

**PATIENT**

Guinny Jones

PRESENTING CLINICAL SIGNS

V+ and drinking a lot.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CBC- WNL, ALP 668, AST 335, ALP 774 Rads- Liver enlargement, gallbladder significant sludge, unable to see well.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Mixed

Urinary System

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is moderately distended with anechoic urine and bladder thickness is considered normal for volume of urine.

SEX

Neutered Male

The prostate measures appropriate (0.77 cm) for the neutered status of the dog. The parenchyma appears homogenous.

AGE

8 Years

The left kidney is normal in size, shape and architecture with smooth peripheral margins and measures 5.42 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size, shape and architecture with smooth peripheral margins and measures 5.6 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

48 Pounds

Adrenal Glands

The left adrenal gland is normal in size at 0.56 cm at the caudal pole and 0.49 cm at the cranial pole. The left adrenal gland has normal shape and it is normal in appearance and echogenicity.

The right adrenal gland is normal in size at 0.53 cm at the cranial pole and 0.45 cm at the caudal pole. The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

INTERPRETED BYJessica Midence, DVM,
DACVIM (SAIM)**Spleen**

The splenic echotexture is homogeneous with parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

Liver

The liver is mildly enlarged and heterogeneous. In some areas, it is mildly hyperechoic (isoechoic to the spleen). No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

REFERRING VET

Dr. Deanna Newland

INVOICE

44760

The gallbladder lumen is moderately enlarged with a large amount of organized debris that is non-dependent. The wall is thickened and measures up to 3.7 mm in certain areas. The wall is diffusely bright, inflamed, and irregular. There is evidence of cystic mucinous hyperplasia, as there are a few small visible cysts. There is non-dependent material suspended throughout the gallbladder. The cystic duct is proximally dilated with similar inflammation of the wall and irregular margins, though this does taper down to normal. There is hyperechoic fat surrounding the porta hepatis and lobes of the liver. The duodenal papilla appears patent.

DATE

2/3/23

IMAGING PERFORMED BYSVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com**PATIENT**

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Gastrointestinal

The gastric lumen is empty. The stomach wall is of normal wall thickness with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears normal.

The intestines are empty and measure diffusely mildly thickened. The duodenum wall measures 0.56 cm. The jejunum wall measures 0.47 cm. These measurements are just over normal range. Normal layering is observed. No focal lesions observed.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

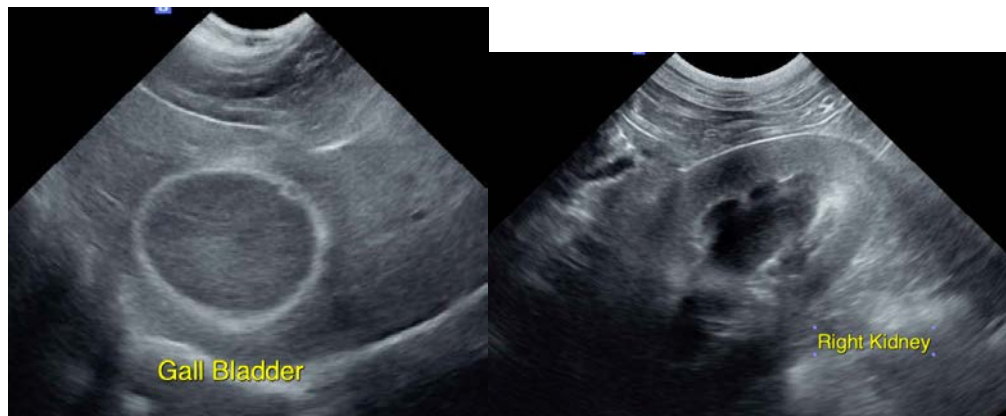
ULTRASONOGRAPHIC FINDINGS

- Gallbladder mucocele with cholecystitis
- Mild gastroenteritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is an early gallbladder mucocele (organized debris) with concurrent moderate gallbladder inflammation, surrounding fat, and dilation of the proximal cystic duct. There is also a concurrent mild gastroenteritis, likely secondary to the gallbladder inflammation. A bacterial cholecystitis would be suspected along with a mucocele, given the lab work and appearance of the gallbladder.

