



PATIENT

Colby Berkache

SPECIES

Canine

BREED

Cavalier King
Charles Spaniel

SEX

MN

AGE

8 yrs

WEIGHT

9.8

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Alyssa Carver

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Dr. Alyssa Carver

INVOICE

10360

DATE

11/18/25

PRESENTING CLINICAL SIGNS

p presented for further diagnostics after being diagnosed with bicavitary effusion. P has a heart murmur. O notes increased bowel movements over last few months and on and off soft stool. No V+. Fecal negative at rDVM. Fluid cytology pending on abdominal fluid and pleural fluid. rDVM did AUS yesterday and saw a possible mass in R upper abdomen. P is reactive when perform AUS on that area. No past medical issues.

Abnormal PE/Chem/CBC/UA Results: CPL: normal Fluid cytology abdominal & pleural fluid pending p mildly anemic, mildly elevated Phos, no other abnormalities TS abdominal fluid: 3.5, TS pleural fluid: 3.2

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or 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.

There was no overt pathology in the area of the residual prostate.

No evidence of pathology in the area of the aortic trifurcation.

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 5.2 cm in length. The right kidney measured 5.3 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 0.48 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 0.44 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.



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Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present without evidence of congestion. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Non-dilated cranial abdomen caudal vena cava was noted at the level of the liver and diaphragm, measuring 0.55 cm. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized gallbladder debris. No evidence of wall edema was noted.

Gastrointestinal

The stomach presented mildly thickened intact wall exhibiting intact, indistinct mural detail. The ventral gastric body wall width measured 0.62 cm. The stomach was nondistended containing mild nonshadowing ingesta / chyme.

The small intestine presented intact, mildly thickened wall layering exhibiting propensity for segmentally thickened mucosa and segmental mild hyperechoic mucosal speckling to lesions. The duodenum wall measured 0.48 cm width. The jejunum wall measured 0.50 cm width. Minor duodenal corrugation was noted with generalized empty small intestinal lumen. There is no evidence of mechanical / metabolic ileus to the level of the colon.

Normal visible colon wall layers were present with semi-formed to soft fecal matter.

Pancreas

The pancreas base and right pancreatic limb were prominent in size with mild capsule asymmetry and mild nonhomogeneous hypoechoic parenchyma compartmented to adjacent omentum.

Free Abdomen

Generalized omental hyperechogenicity with mild volume peritoneal effusion were noted. No obvious significant omental lymphadenopathy was visualized.

ULTRASONOGRAPHIC FINDINGS

- Non-congested liver
- Non-edematous gallbladder with mild nonorganized bile debris (non mucocele)
- Mild thickened stomach with nonshadowing ingesta / chyme
- Nonspecific enteropathy pattern exhibiting intact wall and intermittent mucosal speckling / lesions
- Prominent nonhomogeneous hypoechoic pancreas
- Peritoneal effusion / bicavitary effusion



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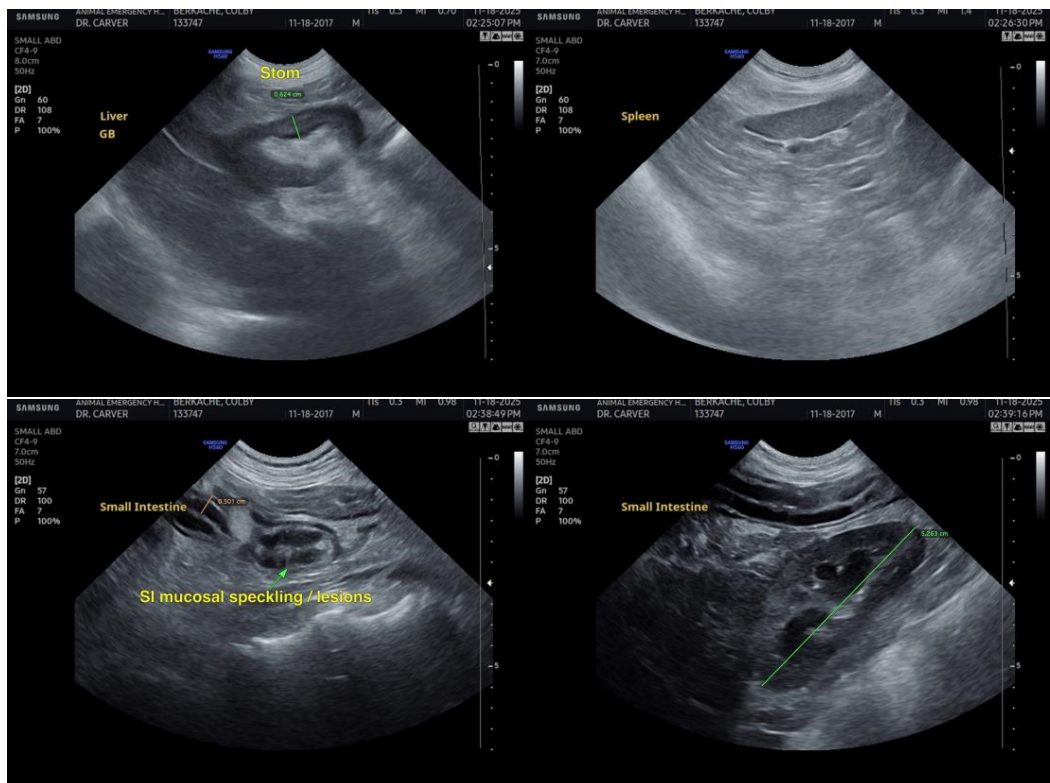
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of hepatic or vena cava congestion, indicating that right-sided heart disease or failure is thought less likely. Further clarification would require a full echocardiogram.

