



PATIENT

Benji Tyckowski

SPECIES

Canine

BREED

King Charles Cavalier

SEX

Neutered male

AGE

11 years

WEIGHT

30 lbs

INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med),
PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Dr. Sheldon

HOSPITAL NAME

Advanced PetCare of
Oakland

REFERRING VET

Dr. Sheldon

INVOICE

71783

DATE

2/23/26

PRESENTING CLINICAL SIGNS

- Seen 2/20/26: 1 month duration of worsening cough. Known mitral valve disease, currently taking Vetmedin 5mg 1 tab AM & 1/2 tab PM. Possible stumbling/passing out episode within the last week.
- Radiographs (2/20/26) CONCLUSIONS:
- 1. Generalized cardiomegaly is likely due to valvular endocardiosis (i.e. chronic degenerative valve disease) given the patient's signalment. Concurrent pericardial effusion (such as due to left atrial tear) and for pulmonary hypertension cannot be excluded and should also be considered.
- 2. The right-sided pulmonary changes may potentially represent a component of left-sided congestive heart failure
- 3. There is nonspecific peritoneal effusion. Given the peritoneal mottling, concurrent peritonitis (and/or carcinomatosis) should be considered. Although a component of right-sided congestive heart failure may be considered
- 4. Hepatomegaly is nonspecific
- 5. Multifocal chronic degenerative intervertebral disc disease and spondylosis deformans.
- Started lasix and enalapril in addition to vetmedin.
- 2/23/26: Doing better on lasix, enalapril and vetmedin. Coughing and energy level are much improved. Here for abdominal ultrasound and recheck bloodwork(non regenerative anemia 36 %, Mildly elevated (ALT 140 and ALP 790)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 5.8 cm, right measured 5.7 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

The prostate is small and hypoechogenic.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.41 cm in width. The right adrenal gland measured 0.43 cm in width.



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Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.7 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is small containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

A small amount of acellular ascites present.

ULTRASONOGRAPHIC FINDINGS

- Ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the ascites would be secondary to the cardiac disease.



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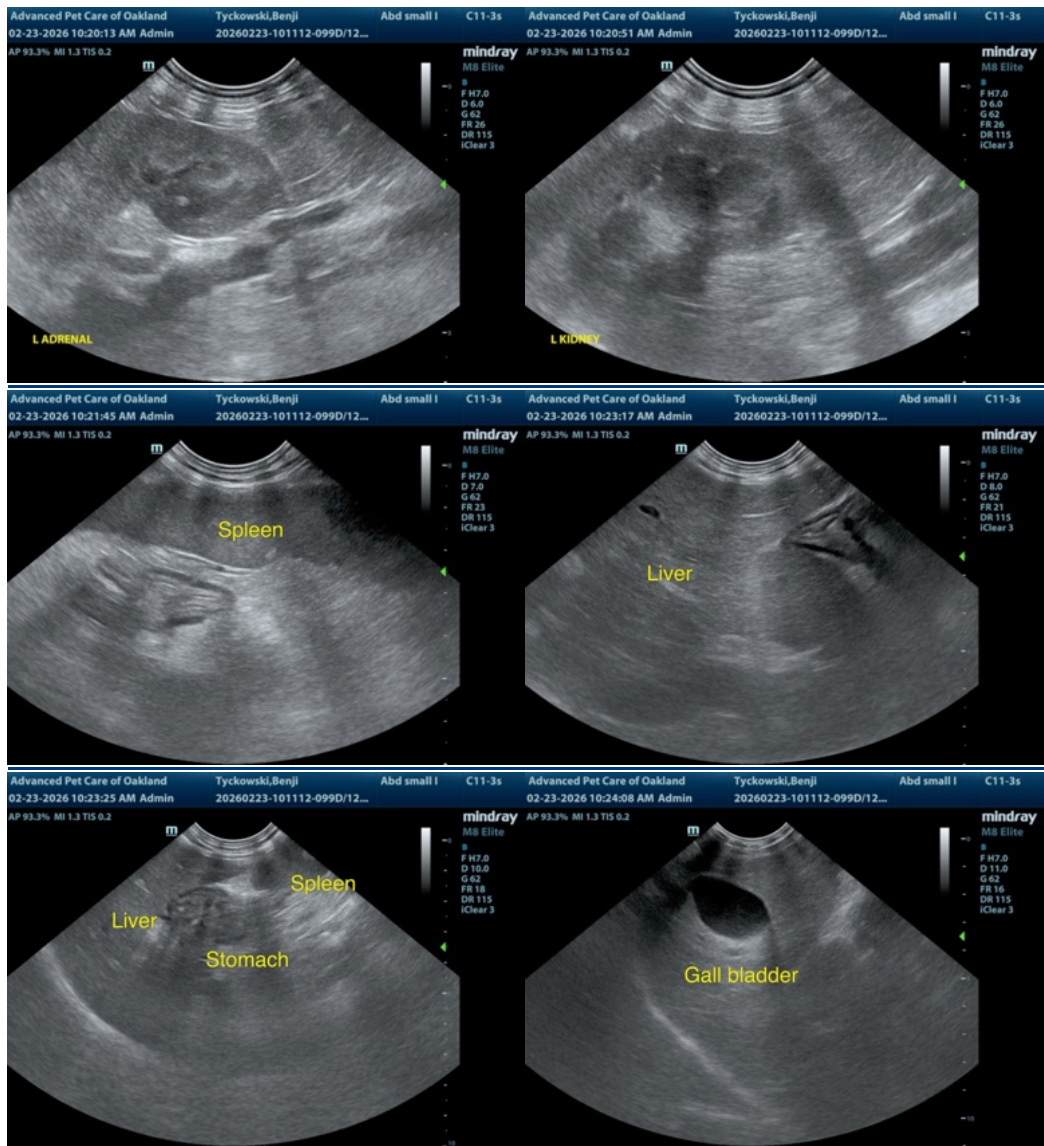
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Although the liver appears ultrasonographically normal, with the elevated liver enzyme activity an underlying hepatopathy such as reactive hyperplasia, vacuolar, metabolic and hypoxic injury secondary to the cardiac disease should still be considered.

