

**PATIENT**

Maggie Murphy

**SPECIES**

Canine

**BREED**

Doodle Mix

**SEX**

FS

**AGE**

6yr

**WEIGHT**

11kg

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)**IMAGING  
PERFORMED BY**

Dr. Van Nieuwal

**HOSPITAL NAME**Animal Emergency  
Hospital Volusia**REFERRING VET**

Dr. Van Nieuwal

**INVOICE  
23625****DATE  
01-20-26****PRESENTING CLINICAL SIGNS**

patient collapsed. Owner took patient to the park and patient collapsed for a bit.

Abnormal PE/Chem/CBC/UA Results: CBC-Low: HCT 61.0, PLT 80, PCT 0.082 Chemistry- High: ALT 148 EPOC- Low: pO2 23.8, O2SAT 34.7, pH 7.281. High: pCO2 49.0, BUN 30, Crea 2.08  
CONCLUSION: Left cardiomegaly, likely secondary to cardiomyopathy or mitral endocardiosis. There is no evidence of left heart failure. The appearance of the pulmonary vasculature is suggestive of, but not definitive for, hypovolemia. Hepatomegaly

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.5 cm in length. The right kidney measured 4.9 cm in length.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.6 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.54 cm width at the caudal pole.

**Spleen**

The spleen exhibited normal size, capsule asymmetry and mild heterogeneous parenchyma. No visualized masses or nodules were present.

**Liver/Gallbladder**

The liver was subjectively mildly enlarged. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Subjective normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and moderate congealed non-organized debris. No evidence of gallbladder/peripheral gallbladder inflammation or wall edema was present. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

The descending colon at the level of the urinary bladder exhibited intact thickened wall with normal wall layering in the visualized transverse to proximal colon. The generalized colon contained semi-formed to possible soft fecal matter. The descending colon wall measured 0.69 cm in wall width.

### **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**

Brief transdiaphragmatic assessment of the caudal thorax revealed subjective mild volume pericardial vs pleural effusion.

No evidence of peritoneal effusion, visualized significant or swollen mesenteric lymphadenopathy or intra-abdominal masses.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary**

- Mild subjective non-congested hepatomegaly.
- Non-organized gallbladder debris (non-mucocele).
- Non-enlarged mild non-homogenous spleen.
- Normal bilateral kidneys.
- Normal gastrointestinal tract with mild variably echogenic non-shadowing gastric ingesta.
- Thickened descending colon with generalized semi-formed/ soft fecal matter.
- Transdiaphragmatic mild volume pleural vs pericardial effusion

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status and using a 25g needle, a hepatosplenic FNA for screening cytology is warranted for further clarification and assessment for occult pathology such as neoplasia.

A full echocardiographic workup recommended to assess for evidence of cardiomyopathy and differentiation between mild volume pericardial or pleural effusion in conjunction with clinical history.

The gastric ingesta is most consistent with variably echogenic non-shadowing food echogenicity if documented NPO. Monitoring for gastric emptying as well as clinical signs suggestive of colitis is recommended.



