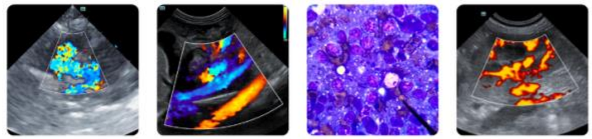


PATIENT

Simba Anderson

SPECIES

Canine

BREED

King Charles Cavalier

SEX

Neutered Male

AGE

10

WEIGHT

15

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Vezzetti

HOSPITAL NAME

Stuga North Veterinary Care

REFERRING VET

Dr. Vezzetti

INVOICE

13224

DATE

01/16/26

PRESENTING CLINICAL SIGNS

Performed Ultrasound for primary veterinarian got a history of possible calcified mucocele, had presented for difficulty breathing after going outside or being active with possible UTI.

Abnormal PE/Chem/CBC/UA Results: Upon PE, BAR, very happy boy; grade 3 heart murmur, no arrhythmia, clear lung sounds, HR of 152; abdomen soft but feels enlarged, non-painful. Ultrasound revealed ascites, got abdominocentesis sample was clear fluid

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

No overt pathology in the area of the residual prostate.

No medial iliac or sublumbar lymphadenopathy or masses.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Mild medullary mineral to small renoliths were visualized. The left kidney measured 4.2 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized owing to increased periadrenal and omental artifact.

Spleen

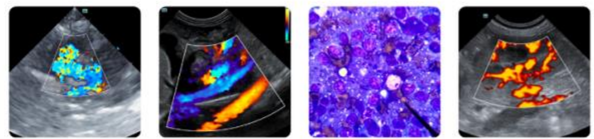
The spleen presented subnormal in size (suggestive of volume contraction) and exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver & Gallbladder

The liver presented subjective borderline subnormal size with mild nonhomogenous parenchyma exhibiting lobar biliary tree mineralization. Adequate noncongested vascular volume present.

The gallbladder was not overtly distended in appearance with nonedematous wall. The gallbladder lumen was primarily occupied by nonorganized to mildly congealed nonmineralized bile debris. The common bile duct was not visualized.

Gastrointestinal



PATIENT

Simba Anderson

SPECIES

Canine

BREED

King Charles Cavalier

SEX

Neutered Male

AGE

10

WEIGHT

15

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Vezzetti

HOSPITAL NAME

Stuga North Veterinary Care

REFERRING VET

Dr. Vezzetti

INVOICE

13224

DATE

01/16/26

The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained moderate progressively shadowing ingesta without overt evidence of obstruction to pyloric outflow.

The small intestine exhibited intact wall layering with increased mucosa echogenicity and segmental ileus to the level of the colon.

The visualized colon was primarily empty without evidence of colon over distention with fecal matter.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

Generalized hyperechoic omentum and a significant volume of peritoneal effusion were present.

Brief transdiaphragmatic cardiac assessment revealed no overt right cardiomyopathy, pericardial effusion or cardiac tumors in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Significant volume of peritoneal effusion and generalized hyperechoic omentum.
- Hepatopathy exhibiting lobar biliary tree mineralization- no evidence of hepatic congestion.
- Congealed yet nonorganized gallbladder debris- not consistent with mature mucocele criteria, possible immature mucocele.
- Shadowing gastric ingesta with nonspecific enteropathy exhibiting mild mucosa hyperechogenicity and nonobstructive ileus.
- Volume contracted spleen.
- Mild chronic renal changes exhibiting mild medullary mineral/small renoliths.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given reported clear peritoneal effusion and lack of hepatic congestion or overt cardiomyopathy, correlation with full lab work and urinalysis primarily to assess for hepatic enzyme elevations or hypoalbuminemia, which may suggest decreased hydrostatic pressure owing to protein loss is recommended. If present, correlation with UPC level and potential consideration for protein losing enteropathy may be indicated. Effusion secondary to chronic hepatic disease, i.e. portal hypertension or non-obvious neoplasia, such as carcinomatosis, lymphomatosis or similar is also possible. Effusion analysis, cytospin cytology +/- culture and sensitivity if clinically indicated may be considered. No overt evidence of gallbladder rupture.

