



**PATIENT**

Reese Dunavin

**SPECIES**

Canine

**BREED**

Cocker Spaniel

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

30 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Moon

**HOSPITAL NAME**

Shiloh VH

**REFERRING VET**

Dr. Owings

**INVOICE**

76363

**DATE**

8/1/23

**PRESENTING CLINICAL SIGNS**

History: BCS 6/9 2 days of straining to defecate, decreased appetite, and vomiting. Per o, p had not eaten prior to ultrasound today P hospitalized prior to ultrasound, given Cerenia which made p more comfortable. After ultrasound, p ate readily

Abnormal PE/Chem/CBC/UA Results: ALP 301 (23-212) Hematocrit 33.9% (37-61%) WBC 29K (5-16.7) Neutrophils 20K (2.9- 11.64) Monocytes 4.12 (0.16- 1.12)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 was noted. Ureteral papillae were normal.

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 left kidney measured 5.53 cm. The right kidney measured 5.6 cm.

**Adrenal Glands**

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 0.75 cm.

**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 was noted.

**Liver**

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 over distended with suspended debris and measured 7.5 x 3.5 cm. Striating bile, consistent with mucocele formation was noted. Reactive mesentery was noted around the gallbladder.



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## Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. Fluid filled colon was noted.

## Pancreas

The **pancreas** revealed minor, heterogenous parenchymal changes.

## Free Abdomen

Free fluid was noted in the abdomen.

## ULTRASONOGRAPHIC FINDINGS

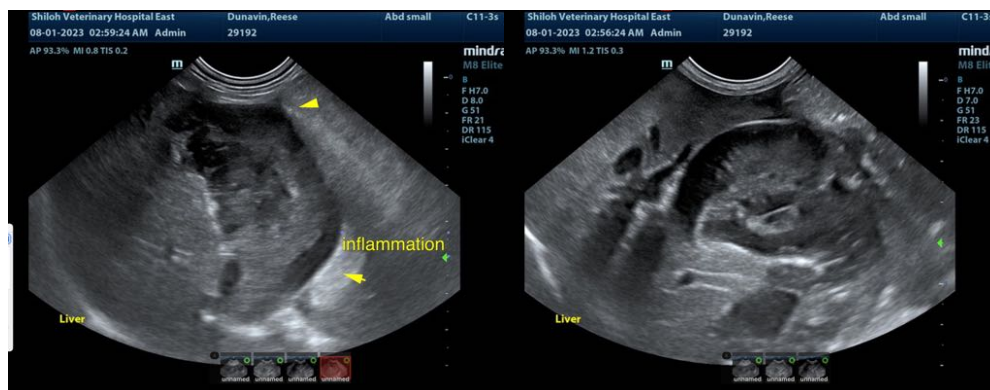
Strong concern for gallbladder mucocele and bile peritonitis.

Minor heterogenous pancreatic changes.

Concurrent gastrointestinal upset.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Immediate exploratory surgery is recommended with cholecystectomy and assessment for bile peritonitis. Subjectively benign hepatopathy otherwise. This is a surgical emergency.





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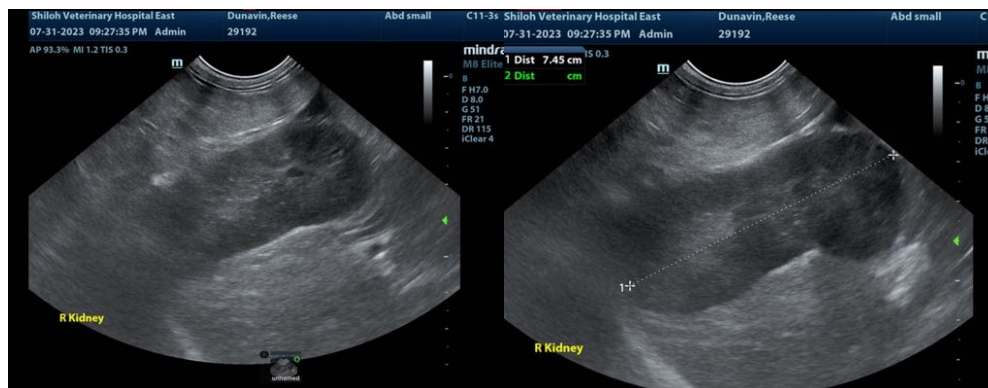
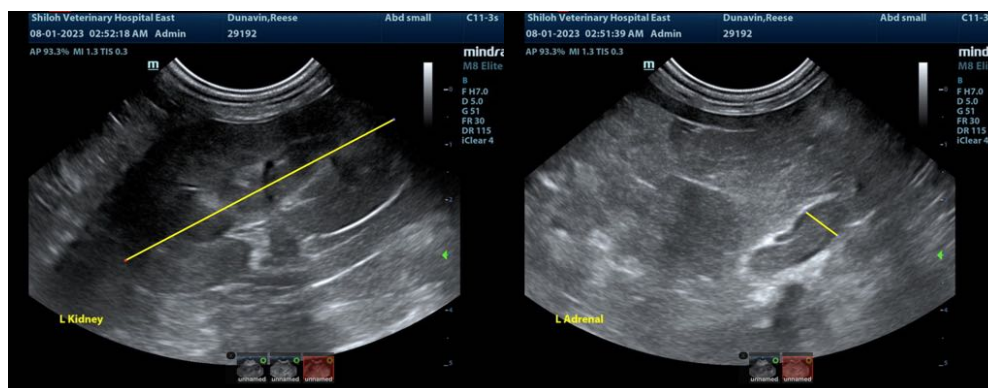
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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