



PATIENT

Favio Weatherholt

SPECIES

Canine

BREED

American Bulldog

SEX

Neutered Male

AGE

8 Years

WEIGHT

104 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Rebecca Neis

HOSPITAL NAME

Animal Health Center-
Arkansas

REFERRING VET

Dr. Rebecca Neis

INVOICE

12331

DATE

11/19/25

PRESENTING CLINICAL SIGNS

PU/PD, depressed appetite, lethargy for the past 10 days. Sinus tachycardia noted on physical exam. Enlarged heart and possible mass in cranial thorax on radiographs.

Abnormal PE/Chem/CBC/UA Results: Sinus tachycardia, USG 1.011, slightly elevated ALP and globulins, slightly low hemoglobin, very mild lymphopenia

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.

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 7.6 cm in length. The right kidney measured 7.7 cm in length.

Adrenal Glands

Both adrenal glands were indistinctly visualized without overt evidence of pathology in the areas of the left and right adrenal glands. The subjective left adrenal gland potentially measured 0.60 cm width at the caudal pole. The right adrenal gland potentially measured 0.63 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

The liver presented subjective mildly 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 obvious evidence of hepatic congestive criteria.

The gallbladder was non-distended in size with primarily anechoic luminal content. No evidence of wall edema. The cystic and common bile ducts were normal.

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.

Normal visible colon wall layers were present with apparent formed feces 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

Scant cranial perihepatic ascites were present without evidence of diffuse abdominal free fluid. No visualized significant omental lymphadenopathy. No evidence of omental masses with normal omental echogenicity.

Heart

Left atrial/left ventricle enlargement with potential volume overload and hypo-contractile LV. Unspecified tachyarrhythmia/tachycardia. Normal RA/RV dimension. Mild to moderate volume pericardial effusion without overtly visualized heart base or right atrium/auricle mass.

ULTRASONOGRAPHIC FINDINGS

- Benign noncongested hepatopathy pattern.
- Normal nonedematous gallbladder.
- Scant perihepatic ascites.
- Sonographically normal spleen.
- Normal visualized gastrointestinal tract.
- Subjective cardiomyopathy exhibiting potential left heart volume overload, LV hypo-contractility and unspecified tachyarrhythmia/tachycardia.
- Mild to moderate volume pericardial effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive cardiac tumor as an obvious cause of the pericardial effusion was not visualized yet cannot be excluded. Nonobvious neoplasia, cardiogenic, hematologic, infectious or inflammatory causes of pericardial effusion are all potentials. Referral for full cardiac work up including pericardiocentesis with effusion analysis cytology +/- culture/sensitivity in search of a more definitive diagnosis is recommended.

Overt evidence of secondary cardiac tamponade and hepatic congestion was not obvious yet given scant volume of perihepatic ascites, may be emerging. No obvious evidence of primary abdominal visceral pathology or neoplasia as a definitive contributing factor to the pericardial effusion or clinical signs.



