

PATIENT

Annabelle Iacobellis

SPECIES

Canine

BREED

Cavalier King Charles
 Spaniel

SEX

FS

AGE

2014

WEIGHT

23.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

North Saucon Animal
 Hospital

REFERRING VET

Betz

INVOICE
 24012

DATE
 02/27/2026

PRESENTING CLINICAL SIGNS

- 5/6 pounding progressive murmur
- GI symptoms, inappetance
- soft stool
- Medication: Amoxi, metronidazole, melatonin, hydrochlorazide

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor non-dependent particulate sediment. 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 4.7 cm in length. The right kidney measured 5.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was not definitively visualized owing to overlaying colon gas. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 cm width at the caudal pole.

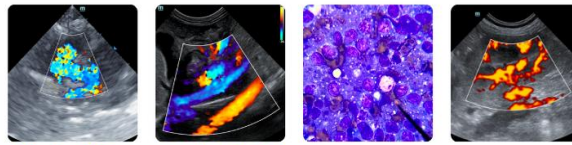
Spleen

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 hilum 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 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. Solitary to intermittent discreet hypoechoic intraparenchymal nodule to nodules present, an example measured 1.0 cm in diameter. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild non-organized debris. 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. Segmental discrete hyperechoic intestinal mucosal speckling was present. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

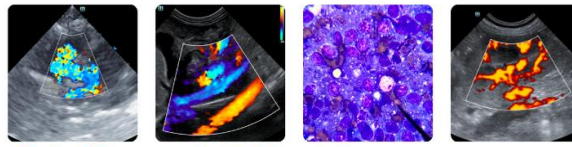
- Hepatomegaly with discrete intraparenchymal nodule-vacuolar hepatopathy, discrete nodular hyperplasia or hematopoiesis, inflammation, emerging to occult hepatic neoplasia
- Non-organized gallbladder debris (non-mucocele)
- Heterogeneous pancreas- chronic pancreatitis, remodeling owing to previous inflammation or age-related variant
- Age-related renal changes with mild medullary mineral
- Structurally normal gastrointestinal tract exhibiting discrete intestinal mucosal speckling and semi formed fecal matter in colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In conjunction with potential chronic pancreatitis, non-specific enteritis with potential for inflammatory bowel is suspected. No overt gastroenterocolic neoplastic criteria. A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia and resting cortisol is warranted.

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviale or Visbiome), cobalamin supplementation pending assessment of cobalamin level +/- antibiotic trial with consideration for adverse effects on normal GI flora with long term antibiotic use and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

Hepatosupportive medications and sonographic monitoring of the liver nodule for evidence of progression vs hepatic FNA cytology assuming normal clotting status could be considered.