The gastrointestinal presentation is nonspecific and of unclear clinical significance, given that no reported subnormal albumin level was noted as a potential contributing factor. Correlation with a GI panel to include PLI/TLI/Cobalamin/Folate, as well as pending effusion analysis, cytology +/- C/S, if evidence of effusion inflammatory component, is recommended.

No visualized or definitive intrabdominal mass. Nonspecific bicavitary inflammatory, infectious, or neoplastic etiologies in conjunction with nonspecific gastroenteropathy or mild pancreatitis are all potentials. Monitoring of albumin level is suggested.





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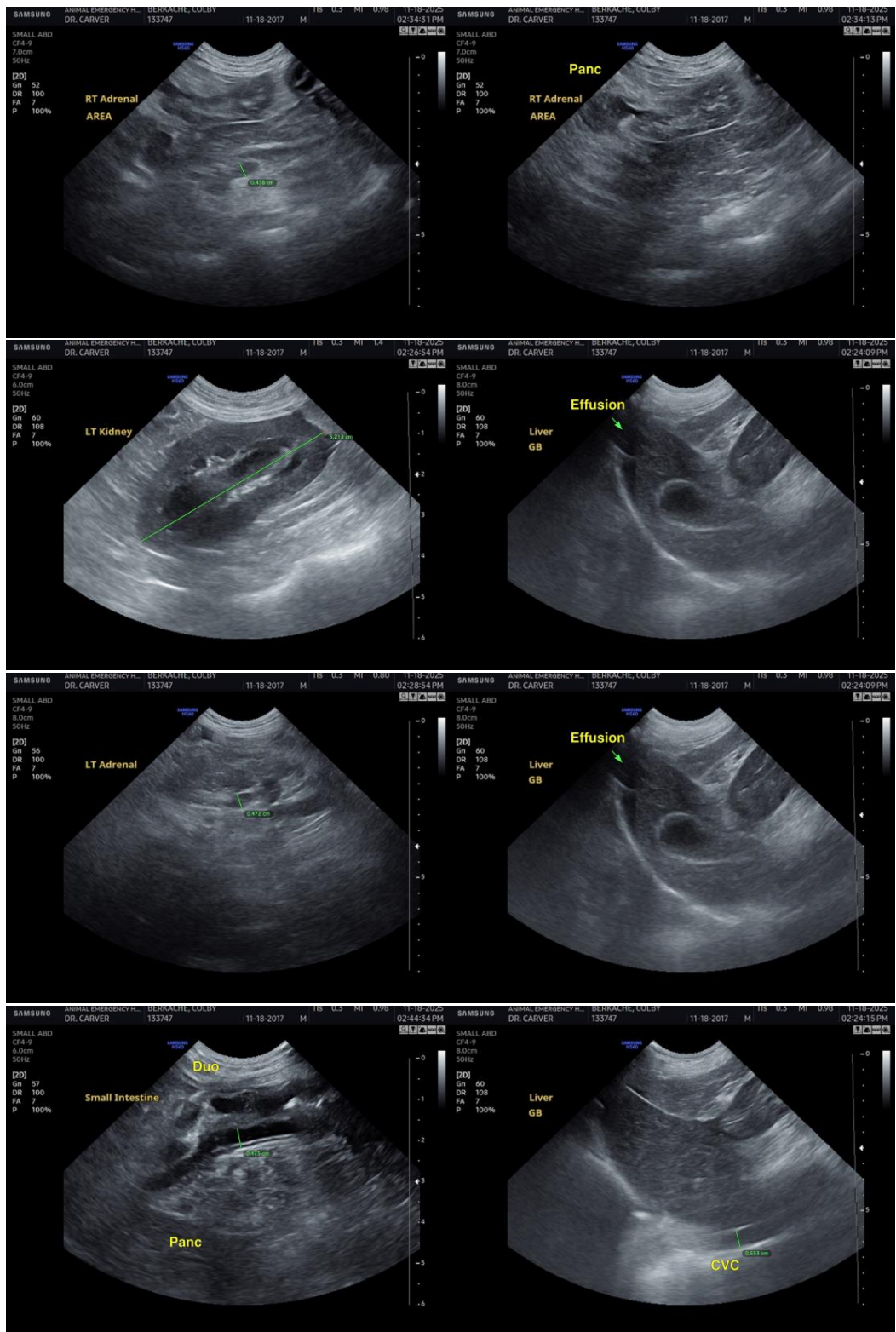
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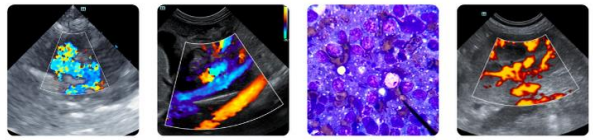
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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