



## PATIENT

Charlie Kendall

## SPECIES

Canine

## BREED

Border Collie Mix

## SEX

MN

## AGE

9

## WEIGHT

28.7kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Sarah Barthelemy

## HOSPITAL NAME

Bowmont Animal  
Hospital

## REFERRING VET

Dr Blessing

## INVOICE

24579

## DATE

04/23/2026

## PRESENTING CLINICAL SIGNS

In November had collapsing episode - recovered.

For past week has been very picky with food, lethargy, not wanting to exercise.

Abnormal PE/Chem/CBC/UA Results: Heart sounds muffled Slightly pale MM

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND LIMITED HEART

### 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 6.3 cm in length. The right kidney measured 6.6 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 0.72 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 0.75 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 with symmetrical yet swollen contour. The parenchyma exhibited conserved uniform parenchyma with normal echogenicity isoechoic to the spleen and falciform fat. The hepatic vasculature was dilated in appearance, most notable at the level of the hepatic vein / caudal vena cava junction, without evidence of thrombosis. The gallbladder was non-distended in size with thin walls and mild non-organized debris. No evidence of gallbladder/peripheral gallbladder inflammation or wall edema was present. 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.

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/Cardiac**

No visualized overt lymphadenopathy was present.

Generalized normal omental echogenicity was present.

Moderate to significant volume ascites.

Brief cardiac assessment revealed severe pericardial effusion with secondary cardiac tamponade. Definitive heart base or right atrium / auricle mass was not obvious in the visible window.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary**

- Severe pericardial effusion with secondary cardiac tamponade
- Congested hepatomegaly
- Non-edematous gallbladder with mild non-organized bile sediment (non-mucocele)
- Sonographically normal spleen
- Ascites

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The cause of the congested liver and ascites is severe volume pericardial effusion and secondary cardiac tamponade. A definitive cause of the pericardial effusion was not obvious. Hematologic, infectious or inflammatory cause is possible although non-obvious or emerging cardiac neoplasia may be difficult to visualize sonographically and is not excluded. No obvious evidence of abdominal specifically splenic neoplasia as a contributing factor. Referral for immediate pericardiocentesis with pericardial effusion analysis and cytospin cytology in search of more definitive diagnosis is recommended. Advanced cardiac imaging could be considered such as advanced echo or CT.