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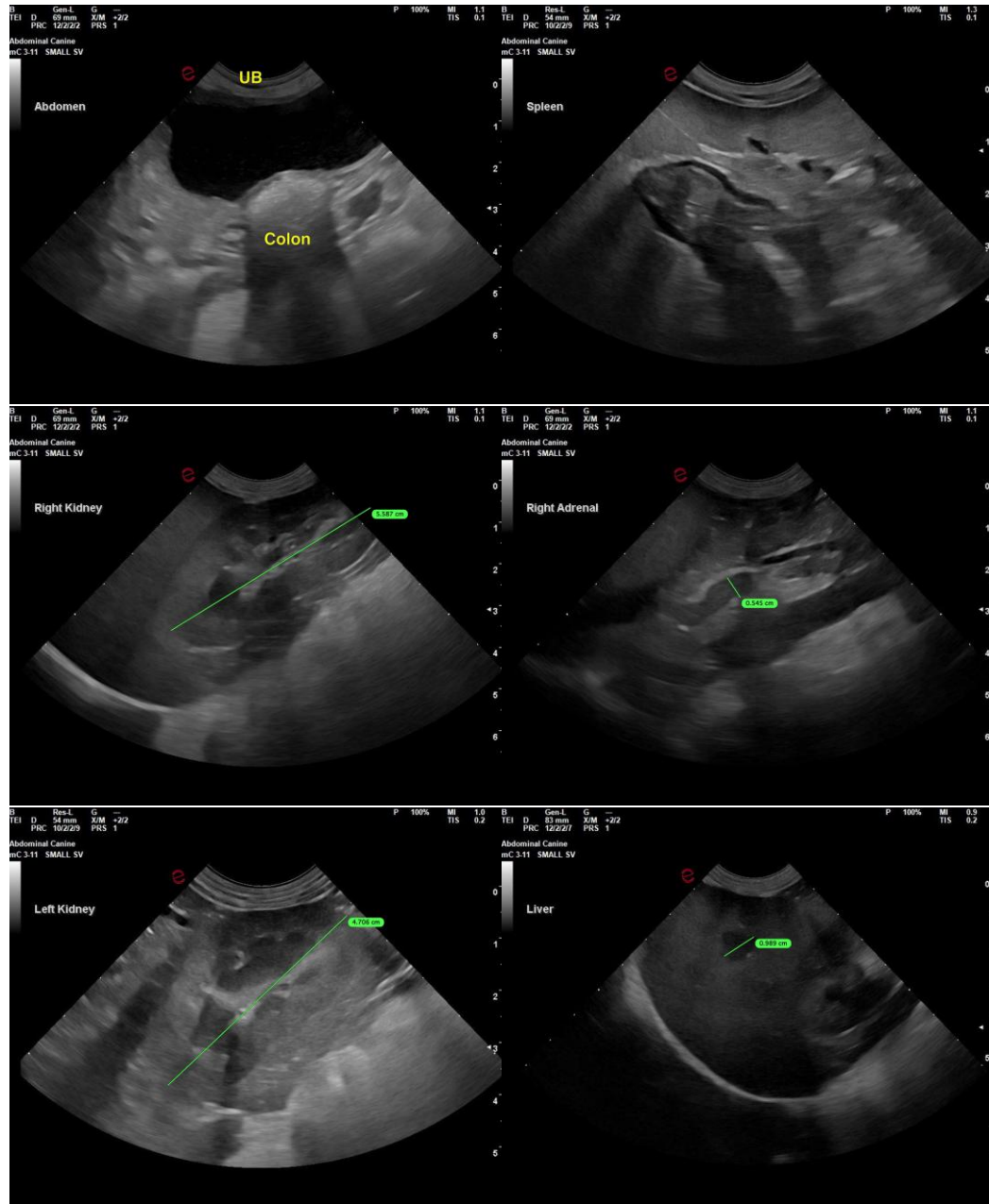
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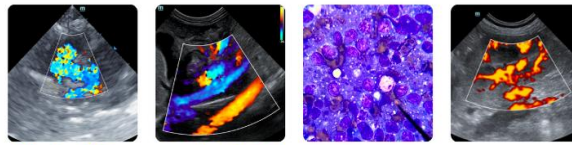
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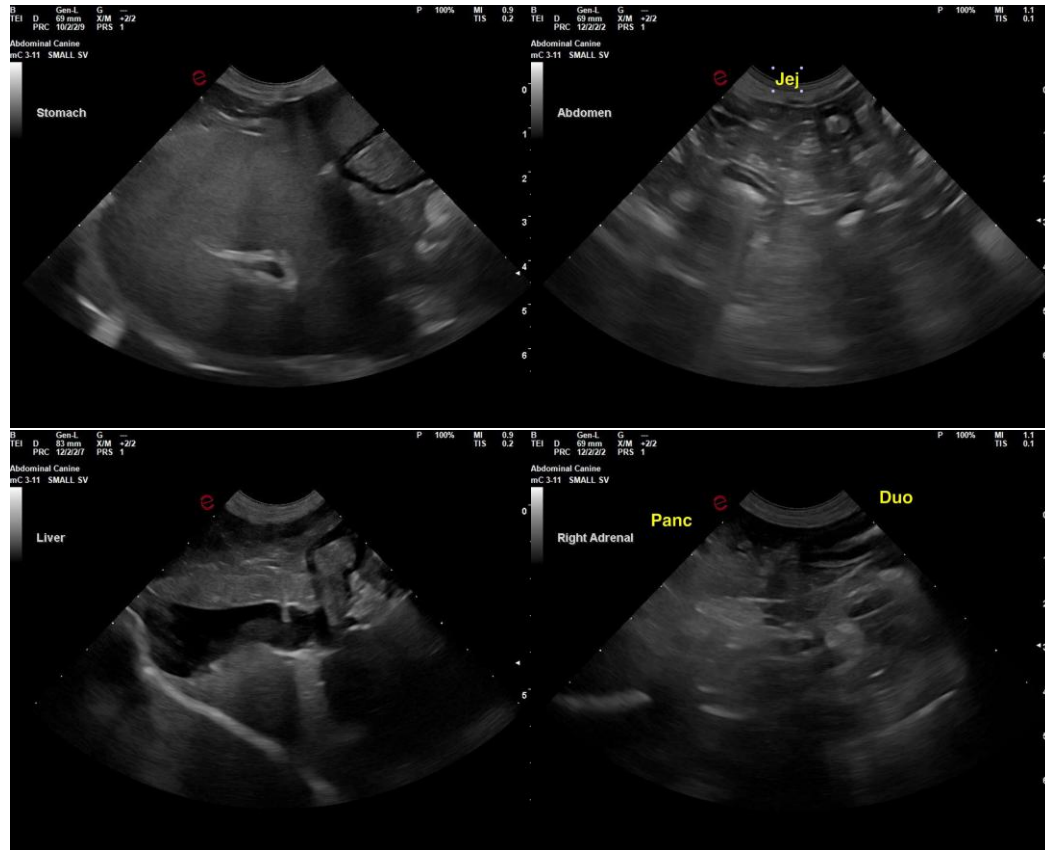
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@sonopath.com

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