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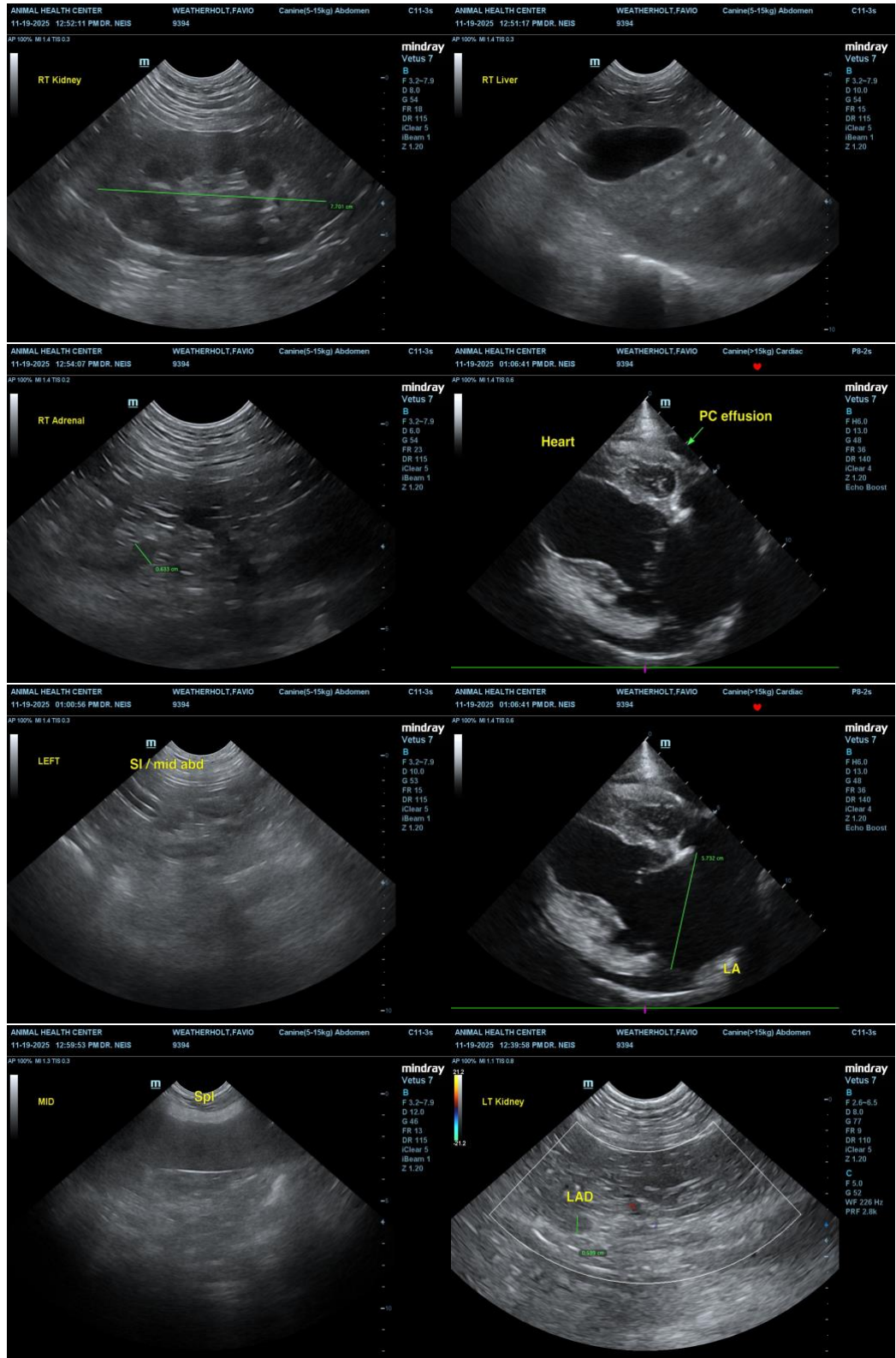
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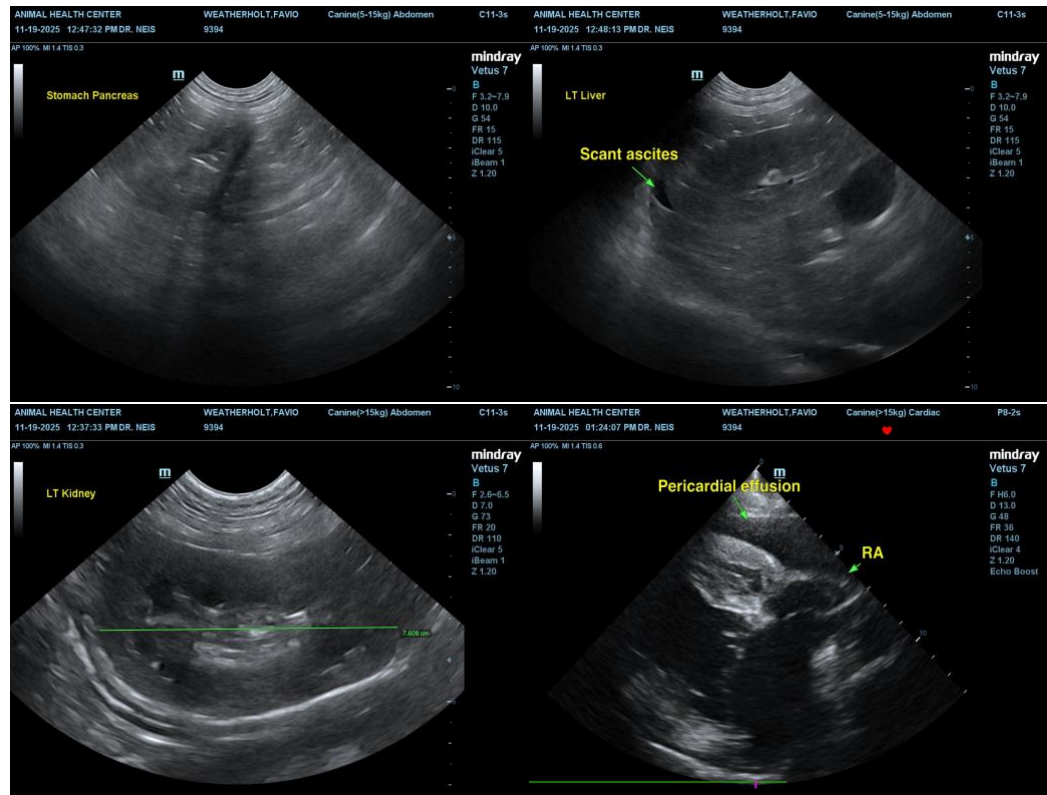
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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