



PATIENT

Edmund Sarles

SPECIES

Canine

BREED

Cavalier King Charles
Spaniel

SEX

Neutered Male

AGE

6 Years 10 Months

WEIGHT

21.2 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Julie Vezzetti

HOSPITAL NAME

Stuga North Veterinary
Care

REFERRING VET

Dr. Julie Vezzetti

INVOICE

13460

DATE

01/29/26

PRESENTING CLINICAL SIGNS

- Chronic history of pancreatitis, confirmed with GI panel 2 years ago; also had gallbladder sludge at that time. Has been on ursodiol for 2 years. Has been clinically well until this week when lip licking, not eating.

Abnormal PE/Chem/CBC/UA Results: Recent BW revealed mild azotemia and an ALT too high to read (liver panel pending); lipase is high and GGT is mildly elevated.

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.

The area of the residual prostate appeared normal and free of pathology.

The area of the iliac trifurcation was free of pathology.

Normal size and margination was 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 5.0 cm in length. The right kidney measured 5.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm width at the caudal pole.

The right adrenal gland was indistinctly visualized with no overt pathology. The right adrenal gland subjectively measured 0.41 cm width at the caudal pole.

Spleen

The spleen 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 enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.



PATIENT

Edmund Sarles

SPECIES

Canine

BREED

Cavalier King Charles
Spaniel

SEX

Neutered Male

AGE

6 Years 10 Months

WEIGHT

21.2 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Julie Vezzetti

HOSPITAL NAME

Stuga North Veterinary
Care

REFERRING VET

Dr. Julie Vezzetti

INVOICE

13460

DATE

01/29/26

The gallbladder was distended in size with mildly thickened hyperechoic wall. Nondependent biliary sludge that appeared to be non-mobile and organized with indistinct stellate pattern to the organized biliary sludge was present. Mild pericholecystic inflammation without overt effusion are present. The cystic duct and common bile ducts were not definitively visualized without evidence of dilation or posthepatic obstruction.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic to mildly echogenic fluid.

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 ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic mildly heterogeneous parenchyma compared to adjacent noninflamed omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Gallbladder mucocele with mild peripheral inflammation.
- Hepatopathy.
- Mild nonobstructive hypomotile stomach, normal empty small intestine.
- Pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the patient's hepatopathy and clinical signs is the gallbladder mucocele. No sonographic evidence of active pancreatitis, although chronic pancreatitis is possible. Associated mild metabolic gastric ileus is present.

As soon as possible and assuming normal clotting status, cholecystectomy with suggested hepatic biopsies, gross inspection in the area of the pancreas and upper gastrointestinal tract is recommended. Perioperative broad-spectrum antibiotics and analgesia with concurrent gastrointestinal support, given possible emerging pericholecystic bowel peritonitis, is recommended. A guarded prognosis is indicated.



