

## PATIENT

Rommie Gigliotti

## SPECIES

Canine

## BREED

Mini Australian Shep

## SEX

FS

## AGE

10yr

## WEIGHT

13.2kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Iacovides

## HOSPITAL NAME

Tuxedo Animal  
Hospital

## REFERRING VET

Dr. Hickling

## INVOICE

23325

## DATE

12/22/2025

## PRESENTING CLINICAL SIGNS

Presented for an acute onset cough that began last Friday (Dec 5/25) and has been increasing in frequency. The cough occurs during the day and at night, often concluding with a terminal hack. Happens more when laying down. Patient is on grain-free diet. Dx after exam and tests is CHF. with cardiomyopathy or chronic deg valve disease as ddx. Started on: Furosemide 20mg - 1.5 BID Monitor SRR and transition to grain inclusive diet Vetmedin 2.5mg - 1 cap in PM Vetmedin 5mg - 1 cap in AM Dog has responded well to cardiac meds. Submitting echo for workup and abdomen b/c of hepatomegaly and low usg/and slt hematuria. Dog did have get diuretic for 1 night prior to UA

Abnormal PE/Chem/CBC/UA Results: On presentation: P-160/min Grade 3/6 murmur. Pulses strong and synchronous thorax rads: Severe cardiomegaly, VHS 14.34 VLAS 3.54, pulm edema and dorsal tracheal elevation Hepatomegaly CBC: Lymph 0.71 x10e9/l (0.8-5.1) HCT 0.59 (0.39-0.58) MCV 76 fL (66-75) CHEM: Urea 10.1 mmol/l (3.5-9.0) Crea 119 umol/l (53-124) Anion gap 27 mmol/l (13-24) UA: usg 1.014 occas rbc on sediment exam (this is a persistent finding) trace protein

## 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral areas of mild medullary mineral were present. The left kidney measured 4.8 cm in length. The right kidney measured 5.0 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

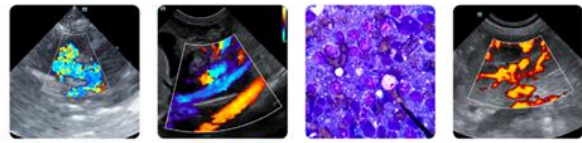
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.57 cm width 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 was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was



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non-distended in size with thin walls and congealed hyperechoic debris in the caudal lumen of the gallbladder neck. The cystic and common bile ducts were normal.

## Gastrointestinal

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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.

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 mechanical/metabolic ileus, obstruction or foreign material.

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

## Pancreas

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The left pancreas was normal in size with mild capsule asymmetry and mild homogenous hypoechoic parenchyma compared to adjacent omentum.

## Free Abdomen

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

## ULTRASONOGRAPHIC FINDINGS

### Primary

## WEIGHT

13.2kg

- Sonographically unremarkable normal volume liver
- Mild non-organized gallbladder debris
- Mild age related renal changes with minor medullary mineral
- Sonographically normal urinary bladder
- Non-enlarged mildly hypoechoic left pancreas

## INTERPRETED BY

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of abdominal visceral pathology including no evidence of urinary bladder pathology or hepatic congestion. Hepatosupportive medications are suggested if there is evidence of cholestasis. Renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. A spec cPL is suggested if clinical sings consistent with mild pancreatitis are present.

