



PATIENT

Summer Fishbein

SPECIES

Canine

BREED

Poodle Mix

SEX

FS

AGE

16yr

WEIGHT

13.4

PRESENTING CLINICAL SIGNS

- Hx mucocele, hepatopathy, pancreatitis
- Today presenting for acute vomiting

Abnormal PE/Chem/CBC/UA Results: ALT (SGPT) 292 HIGH 12-118 IU/L ALK PHOS 1056 HIGH 5-131 IU/L GGT 79 HIGH 1-12 IU/L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. 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 were 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral areas of mild medullary mineral were present. The left kidney measured 4.7 cm in length. The right kidney measured 4.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

Both adrenals were indistinctly visualized without overt pathology. The left adrenal gland subjectively measured 0.42 cm width at the caudal pole. The right adrenal gland subjectively measured 0.44 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Solitary to multiple well-defined, symmetrical, hyperechoic nodules were present throughout the cranial to caudal parenchyma. An example measured 0.44 cm in diameter. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was distended in size with mild to variably thickened hyperechoic gallbladder wall. No evidence of wall edema. There was biliary sludge that appeared to be non-mobile and organized. A

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Solitaire Goldfield,
DVM

HOSPITAL NAME

Craig Road Animal
Hospital

REFERRING VET

Solitaire Goldfield,
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INVOICE

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stellate pattern to the organized biliary sludge was present. Evidence of pericholecystic omental inflammation was present without evidence of effusion

Gastrointestinal

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.

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 mechanical/metabolic ileus, obstruction or foreign material. The small intestinal wall measured 0.36 cm in width.

Normal visible colon wall layers were present with segmental semi formed to possible soft feces in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy- subjective benign.
- Gallbladder mucocele with evidence of emerging to mild peripheral inflammation.
- Normal gastrointestinal tract with segmental semi-formed to soft fecal matter in colon.
- Remodeled pancreas.
- Bilateral chronic renal changes.
- Hyperechoic splenic nodules- consistent with benign criteria, i.e. myelolipomas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal signs in this patient are strongly suspected to be associated with the gallbladder mucocele with evidence of mild pericholecystic inflammation with a contributory factor possibly being chronic pancreatitis. No evidence of gastrointestinal obstructive pattern or foreign material.

Given gallbladder presentation and assuming normal clotting status, cholecystectomy with consideration for hepatic biopsies is strongly recommended. Gastrointestinal support, empirical therapy for potential chronic pancreatitis with serial monitoring of hepatic parameters and sonographic monitoring of the gallbladder mucocele would be more conservative.



