**PATIENT**

Kiba Elliott

SPECIES

Canine

BREED

Shetland Sheepdog

SEX

SF

AGE

13 years

WEIGHT

9.8 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Elliott

INVOICE

13379

DATE

1/10/22

PRESENTING CLINICAL SIGNS

History: Recheck US 6 months post dx for gallbladder mucocele last scan 8/2/21: Subjectively static yet persistent partial gallbladder mucocele with persistent yet subjectively, improved peripheral inflammation, Newly noted, unspecified, mildly hypoechoic to potentially cystic lesion adjacent to the gallbladder and cystic duct, Hepatopathy - subjectively static. Asymptomatic at this time. Doing well. Abnormal PE/Chem/CBC/UA Results: Last blood work run on 12/1/21. Chem 17/lytes: Mild elevation in BUN (historical), mild hypoglycemia (periodically historical). Remainder WNL. Still managing medically on ursodiol and Denamarin and a low-fat diet.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.2 cm in length. The right kidney measured 3.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.4 cm width at the caudal pole.

No overt pathology in the area of the right adrenal gland.

Spleen

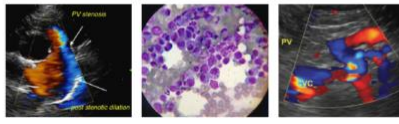
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with non-dependent non-organized particulate to mixed echogenic debris filling the entirety of the gallbladder lumen was present. The gallbladder walls appeared to be of normal thickness and echogenicity without evidence of significant inflammatory changes. Subtle evidence of peripheral gallbladder mildly echogenic mesentery was present without evidence of pericholecystic free fluid. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Subjective static gallbladder mucocele with minor persistent peripheral inflammation
- Static chronic renal changes
- Hepatic parenchymal remodeling- subjectively static, benign

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall amount of intraluminal debris within the gallbladder appeared to be similar and without evidence of organization compared to the previous study. Subjectively, the amount of residual to persistent inflammation around the gallbladder appeared to be subjectively improved. The previously noted nonspecific nodule adjacent to the gallbladder was not definitively evident in the study, potentially indicating resolved area of hematopoiesis or similar. Continued current empirical therapy would be appropriate. Recheck sonogram based on clinical signs or if evidence of increasing cholestasis is recommended.

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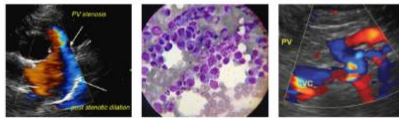
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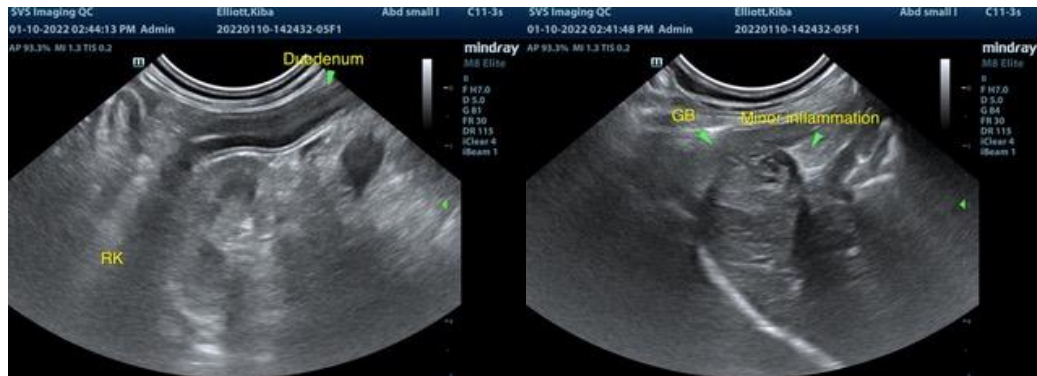
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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