Further assessment would be FNA cytology of the liver. However, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

Further specific therapy would be dependent on an etiological diagnosis. Symptomatic management that could be considered for the elevated liver enzyme activity would be the use of Ursodiol with regular monitoring of liver enzyme activity.





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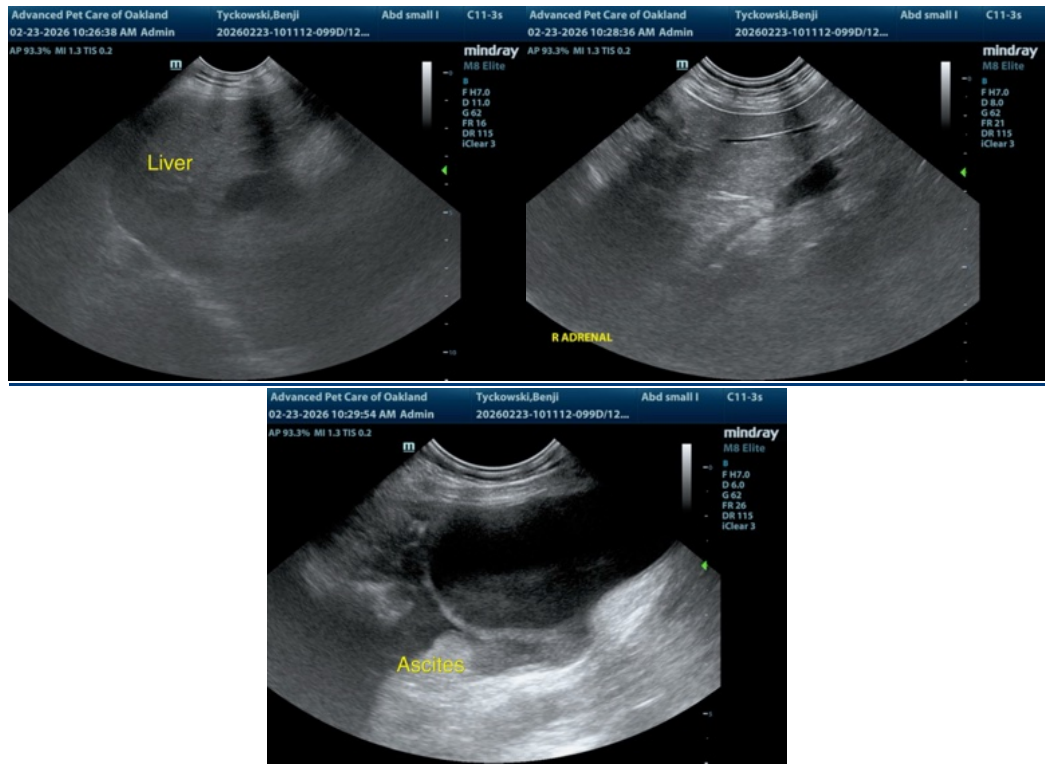
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com