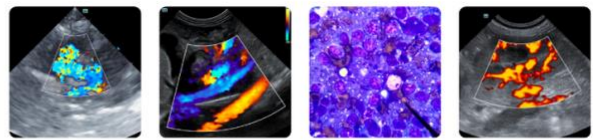
## *Free Abdomen*

There was no visible free peritoneal fluid or mesenteric lymphadenopathy.

## ULTRASONOGRAPHIC FINDINGS

- Aging changes both kidneys, with non-obstructive mineralization
- GB sand - likely incidental finding
- Mild splenomegaly with heterogeneous parenchyma - ddx age-related vs extra medullary hematopoiesis vs other
- Subjectively hypervascular kidneys
- Normal echocardiogram

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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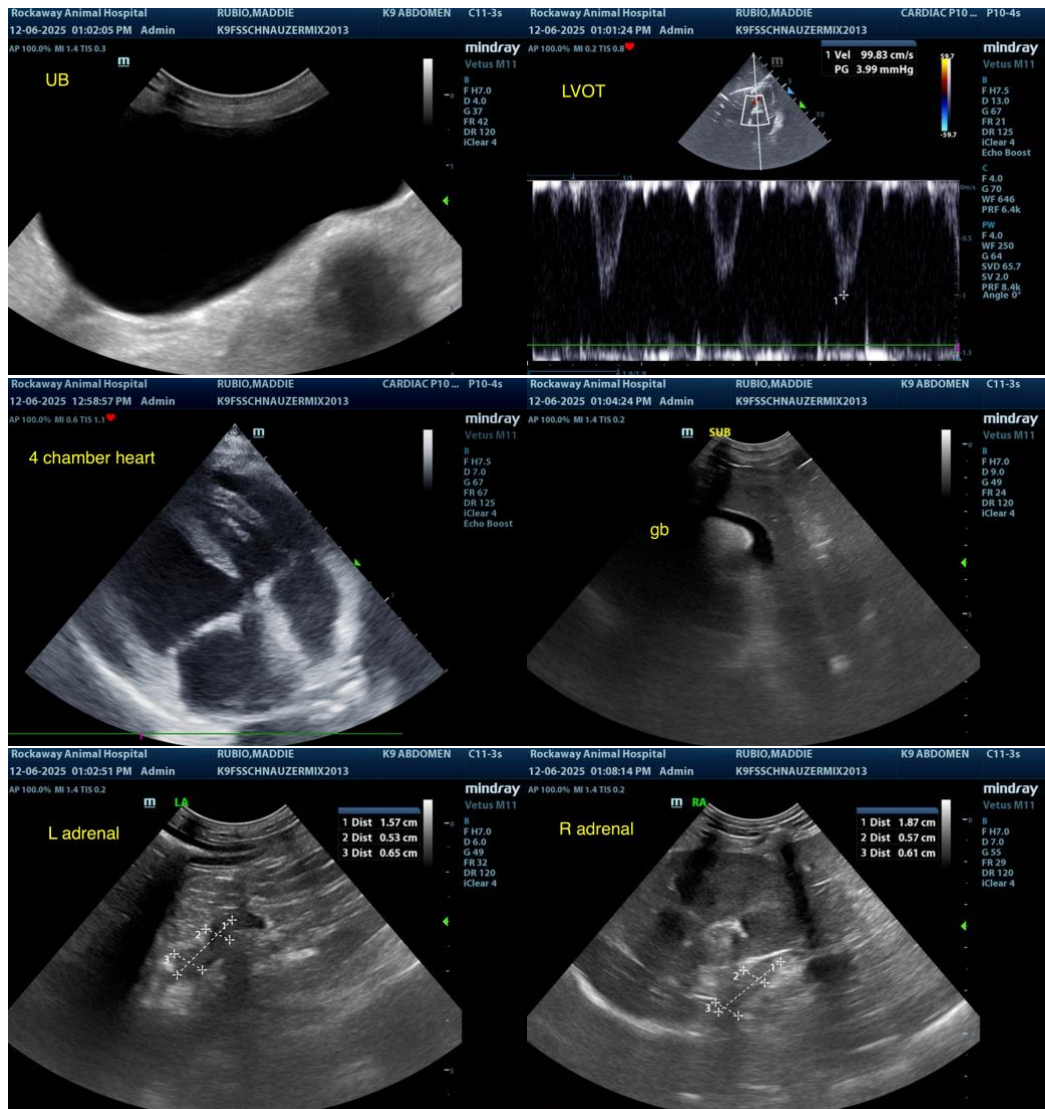
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The abdomen is largely as expected for a dog of this age and breed. There is no visible cause of the reported clinical signs. There is no free fluid visible in the abdomen or thorax. With no evidence of EHBD, the elevated Bilirubin is suspected to be pre-hepatic/hemolysis or hepatic in origin.