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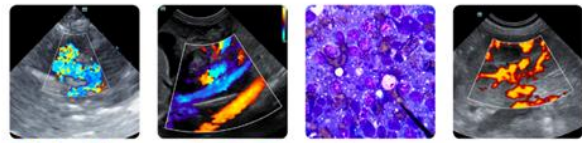
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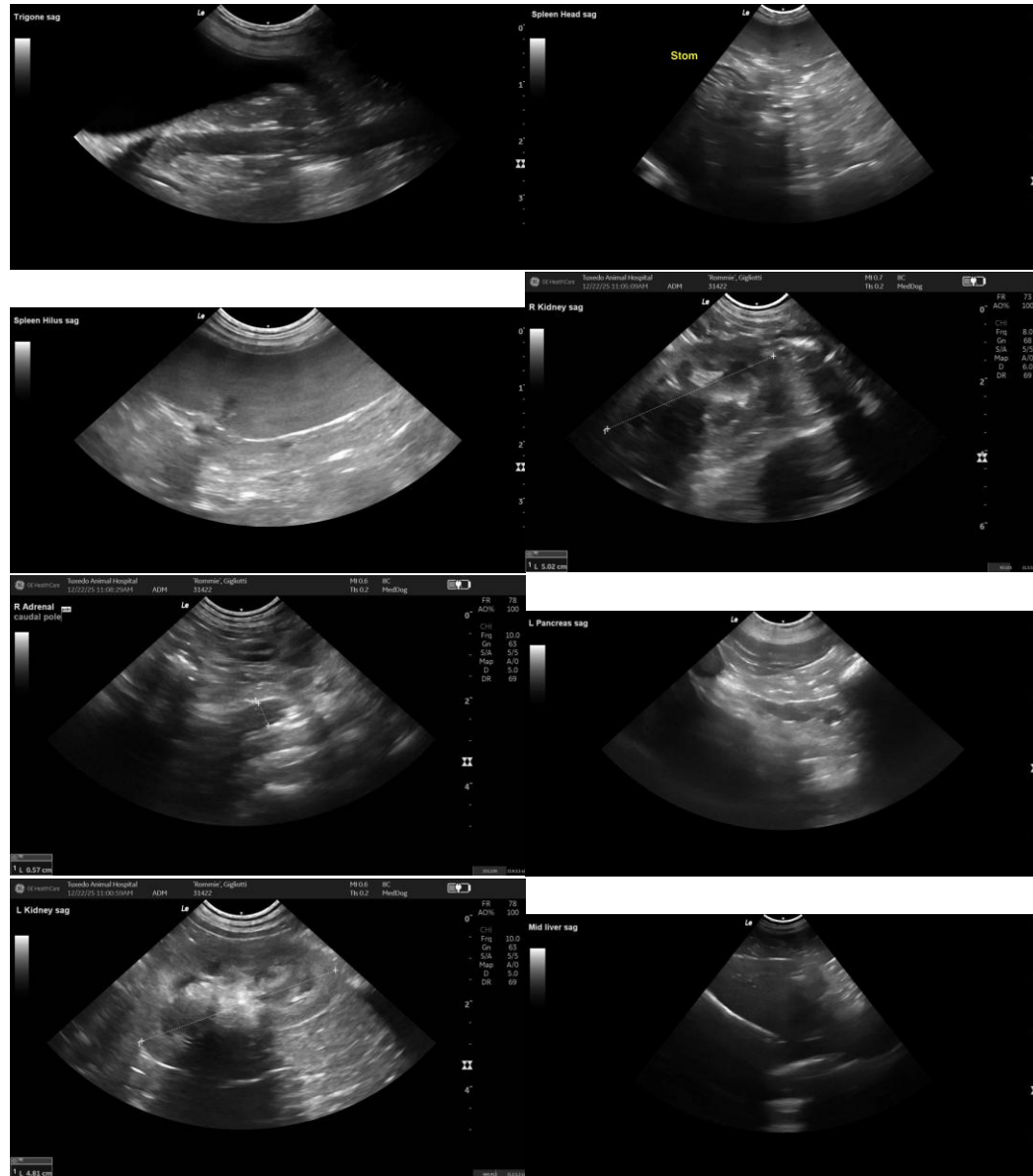
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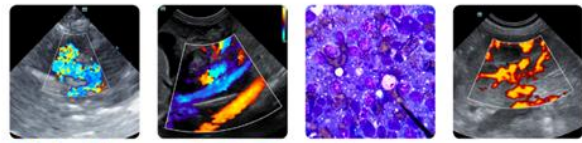
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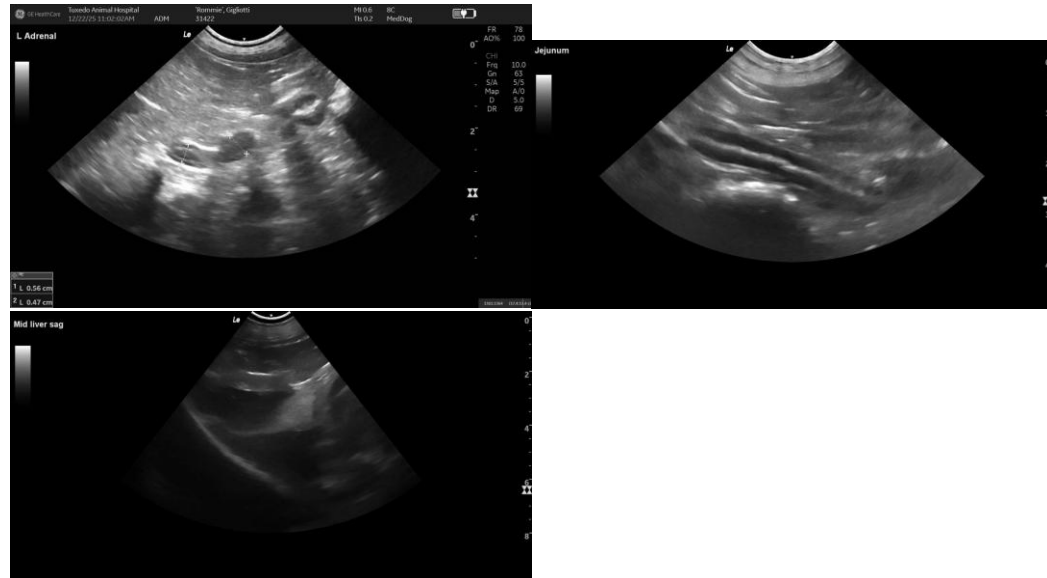
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)