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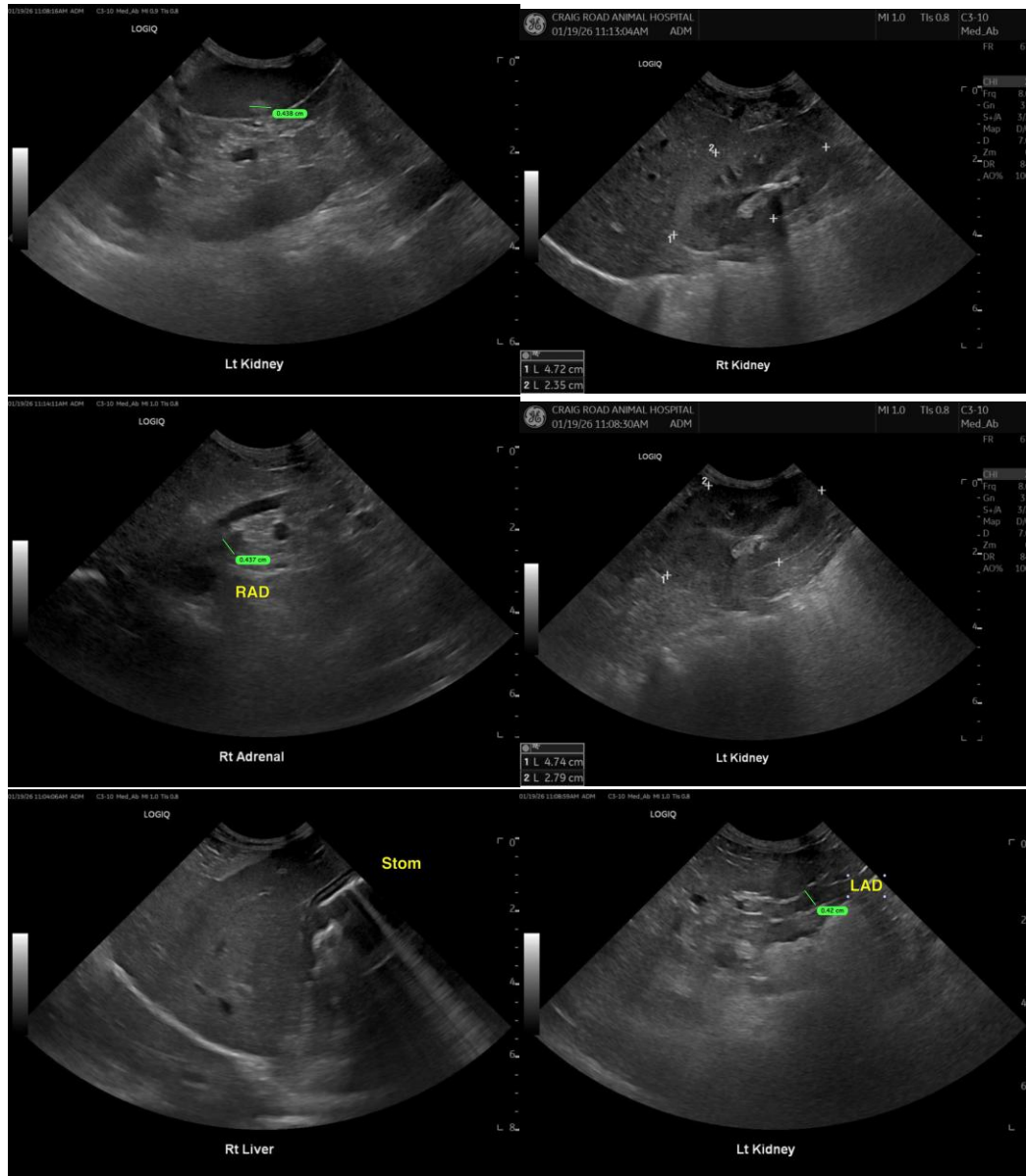
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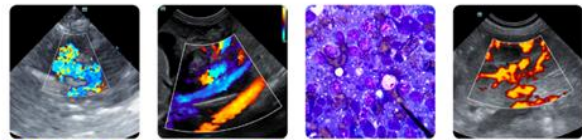
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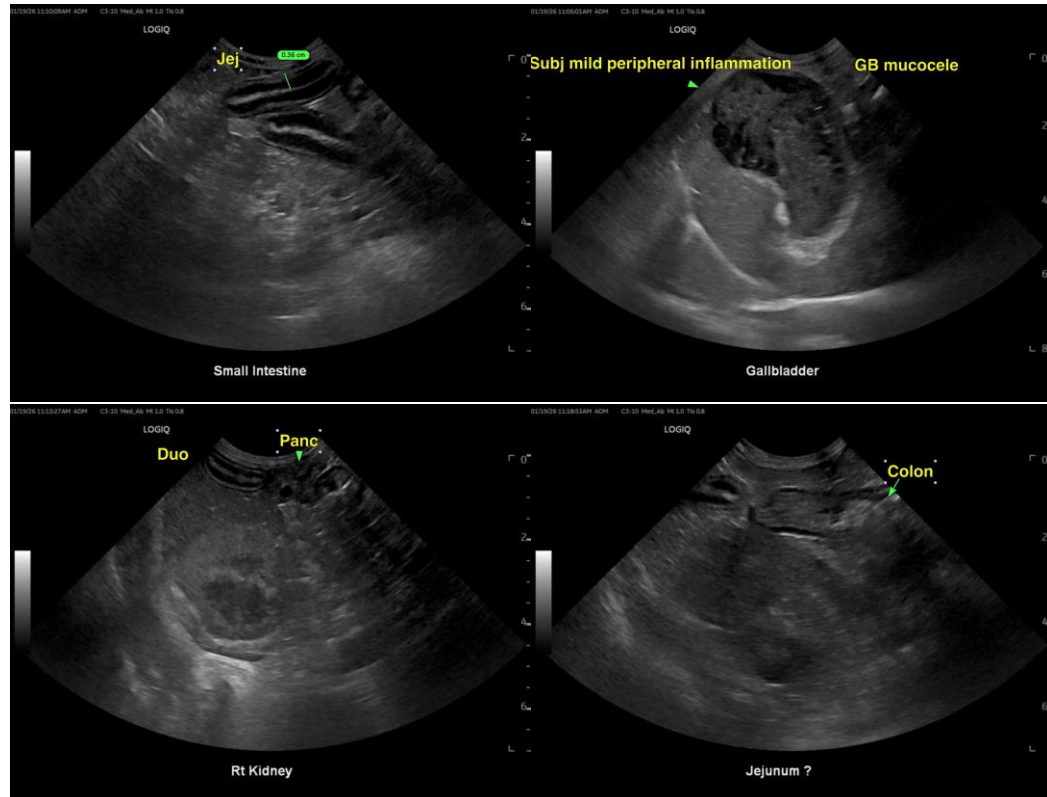
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)

info@sonopath.com