A BP could be considered for further assessment, given the subjectively hypervascular kidneys.

Normal heart function and structure. Trivial mitral and tricuspid regurgitation. Recommend recheck echo in the future if the patient develops a heart murmur or clinical signs of heart disease.





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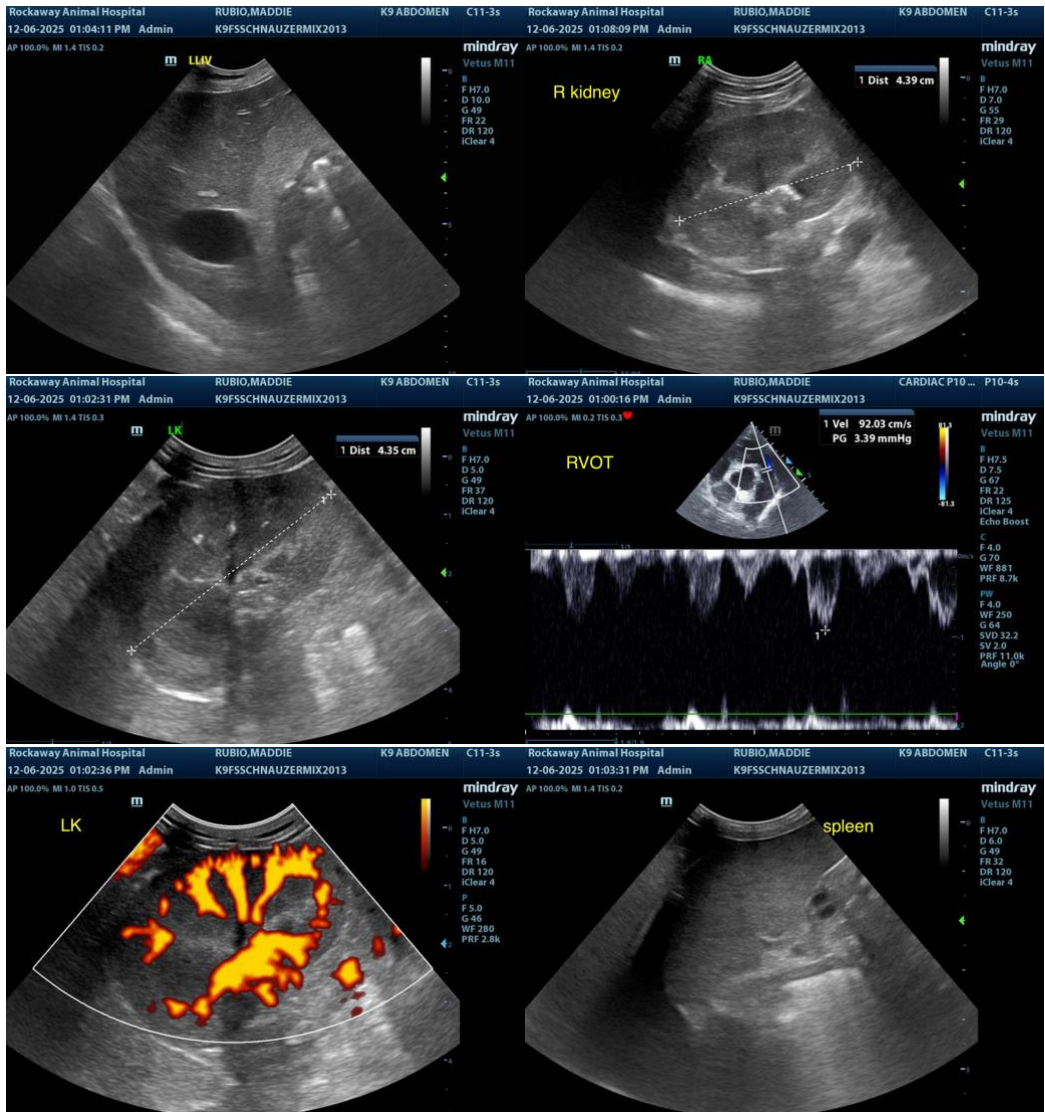
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)

info@SonoPath.com