



**PATIENT**

Jaz Borneman

**PRESENTING CLINICAL SIGNS**

10 day history of intermittent vomiting and anorexia. Three-view chest rads within normal limits. CBC / Chem within normal limits.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

German Shepherd

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

**SEX**

Spayed Female

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 6.37 cm. The left kidney measured 7.35 cm.

**AGE**

12 Years

**Adrenal Glands**

**WEIGHT**

60 Pounds

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.78 cm at the caudal pole and 0.68 cm at the cranial pole. The right adrenal gland measured 0.68 cm at the caudal pole and 0.67 cm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

**IMAGING PERFORMED BY**

Dr. Tam Mengine

**Liver**

**HOSPITAL NAME**

Stoney Creek VH

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder was overdistended with mucocele formation with striating bile. Minor regional inflammation noted around the gallbladder. The gallbladder measured 8.0 cm x 5.0 cm in long axis.

**REFERRING VET**

Dr. Tam Mengine

**Gastrointestinal**

Minor excessive **gastrointestinal** gas was present. A large amount of GI artifact was noted.

**INVOICE**

26528

**Pancreas**

The **pancreas** revealed mild heterogeneous parenchymal changes in the right limb. Some level of low-grade pancreatitis is possible, but is not the primary issue.

**DATE**

10/21/21



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**HOSPITAL NAME**

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**REFERRING VET**

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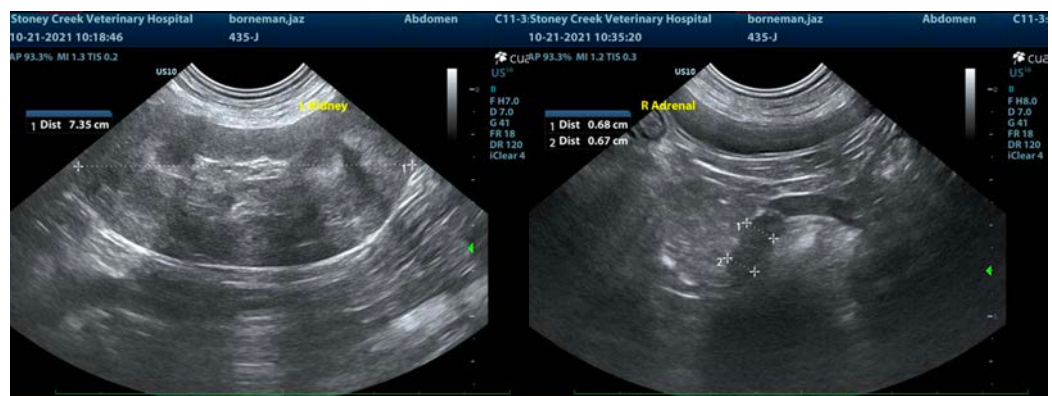
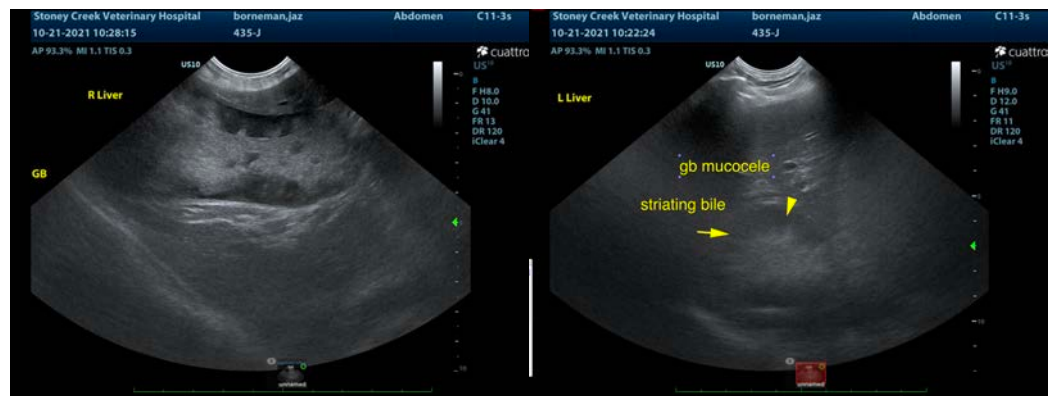
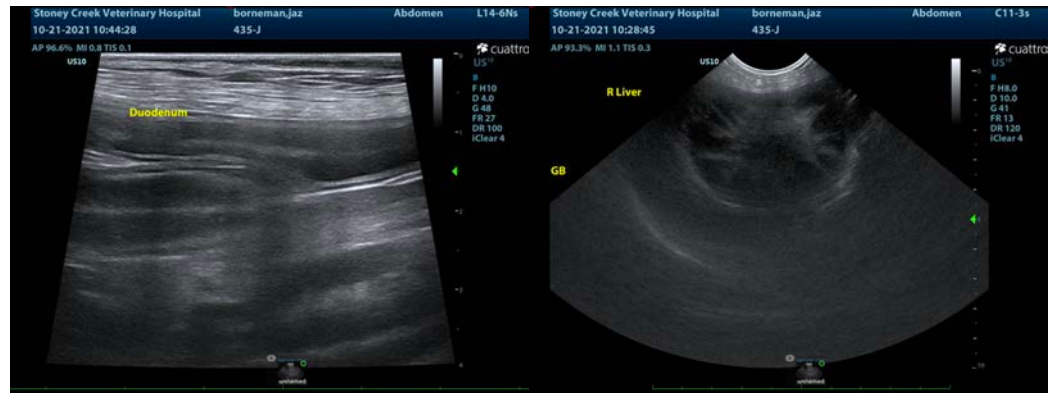
10/21/21

**ULTRASONOGRAPHIC FINDINGS**

- Gallbladder mucocoele
- Minor excessive GI gas
- Possible low-grade pancreatitis

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Cholecystectomy recommended. Gallbladder motility study would be ideal in this patient. However, the only pathology within the abdomen that I can see being a clinical issue is the gallbladder mucocoele. On occasion, according to our studies and publications, gallbladder mucocoeles can exist and be clinical despite not evident liver enzyme elevations.





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The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
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