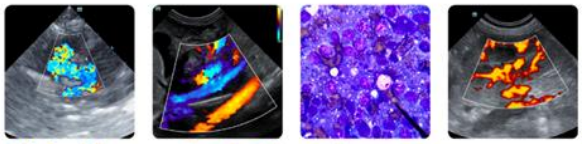


PATIENT

Teddy Hagel

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

MN

AGE

5yr

WEIGHT

11.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessie Evoniuk

HOSPITAL NAME

State Avenue Vet Clinic

REFERRING VET

Dr. Jessie Evoniuk

INVOICE
23066

DATE
11/25/2025

PRESENTING CLINICAL SIGNS

11/6- Emergency visit in AZ- concern of cholangitis/cholangiohepatitis with atypical mucocele. ALT 710, ALP >2000, GGT 86, tbil 6.4, Chol 384, CPLI WNL, CBC WBC 32, Neut 26.87. Os declined surgery at that time. Recheck with primary DVM 11/17- improved clinically, sent for recheck US and bloodwork at SAVC.

Abnormal PE/Chem/CBC/UA Results: Clinically much improved, no overt abdominal pain as had been noted via prior records WBC 17.04, Neut 14.52, LT 525 Chem ALP 163, ALT 45, Tbil 0.5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with a small amount of dependent lumen accumulated mineral to small calculus. 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. Bilateral areas of mild medullary mineral were present. The left kidney measured 4.1 cm in length. The right kidney measured 3.8 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology

Adrenal Glands

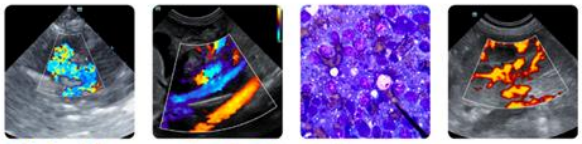
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width at the caudal pole.

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 uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and was primarily occupied by non-homogenous, non-



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mineralized, congealed yet non-organized gallbladder debris. No evidence of gallbladder/peripheral gallbladder inflammation or wall edema was present. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no 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 contained segmental similar appearing non-shadowing ingesta/chyme with no signs of obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed 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

- Sonographically normal liver, consistent with resolved to persistent low-grade benign hepatopathy
- Congealed non-organized gallbladder debris occupying majority of gallbladder lumen- not consistent with classic mature mucocele
- Bilateral mild renal medullary mineral.
- Minor accumulated urinary bladder lumen mineral / small calculus
- Mild pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder may classify as atypical or immature mucocele. No evidence of current hepatobiliary inflammatory criteria or post-hepatic stasis. Continued hepatosupportive medications with as needed clinical monitoring if recurrent hepatopathy or cholestasis is indicated. A spec cPL could be considered to assess for mild to chronic pancreatitis if concurrent gastrointestinal signs arise. No evidence of intrahepatic or extrahepatic macroscopic shunt.