Consider gastroprotectants (anti-nausea medications, appetite stimulants, etc.), high dose Ursodiol (10-15 mg/kg PO BID) with antimicrobial therapy (Enrofloxacin 10-15 mg/kg PO SID and Metronidazole 7.5-10 mg/kg PO BID) and recheck liver values within two weeks, continuing antibiotics until after the liver values resolve (at least 4-6 weeks). Continue Ursodiol indefinitely. Recheck ultrasound in 6-8 weeks. If patient does not improve within the first 1-2 weeks of therapy, consider reevaluation sooner and possible cholecystectomy.



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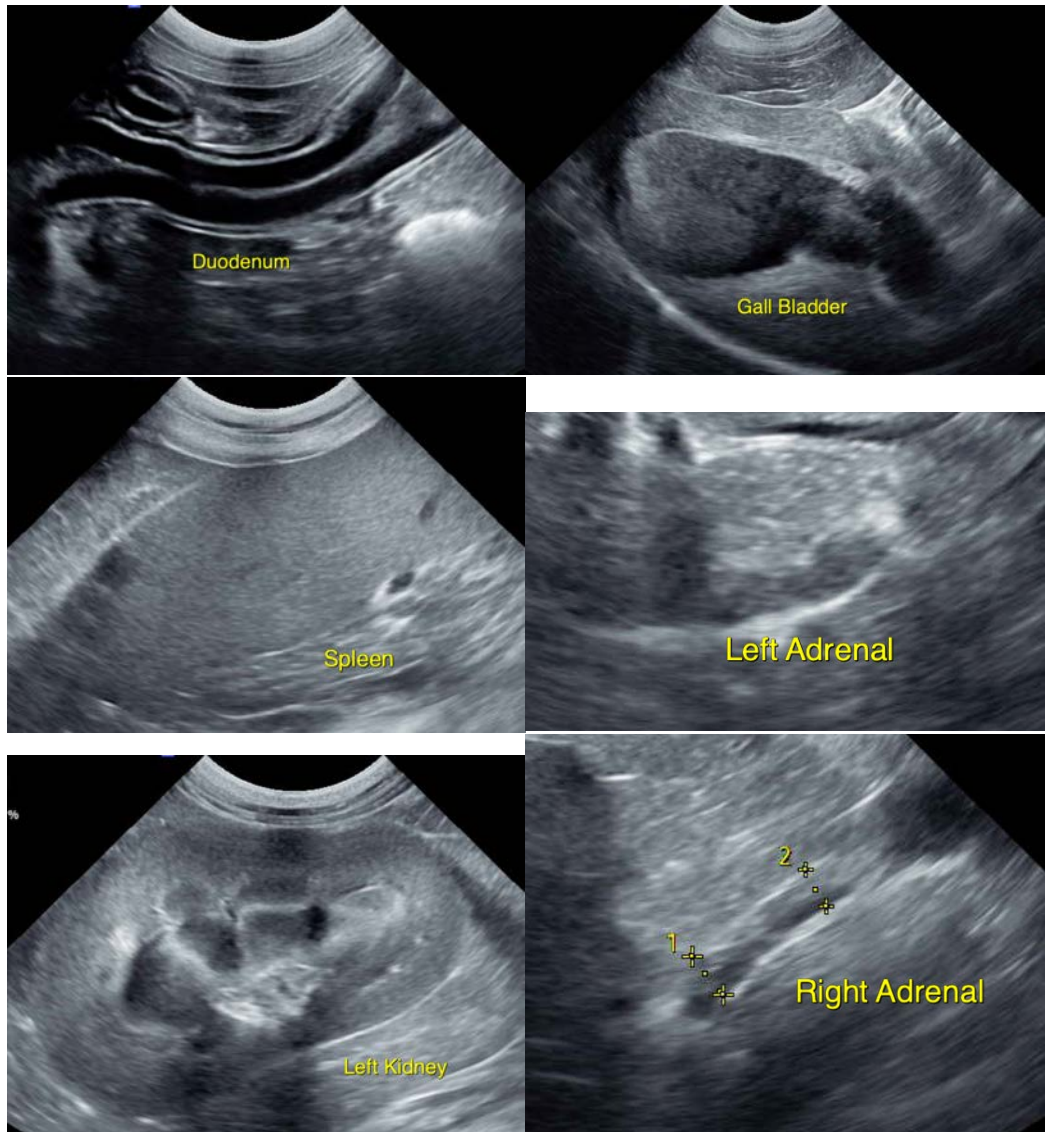
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Jessica Midence, DVM, DACVIM (SAIM)

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