



PATIENT

Victoria Smickle

SPECIES

Canine

BREED

Springer Spaniel

SEX

Spayed Female

AGE

5 Years 7 Months

WEIGHT

21 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

William Penn
Veterinary Hospital

REFERRING VET

Dr. Bouzaout

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DATE

11/13/25

PRESENTING CLINICAL SIGNS

Radiographs show-Enlarged heart, possible stones in kidney and bladder. No current meds. (rad attached)

Abnormal PE/Chem/CBC/UA Results: BW shows infection. Creat 1.9; ALP 221; Glucose 51; rbc 4.62; Hct 30.3; Hgb 10.9; WBC 25.52; Neuts *17.01; Lymph *5.81; Mono *2.64; PLT *27; MPV 21.1; Chlo 99; Glob 4.6 ; ALP 221; UA: pending

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	5.0	2.5	NM	1.1	35	68	0.3
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LAD LA MAX 4 Chamber	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	147	1.3	0.6	--	2.5	2.6	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 2 different LA measurement methods. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented mild thickening consistent with mild endocardiosis. Doppler revealed mild eccentric MR. The **left ventricle** presented thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology. Mild TR on doppler. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of cardiac / pericardial tumors was visible.

Urinary System



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The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Mild dependent lumen mineral/sand and nondependent particulate urine sediment was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

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Normal size and margination was present in the left kidney. 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 5.1 cm in length.

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The right kidney presented with enlarged size, asymmetrical margination and nonhomogenous intact cortex with moderate to severe hydronephrosis/pyonephrosis with echogenic fluid component occupying the area of the medulla. A solitary irregular shadowing renolith in the area of the pelvis and proximal right ureter was visualized measuring 2.5 cm in diameter. Surrounding perinephric inflammation.

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Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.59 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 0.39 cm width at the caudal pole.

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Spleen

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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.

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Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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The gallbladder was non-distended with minor edematous wall. Nonorganized bile debris was present. The common bile duct was not visualized.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, 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 ileus, obstruction or foreign material.

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The colon was non-distended with nonformed fecal matter in the descending colon.

Pancreas



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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Normal cardiac structure/function.
- Mild compensated MR (B1).
- Mild TR- no evidence of pulmonary hypertension.
- Right kidney obstructive renolithiasis with associated moderate to severe hydronephrosis/pyonephrosis and perinephric inflammation.
- Normal left kidney.
- Mild urine sediment/sand and nondependent sediment.
- Sonographically normal liver.
- Mild nonorganized gallbladder debris (non-mucocele).
- Nonformed fecal matter in descending colon.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending urinalysis and urine culture/sensitivity on sterile urine sample is recommended. Right nephrectomy is warranted. The normal cardiac structure and function indicate the current and future risk of complication is low. No indication for cardiac medications or anesthetic contraindications. Echocardiographic monitoring is indicated if heart murmur is nonreported or arises. Monitoring for progressive hepatopathy/cholestasis +/- hepatosupportive medications or arising gastrointestinal signs is recommended.

