



PATIENT

Taylor Mendoza

SPECIES

Canine

BREED

Mini Schnauzer

SEX

NM

AGE

14 years

WEIGHT

12.2 lbs

INTERPRETED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline)

IMAGING PERFORMED BY

Dr. Casper

HOSPITAL NAME

Hometown Animal
Hospital - Florida

REFERRING VET

Dr. Gavin Casper

INVOICE

11314

DATE

2/13/2026

PRESENTING CLINICAL SIGNS

- Recent hx of decreasing appetite. Otherwise, historical diabetes (regularly wears Libre monitor- moderately well controlled), IBD and recurrent/chronic pancreatitis, gallbladder mucocele/intermittent obstruction/distention, mitral and tricuspid regurg, hypertension, OA.
- Taking Galargine insulin 15-16U Q12 and Humulin R insulin 1U Q12, pimobendan, ursodiol, denamarin, visbiome probiotic, omeprazole/metoclopramide/cerenia/psyllium husk/entyce as needed. Regularly receives b12 + SQ fluid injections

Abnormal PE/Chem/CBC/UA Results: Today's labs: Cbc - nsf. Chem- SDMA 22, BUN 45, ALP 1484 cpli - normal UA- SG 1024, ph 6, trace protein w/ mild glucosuria, no ketones.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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. The pelvic urethra was visualized to a depth of X cm past the cystourethral junction.

Both kidneys were normal in size with a mildly irregular capsule contour. There was a mild to moderate increase in cortical echogenicity. The corticomedullary junction was mildly indistinct. There was mild renal pelvic dilation with anechoic urine in the left kidney. There was no visible pelvic dilation in the right kidney.

The left kidney measured 5.0 cm in length. The right kidney measured 5.0 cm in length.

Adrenal Glands

The adrenal glands were not clearly visualized. The region of the adrenals appeared free of overt pathology.

Spleen

The spleen was normal in size and shape. The parenchyma was finely textured with variably sized, clearly demarcated, hyperechoic nodules diffusely through the spleen. These hyperechoic nodules were primarily subcapsular and perivascular in location. The appearance of the nodules is consistent with benign myelolipomas.

Liver

The liver was increased in size with a mildly rounded capsule contour. The hepatic parenchyma was diffusely hyperechoic with no visible nodules or masses. Portal markings appeared normal.

The gallbladder was markedly increased in size with a rounded shape. The gallbladder wall was markedly thickened due to mucosal hypertrophy measuring up to 1.2 cm in width. There was echogenic, non-mineralized sludge that appeared non-gravity dependent. The sludge was partly organized with a hypoechoic, irregular rim between the sludge and the inner mucosal surface. There was no pericystic inflammation or free fluid visible. The visible portions of the common bile duct appeared normal.

Gastrointestinal



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The stomach and intestinal walls were diffusely thickened, with intact wall layering. There was suspected ingesta in the stomach, and small shadowing densities which could represent medication that measured up to 1.0 cm in width. There was no evidence of gastric outflow obstruction. Normal wall layer ratios were largely maintained. The mucosa was mildly hypoechoic with occasional mucosal speckling. There was a segmental to diffuse ileus pattern with mild luminal fluid accumulation. There was no visible obstruction, mass or foreign material. The visible colon wall was normal in thickness and layering.

Pancreas

The visible portions of the pancreas appeared normal to mildly hyperechoic. No visible nodules, masses, or other abnormalities in the region of the pancreas.

Free Abdomen

There was no visible free fluid or enlarged mesenteric lymph nodes in the abdomen.

Transdiaphragmatic views revealed a possible “Comet Tail” pattern in the caudal lung fields. Comet tail artifact is echogenic sound wave interference by microconsolidations in the lungs.

ULTRASONOGRAPHIC FINDINGS

- Mature gallbladder mucocele – No evidence of adjacent inflammation or free fluid to indicate rupture.
- Vacuolar endocrine hepatopathy pattern.
- Age related changes in both kidneys.
- Mild left kidney pyelectasia – new finding since previous exam.
- Gastroenteritis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not already done, urinalysis to assess for any UTI and/or urine culture is recommended given the left kidney pyelectasia that is a new finding. The remainder of the ultrasound is largely similar to the previous with no evidence of rupture for the gallbladder mucocele.

