



PATIENT

Charlie Linder

SPECIES

Canine

BREED

Cavalier King Charles

SEX

MN

AGE

7yr

WEIGHT

12.18kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Anthony Krawitz DVM

HOSPITAL NAME

Calusa Veterinary
Center

REFERRING VET

Courtney Glotzer DVM

INVOICE 23044

DATE 11/24/2025

PRESENTING CLINICAL SIGNS

Owner reports that Charlie is a known seizure and cardiac patient. Yesterday owner noticed that Charlie was slightly lethargic and whining, unable to get comfortable but ate well. Around 11pm P began to vomit, vomited a total of 4 times overnight. O states that Charlie did not want to eat this morning, would not take his medications and is very lethargic. Charlie urinated normally today but had a soft, foul BM. Medications: 1. Vetmedin 5mg AM, 2.5mg PM 2. Phenobarbital 32.4mg: 1 tab BID 3. Zonisamide 100mg: 1 tab BID 4. Omeprazole 10mg SID 5. Pregabalin 25mg tabs: 1 tab BID

Abnormal PE/Chem/CBC/UA Results: BW today a showed changes to BW run in June 2025. Alk phos 1882 from 135, ALT 552 from 45, GGT 23 from 0, and Total Bili 0.7 from 0.4 (0-0.9)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/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.

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 5.5 cm in length. The right kidney measured 5.5 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology

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 0.53 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 hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was rounded and symmetrical in margination. Distinct masses or nodules were not evident. Mildly increased prominence of portal vascular borders. No visualized masses or nodules were present. The gallbladder was non-distended in size with moderate mildly congealed non-organized debris. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact mildly thickened wall. The stomach contained anechoic to echogenic fluid and a small amount of variably hyperechoic to progressively shadowing content, appearing to extend into the area of the pyloric outflow. No evidence of obstructive pyloric mural pathology.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy-possible acute on chronic hepatopathy, vacuolar /reactive / metabolic hepatopathy, inflammatory disease or hepatotoxicosis, occult neoplasia, non-obstructive cholestasis, all potentials.
- Non-organized gallbladder debris (non-mucocele)
- Acute non-specific gastroenteritis pattern with retained gastric fluid, and mild suspect partial fluid absorbing content- dietary indiscretion, infectious disease, inflammatory bowel episode, less likely occult gastrointestinal neoplasia with high concern for a small amount of partial fluid absorbing gastric foreign material, i.e., stuffing or similar
- Normal area of pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If available, gastric endoscopy would be ideal for further clarification of the gastric content and potential for upper gastrointestinal biopsies, if clinically indicated. Documented 12-hour fast with concurrent hepatogastrointestinal support with sonographic reassessment of the stomach would be a more conservative approach. Further assessment of the liver may include assuming normal clotting status, hepatic FNA cytology +/- leptospirosis titer / PCR if clinically indicated. No evidence of post-hepatic or mechanical intestinal obstructive pattern. If persistent clinical signs and retained gastric content despite documented fast, laparotomy with gastrotomy and with hepatogastrointestinal biopsies strongly suggested may be indicated.



