

PATIENT

Oliver Martin

SPECIES

Canine

BREED

Cavalier King Charles
Spaniel

SEX

Neutered Male

AGE

7 Years

WEIGHT

23.5 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Brita Kiffney

HOSPITAL NAME

Northshore Veterinary
Hospital

REFERRING VET

Dr. Britta Kiffney

INVOICE

13070

DATE

01/09/2026

PRESENTING CLINICAL SIGNS

Presented to a colleague for recheck of skin where lesions consistent with calcinosis cutis were identified. No exogenous steroids but patient presents with symptoms consistent with HAC: pot bellied, panting, comedones, etc.

Abnormal PE/Chem/CBC/UA Results: Grade 4/6 systolic murmur crusting hard white scab on top of head, mid dorsum, Pot belly CBC/Chem performed: Low grade Nonregenerative anemia, Alk Phos: >3000, Alt 166, Normal Bilirubin, GGT 49, Cholesterol 553, Neutrophilic Leukocytosis,- likely stress O declines referral to cardiologist

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 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.

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 6.0 cm in length. The right kidney measured 6.1 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly enlarged with symmetrical contour and maintained homogenous parenchyma without evidence of mineralization. The left adrenal gland measured 0.64 cm width at the caudal pole. The right adrenal gland measured 0.72 cm width at the caudal pole.

Spleen

The spleen presented normal in size and contour with primarily homogenous parenchyma. A solitary small noncapsule deforming hypoechoic caudal splenic nodule was present measuring 0.24 cm in diameter.

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.

The gallbladder was non-distended in size with peripheral nonorganized gallbladder debris with potential mild thickened gallbladder wall. No evidence of pericholecystic inflammation. The common bile duct was not visualized.

Gastrointestinal



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The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Mildly prominent to thickened stomach wall with mild retained gastric 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 formed fecal matter in lumen.

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

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy.
- Peripheral nonorganized gallbladder debris- potential for cholecystitis.
- Bilateral mild adrenomegaly.
- Subjective mildly thickened stomach with retained fluid- possible mild hypomotile gastritis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

LDDST is recommended to assess for Cushing's syndrome in conjunction with sonographic findings and clinical signs. No evidence of neoplastic criteria. Pending adrenal workup and if normal clotting status, hepatic FNA cytology could be considered primarily to assess for evidence of inflammation given possible cholecystitis. Hepatosupportive medications may prove beneficial.





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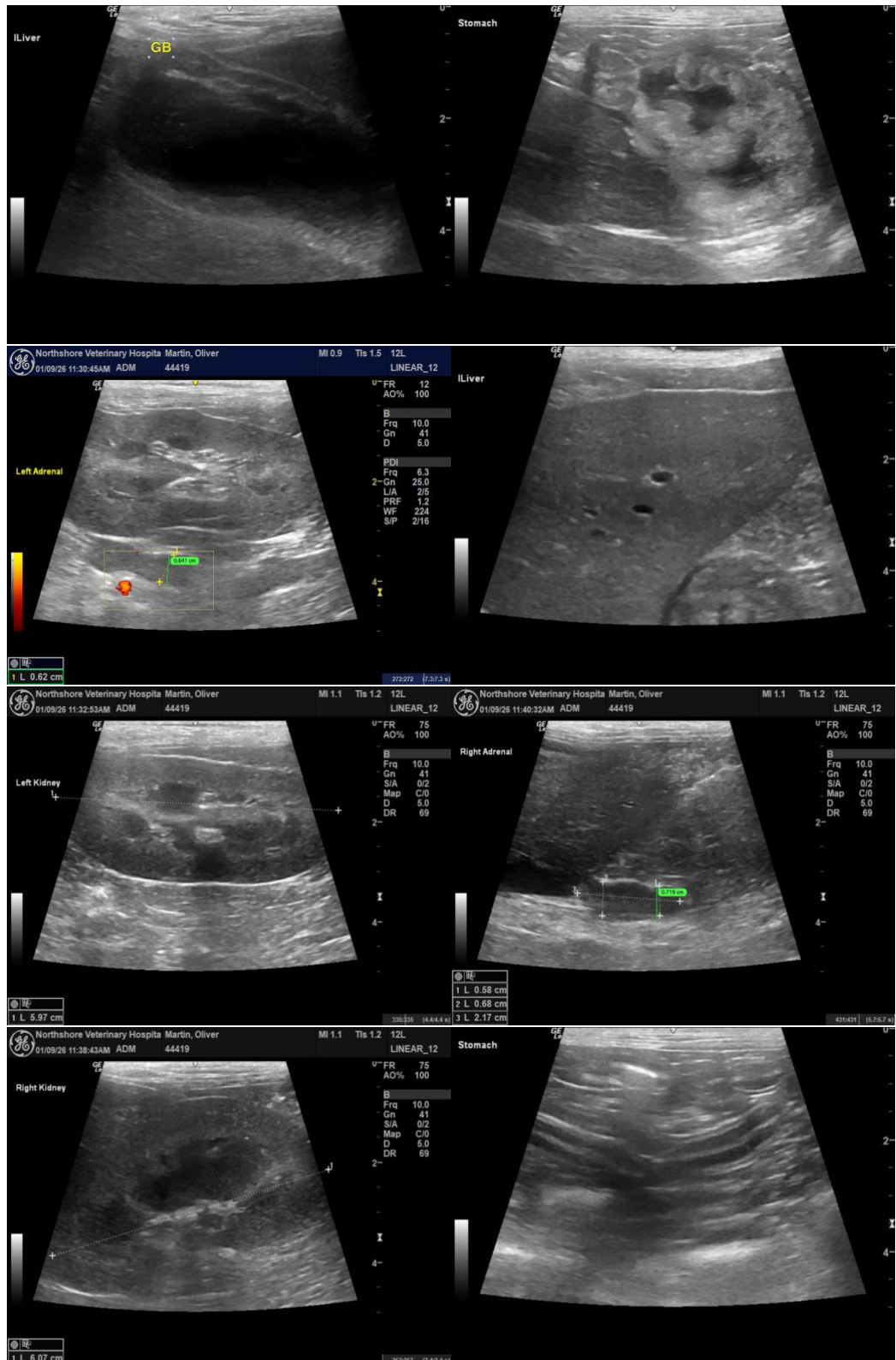
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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