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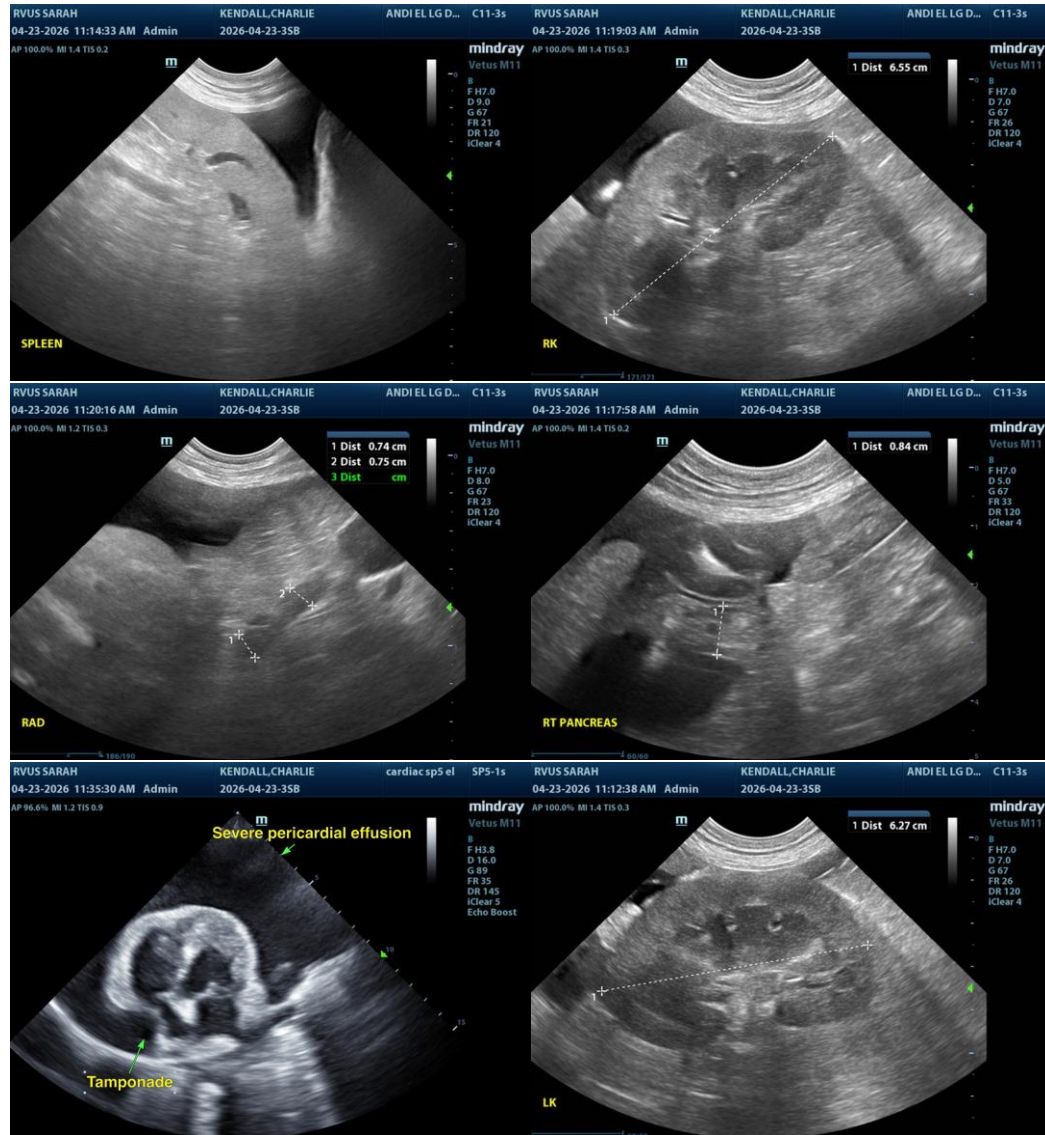
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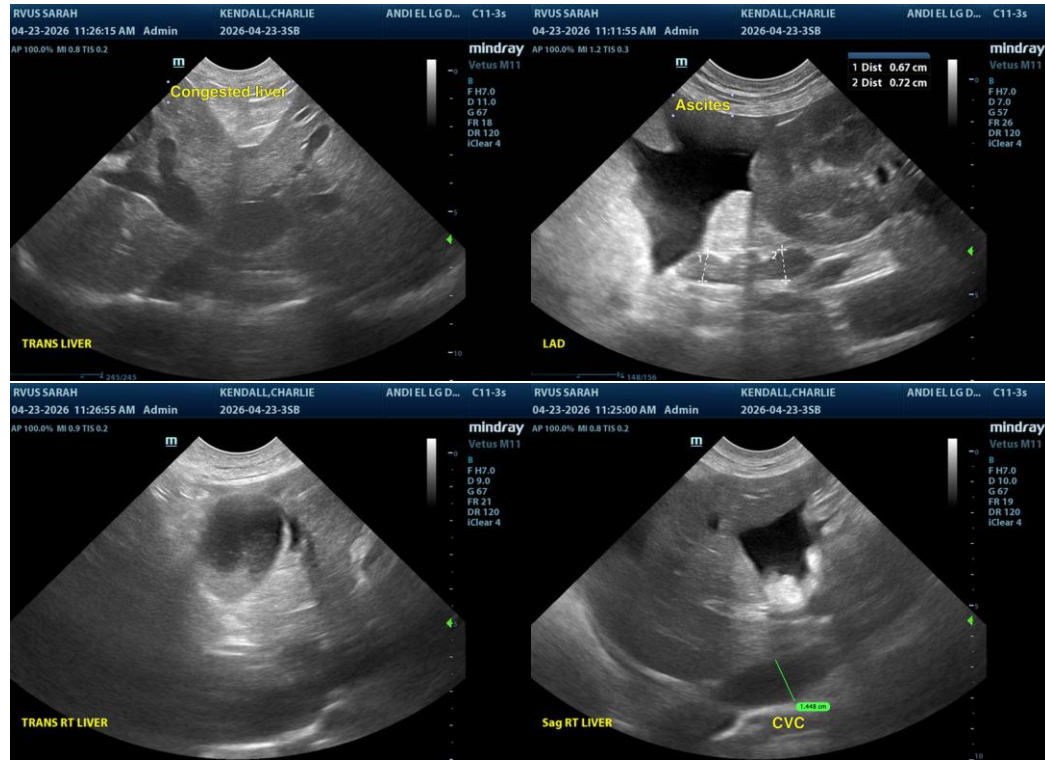
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)