I do recommend the owners monitor the sleeping respiratory rates to assess if there has been any change into congestive heart failure. There is possible comet tail pattern in the caudal lung fields. Chest X-ray could be considered to assess for emerging pulmonary edema.





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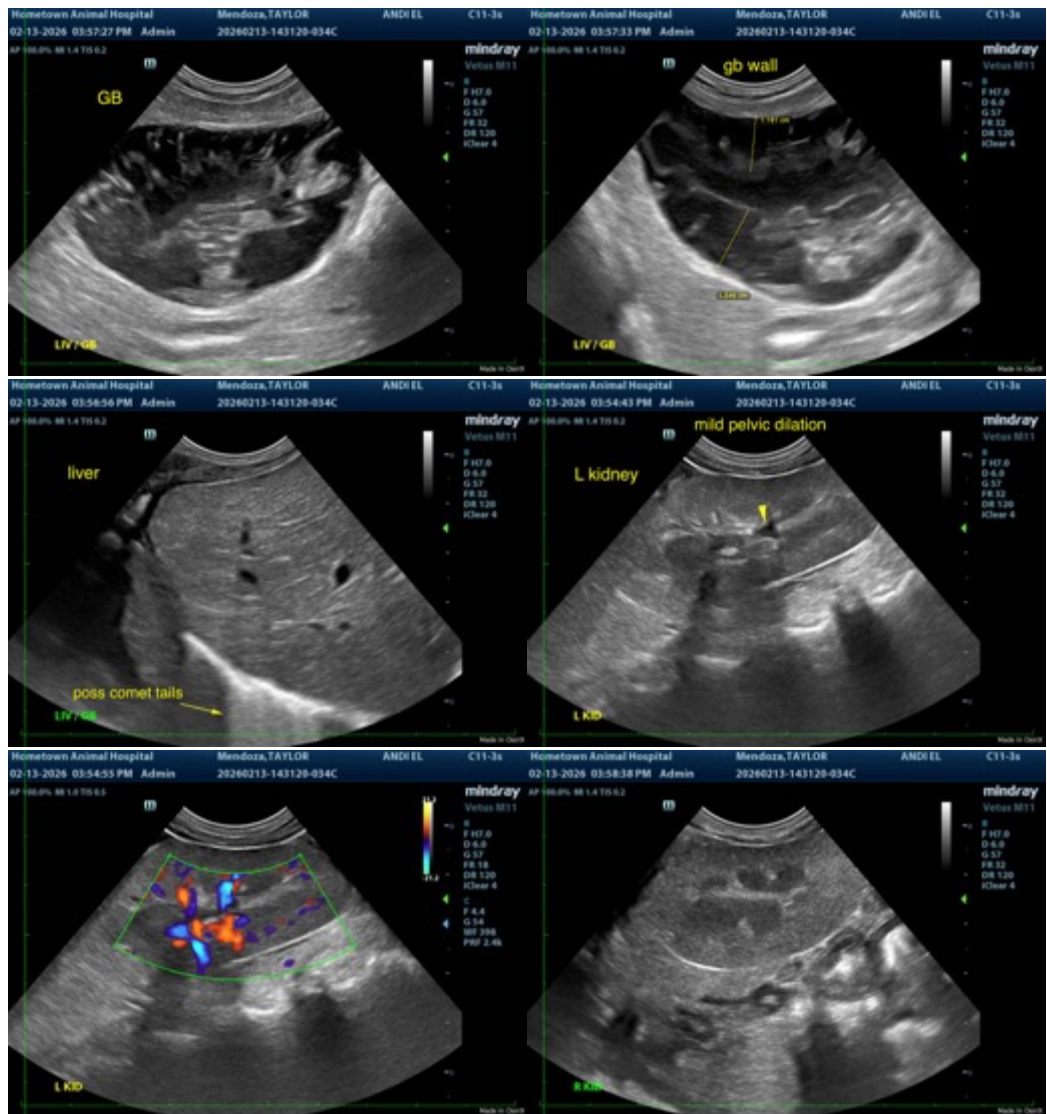
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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