PATIENT

Edmund Sarles

SPECIES

Canine

BREED

Cavalier King Charles
Spaniel

SEX

Neutered Male

AGE

6 Years 10 Months

WEIGHT

21.2 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Julie Vezzetti

HOSPITAL NAME

Stuga North Veterinary
Care

REFERRING VET

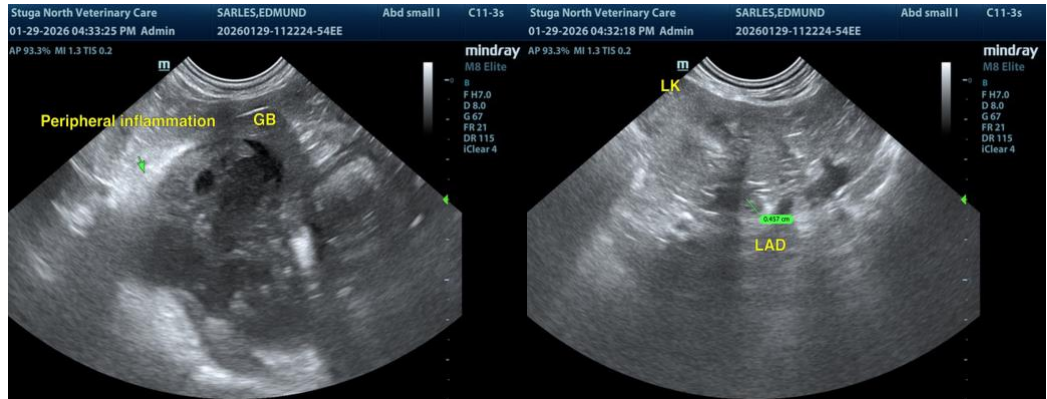
Dr. Julie Vezzetti

INVOICE

13460

DATE

01/29/26





PATIENT

Edmund Sarles

SPECIES

Canine

BREED

Cavalier King Charles
Spaniel

SEX

Neutered Male

AGE

6 Years 10 Months

WEIGHT

21.2 pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Julie Vezzetti

HOSPITAL NAME

Stuga North Veterinary
Care

REFERRING VET

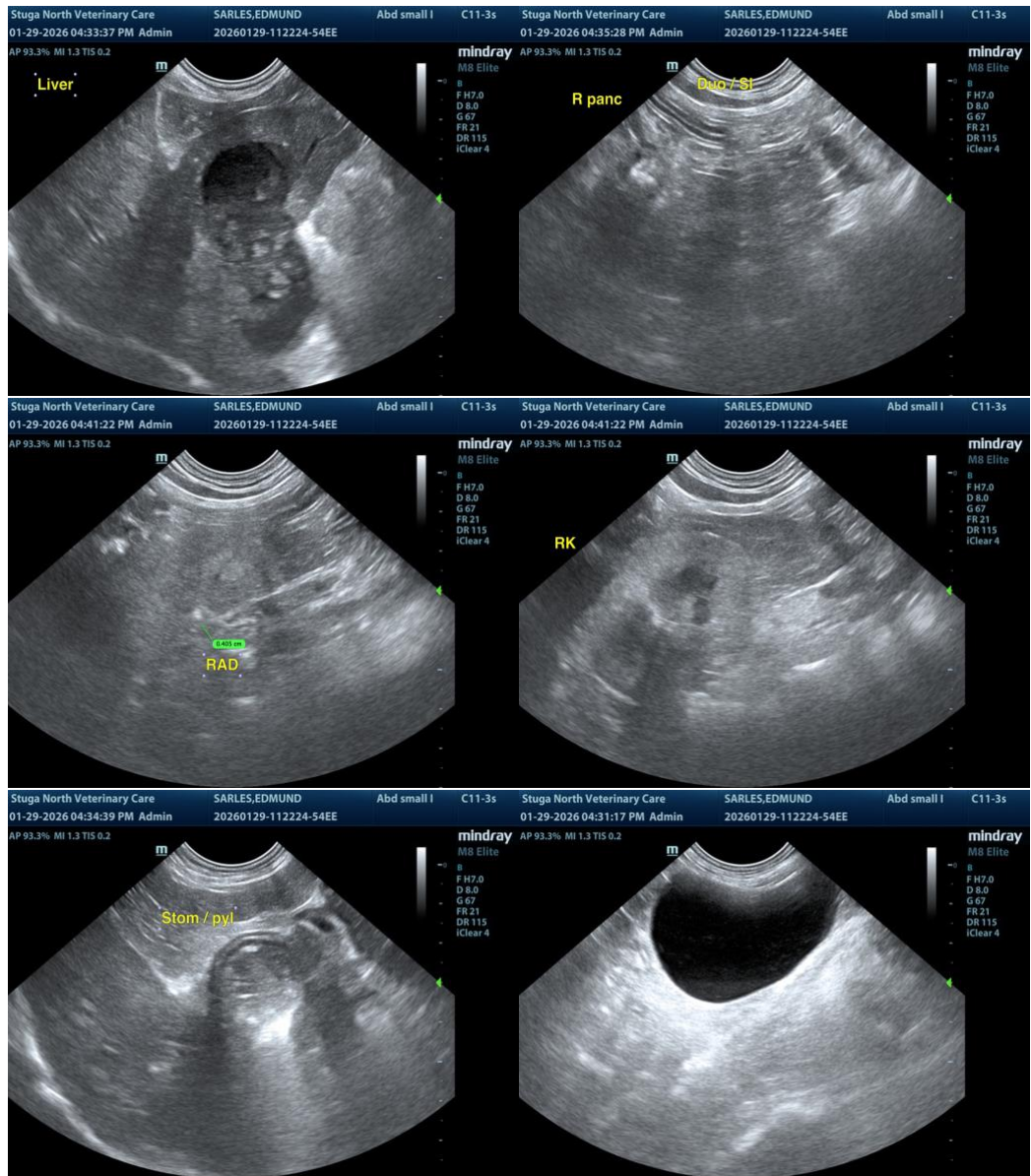
Dr. Julie Vezzetti

INVOICE

13460

DATE

01/29/26



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