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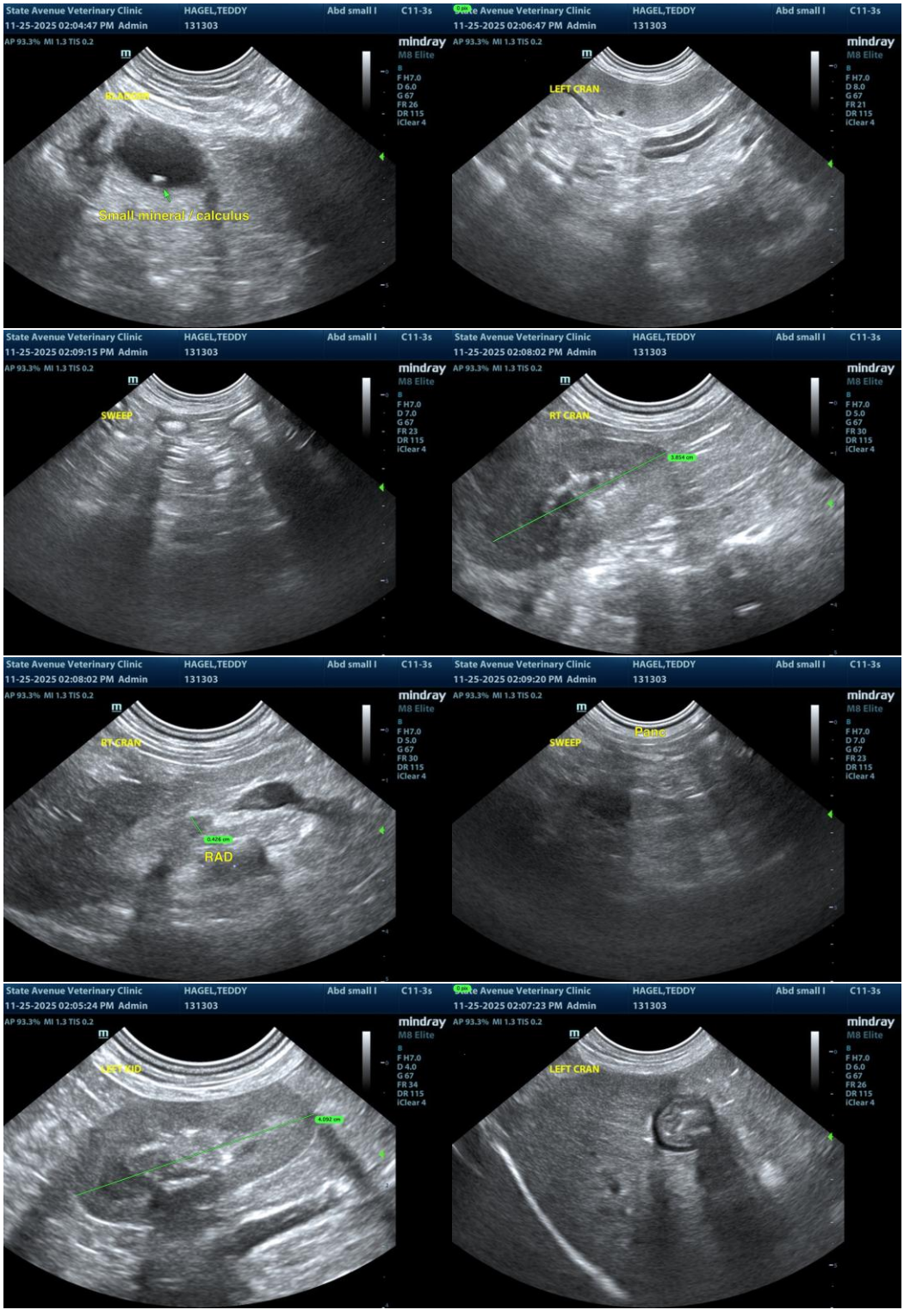

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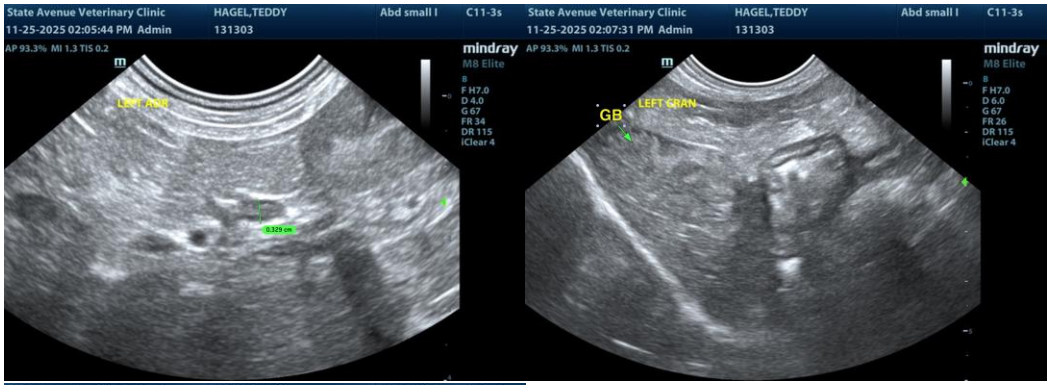

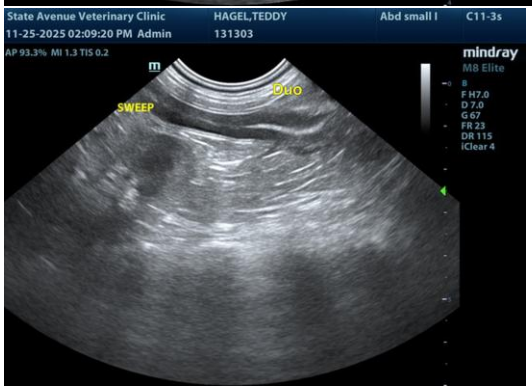

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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