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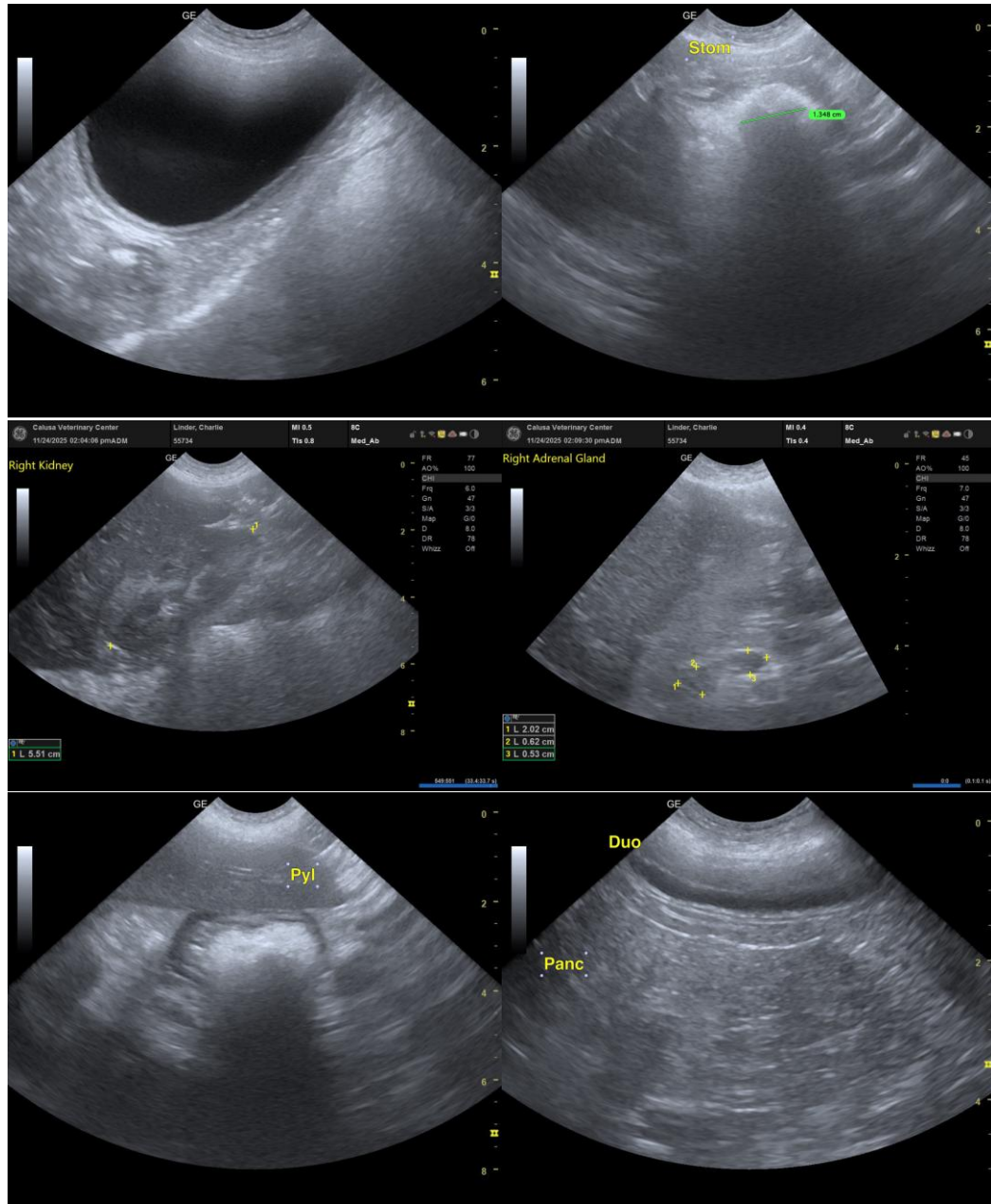
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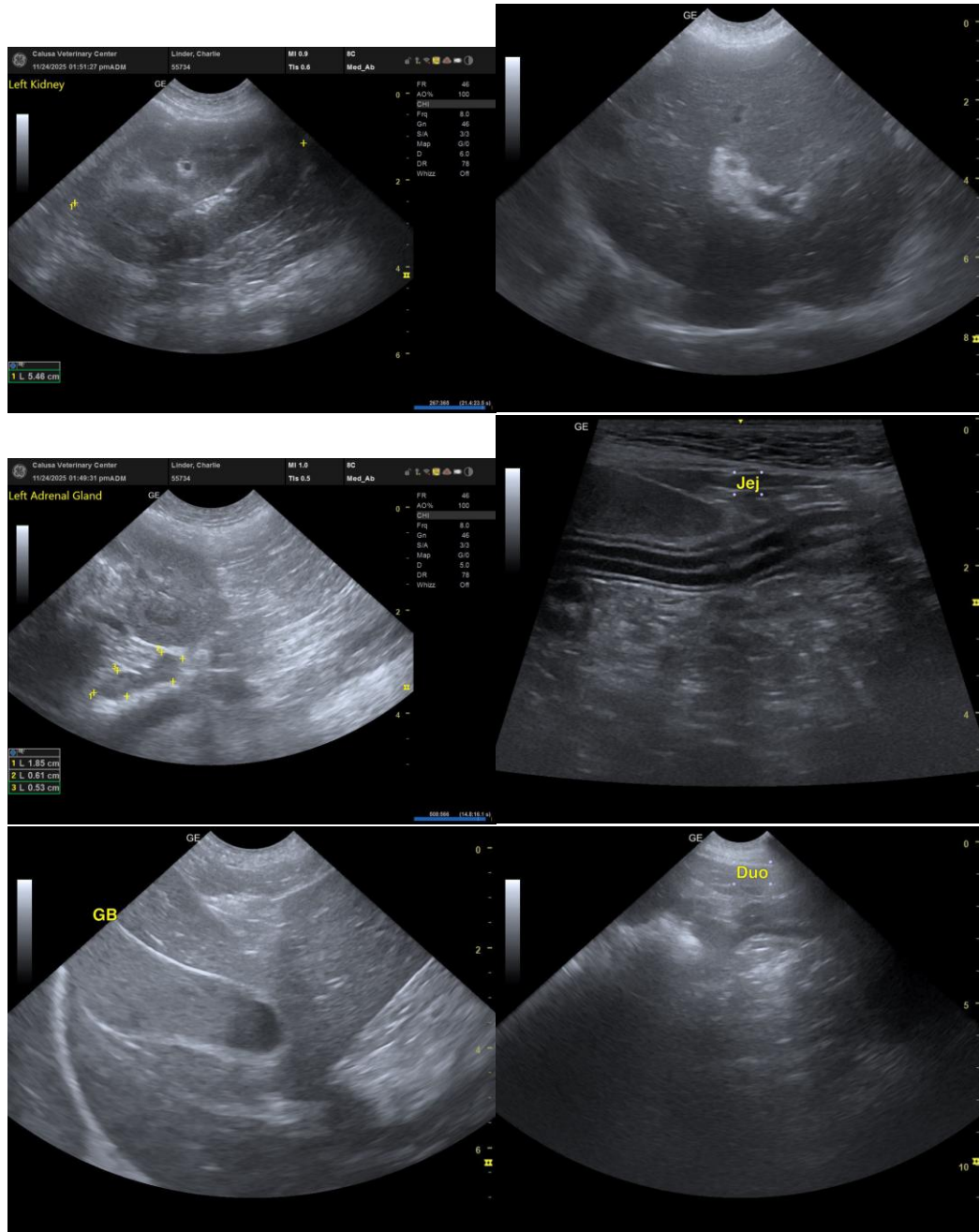
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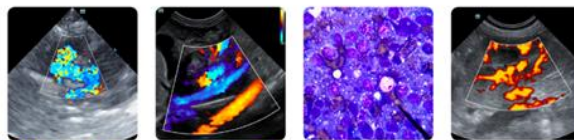
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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