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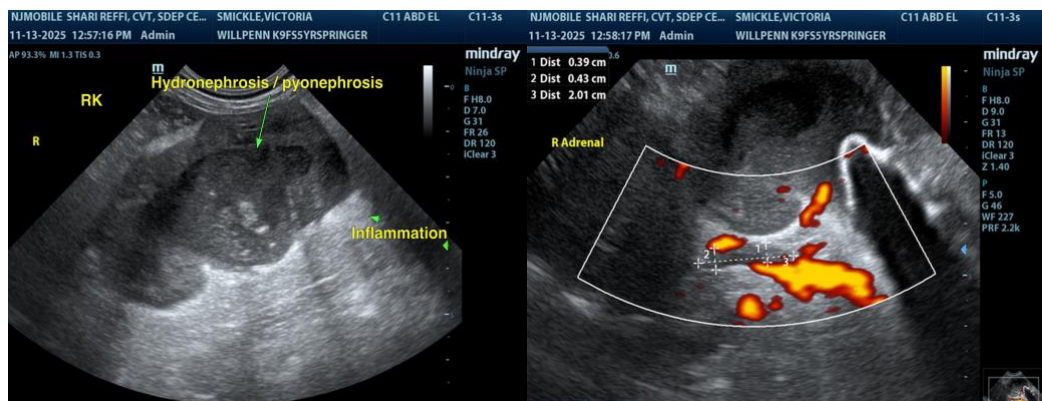
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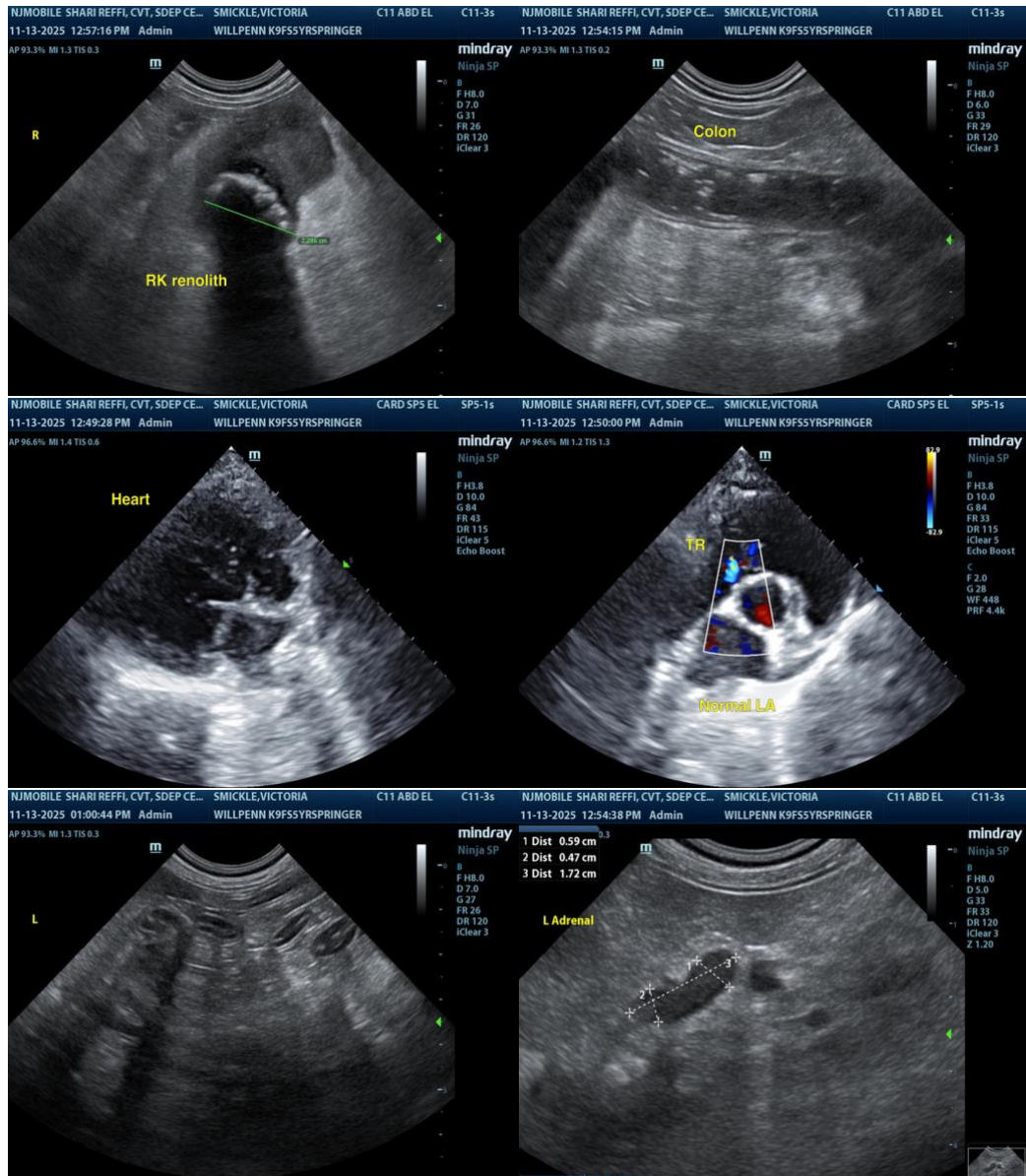
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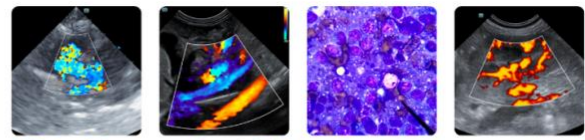
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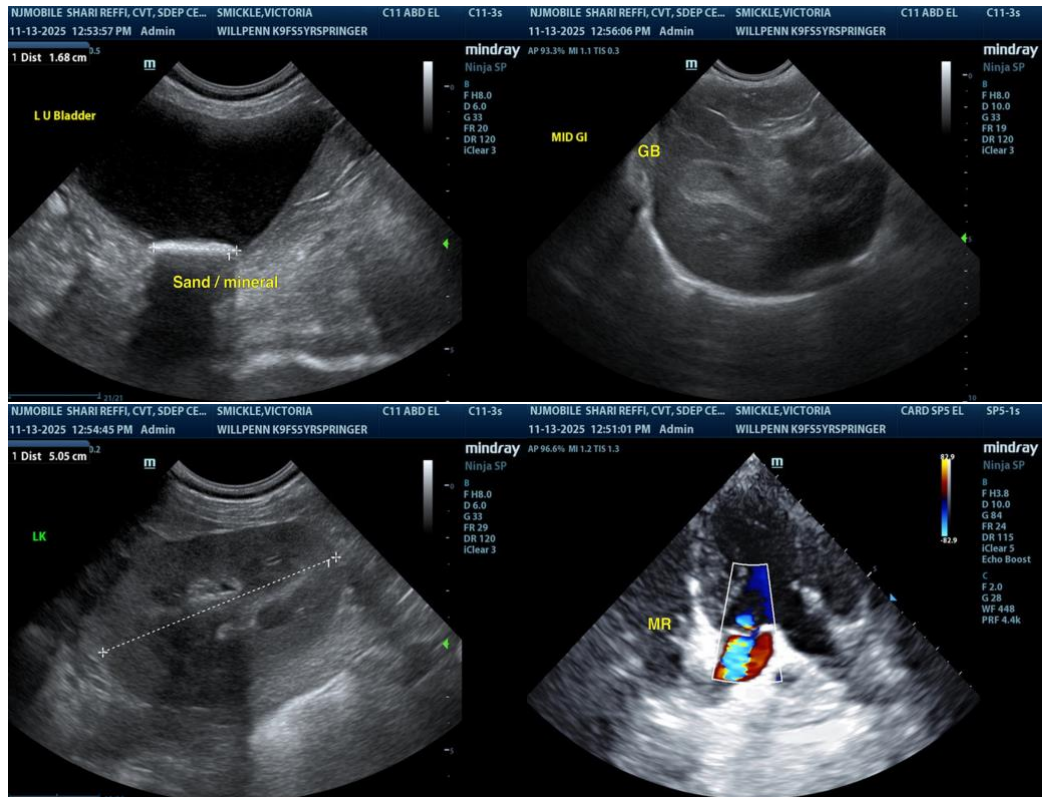
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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