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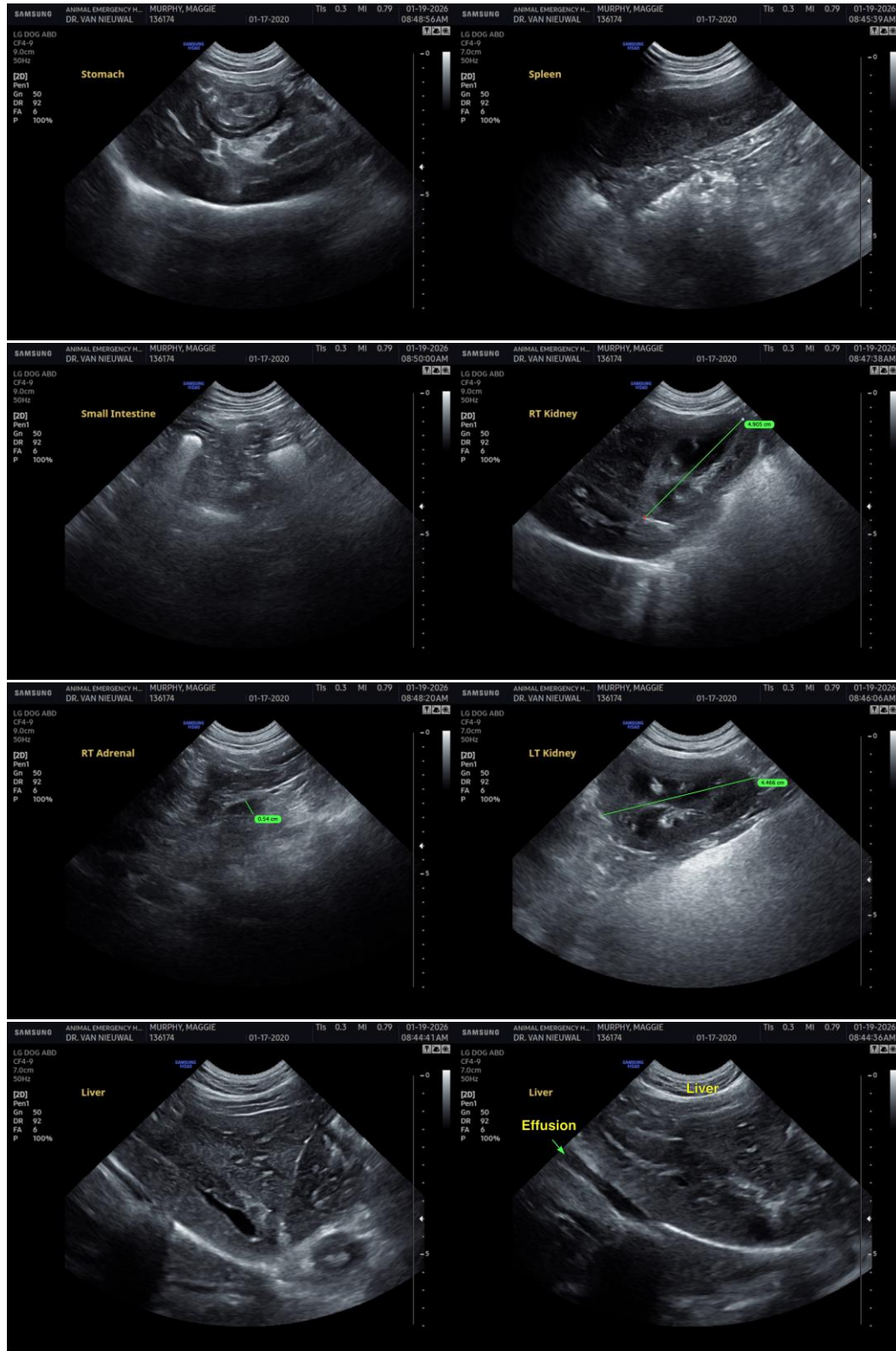
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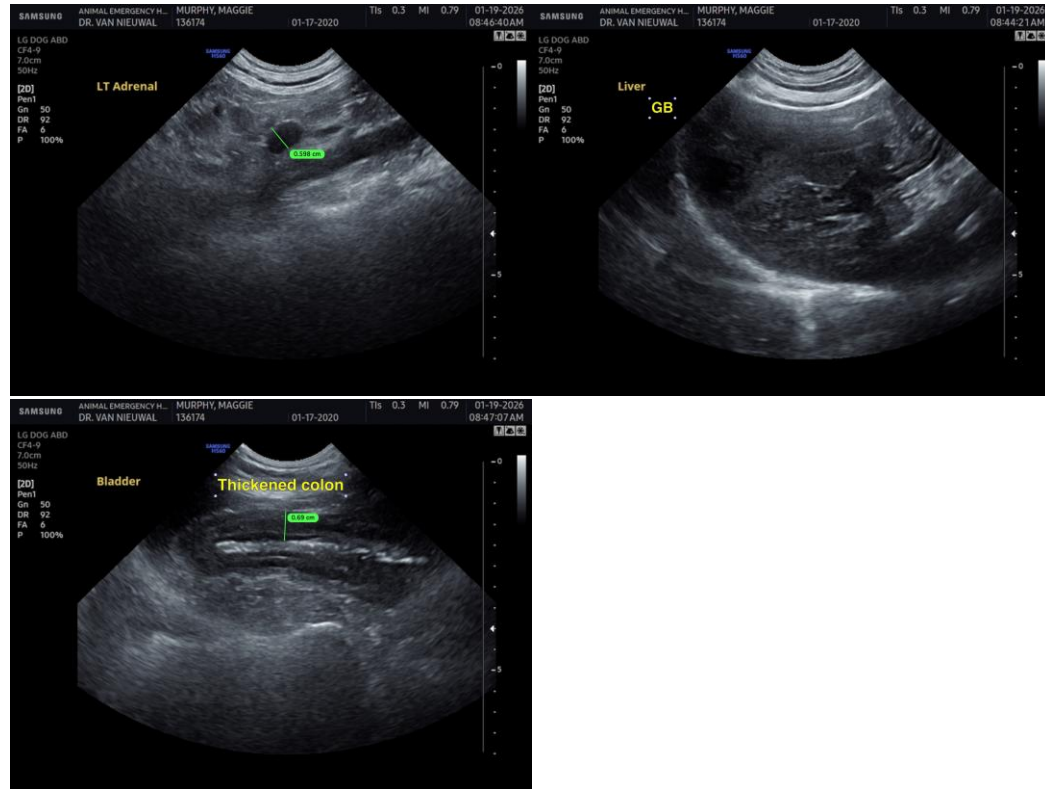
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)  
[info@sonopath.com](mailto:info@sonopath.com)