



PATIENT

Rusty Cohen

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered male

AGE

12 years

WEIGHT

25 lbs

PRESENTING CLINICAL SIGNS

History: vomiting bile- follow up u/s on mucocele
Abnormal PE/Chem/CBC/UA Results: mucocele documented in april. on ursodiol, low fat diet, recently added amoxi with onset of vomiting this weekend.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder lumen volume is small and walls are diffusely thickened. This is likely pseudohypertrophy secondary to lack of luminal distension, however, true mural thickening cannot be definitively ruled out. Reexamination when urinary bladder lumen volume is increased with time and/or fluid therapy should be considered if clinical suspicion for urinary bladder disease is high.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio (cortex 1/3 of medulla). Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The right kidney measured *** cm. The left kidney measured *** cm.

The left kidney has a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. There were pinpoint areas of cortical mineralization or focal areas of mineralization. The left kidney measures 4.6 cm.

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Roche

HOSPITAL NAME

Fredon AH

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Adrenal Glands

The left adrenal gland shape is overtly normal. The left adrenal parenchyma contains poorly defined hyperechoic nodules. This is most consistent with an aging change. The left adrenal measured 2.3 cm in length and 0.54 cm at the cranial pole and 0.56 cm at the caudal pole.

The right adrenal gland is partially obscured by overlying gas in the colon. However, the cranial pole is definitively visualized and appears normal. The right adrenal gland measures 0.67 cm.

Spleen

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is well visualized and is subjectively normal in size with normal contours and structure. The echogenicity is slightly mottled with no specific masses or nodules seen. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. Previously reported gallbladder mucocele is not visualized despite very good visualization of the entirety of the liver, the gallbladder is not definitively identified. Suspected biliary ducts are present. It is possible that



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the gallbladder is empty and contains no luminal volume; therefore, it may be difficult to definitively distinguish if this patient has not had a cholecystectomy. A cholecystectomy was not reported.

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The stomach contains hyperechoic, curvilinear shadowing objects that are most consistent with kibble. The pylorus is empty. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed. The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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Pancreas

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The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

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Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

Unremarkable abdomen. No evidence of gallbladder mucocele.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Definitive cause of vomiting is not identified in this study. However, no signs of a gastrointestinal cause, no signs of pancreatitis, no significant liver pathology or other organ pathology. If not already done, you can consider a Chem, CBC for further evaluation of systemic organ function. Otherwise, continued supportive care for vomiting with Cerenia as needed is reasonable. Some dogs with intermittent bilious vomiting respond well to adding a small meal at the end of the day just before bed especially if vomiting is happening overnight or in the morning.

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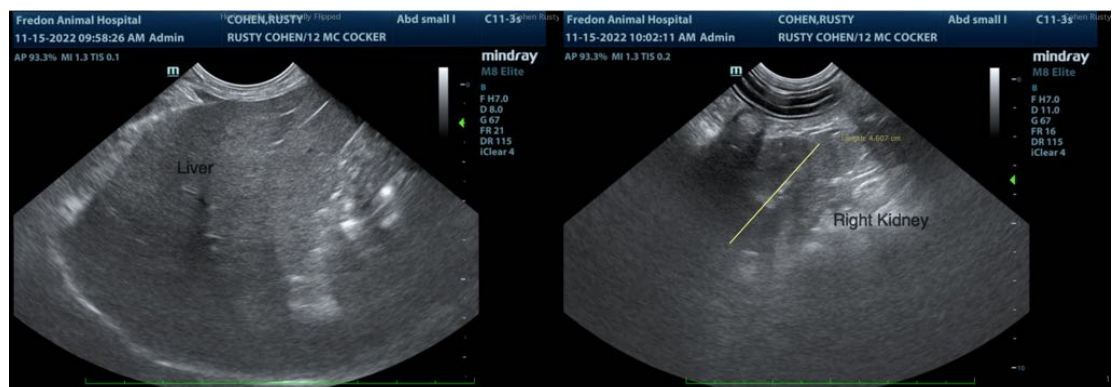
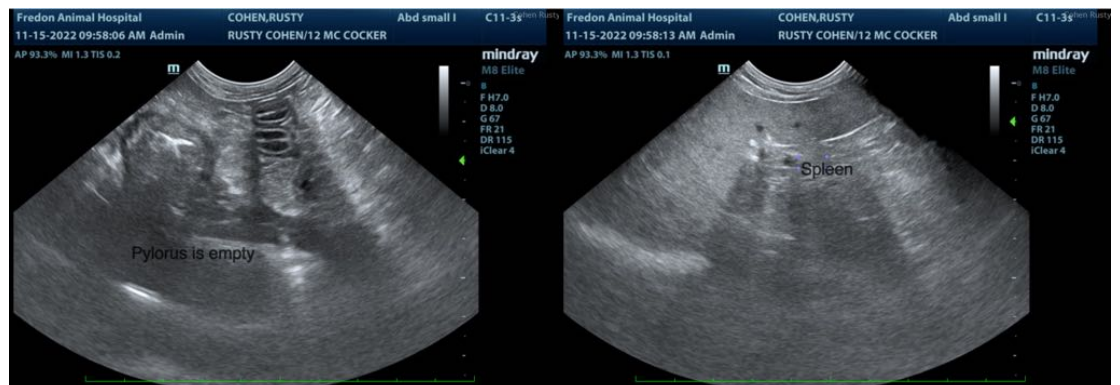
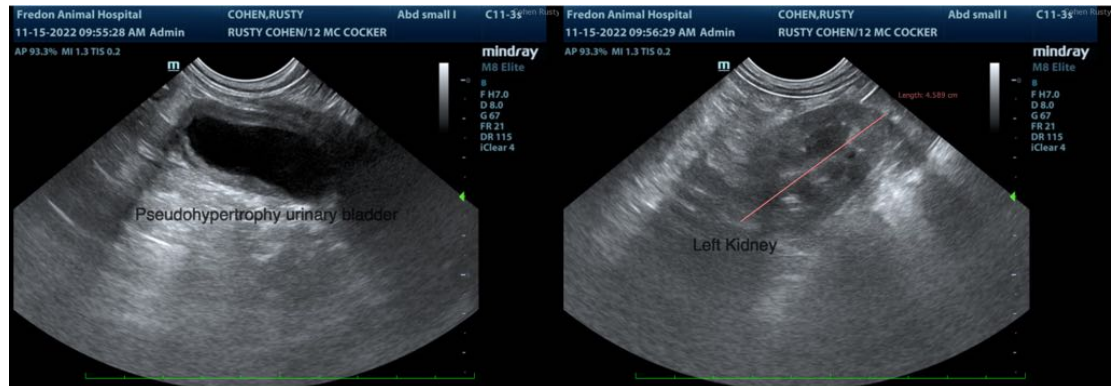
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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