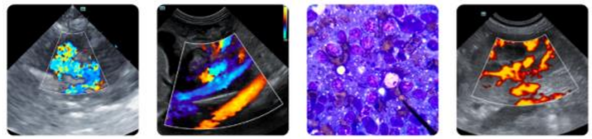


PATIENT

Mouchie Geisbert

SPECIES

Canine

BREED

Jack Russel Terrier

SEX

Neutered Male

AGE

14 Years

WEIGHT

13.2 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Aaron Lucas

HOSPITAL NAME

Taylorsville Veterinary Clinic

REFERRING VET

Dr. Aaron Lucas

INVOICE

12366

DATE

11/21/25

PRESENTING CLINICAL SIGNS

Mouchie is a 14 year old Jack Russell Terrier presented 11/29/25 for anorexia and lethargy over several weeks. Mouchie has lost 4 pounds since July of 2025, going from 15 pounds to 11.4 pounds. Today's weight was 13.2 pounds, but a different scale may have been used. He has a years long history of IMHA, currently managed with pred and cyclosporine. On exam, Mouchie is icteric in ears, schlera, gums, skin of ventral abdomen. 4/4 dental disease present. Possible cranial organomegaly on abdominal palpation.

Abnormal PE/Chem/CBC/UA Results: Labwork submitted showed elevated liver values, including ALT of 870, AST 269, ALP 7433, and bilirubin of 10.3. Hct is 38.9%, slightly low but seems to be Mouchie's normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Minor dependent particulate urine sediment was present in the lumen with no urine mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the residual prostate appeared normal and free of pathology.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.3 cm in length. The right kidney measured 5.0 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.58 cm width in the caudal pole. The right adrenal gland measured 0.52 cm width in the caudal pole.

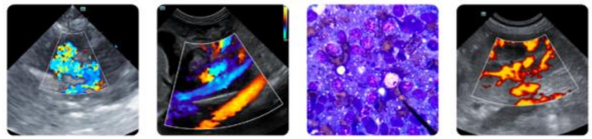
Spleen

The spleen exhibited normal size and contour with mild nonhomogenous hyperechoic splenic parenchyma. Normal vascular volume was maintained.

Liver

The liver presented moderately 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. Focal minor areas of probable biliary tree mineralization present.

The gallbladder was distended in size with mildly prominent to edematous gallbladder wall. The gallbladder lumen was primarily occupied by mild to variably organized to striated nonmineralized bile debris. Evidence of mild pericholecystic inflammation was visualized. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, mild nonshadowing ingesta without signs of 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 ileus, obstruction or foreign material.

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

Pancreas

The pancreas base and right pancreatic limb were normal in size with mild capsule asymmetry and mild nonhomogenous remodeled parenchyma compared to adjacent mildly hyperechoic omentum.

Free Abdomen

No visualized significant omental lymphadenopathy was present. Subjective mild increased mid to cranial abdomen omental echogenicity with scant pockets of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

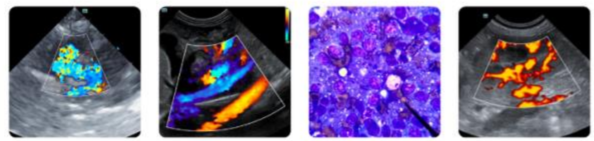
- Gallbladder mucocele with evidence of mild pericholecystic inflammation.
- Hepatopathy exhibiting minor probable lobar biliary tree mineralization.
- Sonographically normal gastrointestinal tract with mild nonshadowing gastric ingesta- ingesta consistent with food/chyme.
- Nonenlarged mildly hyperechoic nonhomogenous spleen.
- Mid to cranial abdomen mild hyperechoic omentum and scant peritoneal effusion.

Secondary Findings

- Age-related renal/adrenal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary cause of the hepatopathy and potential gastrointestinal signs is the gallbladder mucocele given evidence of pericholecystic inflammation and minor peritoneal effusion. Cholecystectomy with strong consideration for concurrent hepatic and gastrointestinal biopsies (assuming normal clotting status) is warranted. Potential for occult hepatic, gastrointestinal or splenic neoplasia not definitively excluded yet thought less likely. Chronic pancreatitis versus pancreatic remodeling and fibrosis owing to age or previous inflammation is possible. If surgery is not an option, empirical therapy for hepatobiliary inflammation, possible mild chronic pancreatitis with gastrointestinal support and close clinical monitoring would be reasonable. A GI panel to include PLI, TLI, cobalamin and folate and screening three view chest radiographs to assess for occult disease as a contributing factor to the weight loss may be considered. A guarded prognosis is indicated.



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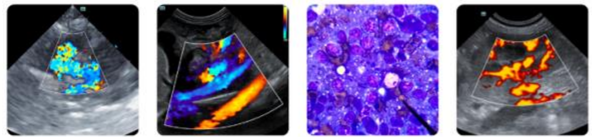

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Educational Teleconsultation Services™

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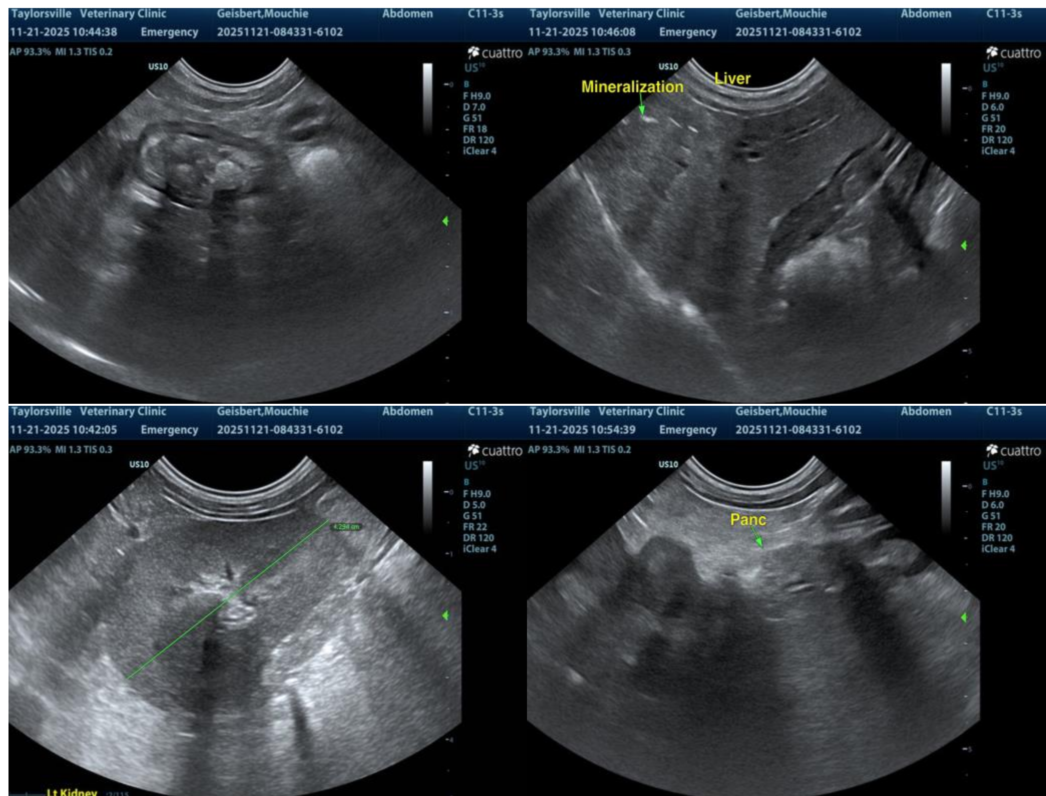

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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