PATIENT

Simba Anderson

SPECIES

Canine

BREED

King Charles Cavalier

SEX

Neutered Male

AGE

10

WEIGHT

15

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Vezzetti

HOSPITAL NAME

Stuga North Veterinary Care

REFERRING VET

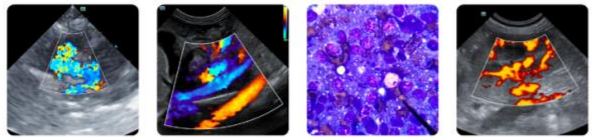
Dr. Vezzetti

INVOICE

13224

DATE

01/16/26



PATIENT

Simba Anderson

SPECIES

Canine

BREED

King Charles Cavalier

SEX

Neutered Male

AGE

10

WEIGHT

15

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Vezzetti

HOSPITAL NAME

Stuga North Veterinary Care

REFERRING VET

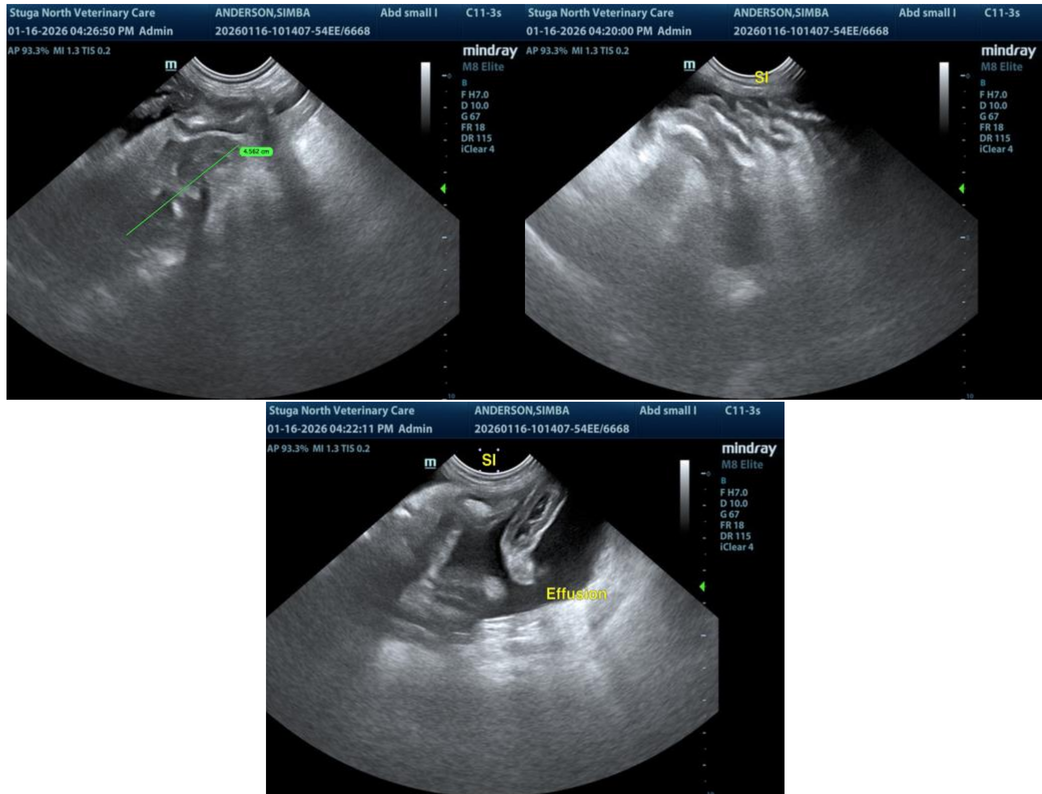
Dr. Vezzetti

INVOICE

13224

DATE

01/16/26



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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com