



PATIENT

The submitted study contained nine videos of the liver and gallbladder only.

Honey Tervoort

PRESENTING CLINICAL SIGNS

SPECIES

Submitting for limited exam with report (images of liver and GB only) -2 week follow up from emergency hospital diagnosis of suspect gallbladder mucocele with suspect necrotizing areas around the liver. Current meds: Cerenia and zentonil advanced

Canine

BREED

Abnormal PE/Chem/CBC/UA Results: Previous AUS report: "GB appearance is highly suggestive of a possible early mucocele. It doesn't have a typical Kiwi fruit appearance but there is solidified hyper-echoic sludge within the lumen. Other option is that we are dealing with severe cholangiohepatitis. Liver values are likely high due to the pressure necrosis of the lobes surrounding GB." CHEM: (Nov 2nd) ALT = 4585 U/L 10 - 125 (was 7592 initially on Oct 31) ALKP = 1347 U/L 23 - 21 (was 1679) BUN = 11.6 mmol/L 2.5 - 9.6 CREA = 42 umol/L L 44 - 159 TBIL 56umol/L (0-15) (was 56)

Maltese Mix

SEX

LIMITED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

FS

Liver/Gallbladder

AGE

The liver presented mildly 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.

13yr

WEIGHT

The gallbladder was normal to mildly distended in overall size, with variably thickened hyperechoic edematous gallbladder wall. The gallbladder contained accumulated potentially adhered non-homogenous non-mineralized sediment with potential for a polyp in the mid lumen, measuring ~ 1.0 cm diameter. The gallbladder wall measured ~ 0.3 cm wall width. Evidence of pericholecystic inflammation was present. No overt pericholecystic effusion.

3.70kg

INTERPRETED BY

Gastrointestinal

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

The visualized stomach and cranial abdomen small intestine were sonographically normal

IMAGING PERFORMED BY

ULTRASONOGRAPHIC FINDINGS

Carlie Koltek, RVT

Primary

HOSPITAL NAME

- Atypical gallbladder mucocele/ significant cholecystitis pattern exhibiting accumulated possibly adhered bile debris vs polyp, evidence of pericholecystic inflammation
- Concurrent hepatopathy - subjective benign.

Tuxedo Animal
Hospital

REFERRING VET

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dr Fredette

Given evidence of gallbladder and peripheral gallbladder inflammation and assuming normal clotting status, cholecystectomy with hepatic biopsies as soon as possible is recommended.

INVOICE 23008

Empirical therapy for cholecystitis / cholangiohepatitis with close clinical and serial sonographic monitoring of the liver and gallbladder would be a more conservative approach.

DATE

11/21/2025



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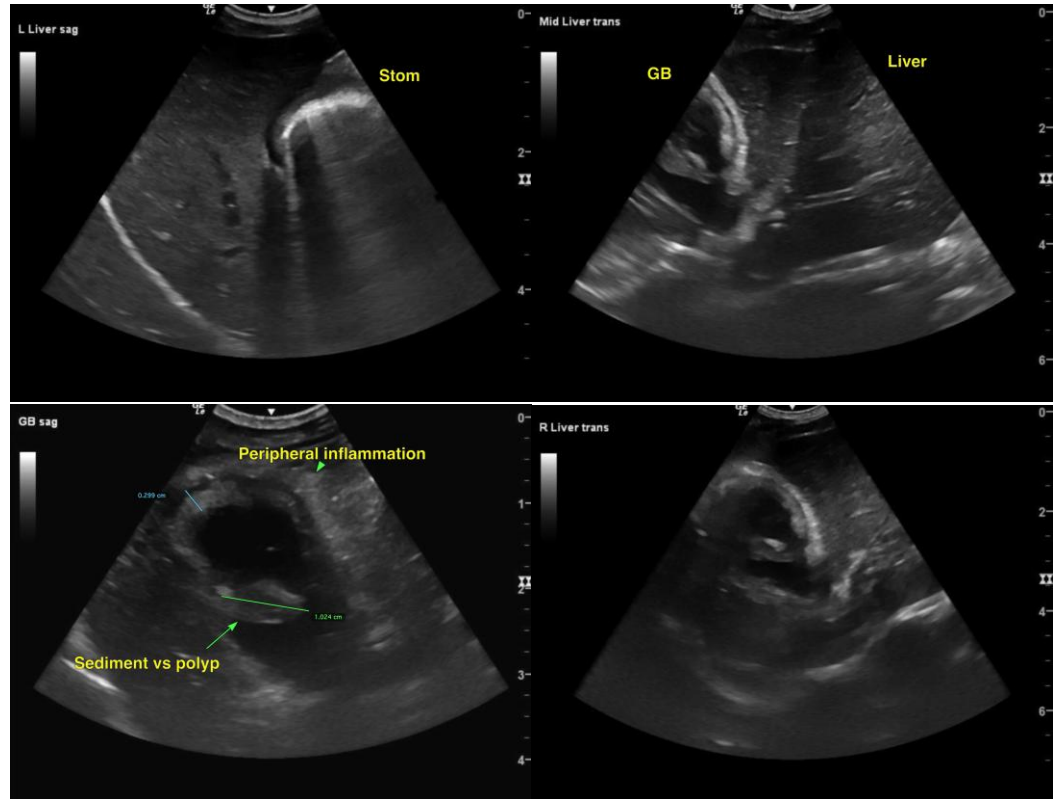
FS

AGE

13yr

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HOSPITAL NAME

Tuxedo Animal
Hospital

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Dr Fredette

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23008

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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)
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