

**PATIENT PRESENTING CLINICAL SIGNS**

Phoenix Fonseca

Constipated and has vomited once daily this week. Had a bowel movement this am but it was tiny and very hard. History of small bowel movements. Last more normal BM was about 2 weeks ago. Vomiting food every 1 to 2 days, usually food. No history of getting into anything. No diarrhea. Possible increase in thirst but owner unsure. Pacing at night. Normal activity level otherwise. Good body condition, nice dog. Normal hydration. Abdomen soft on palpation. Can palpate stool in descending colon, girth does not palpate as excessive for dogs size. No obvious discomfort. Cerenia given by injection Jan 31.

**SPECIES**

Canine

**BREED**

Doberman

Has been on Gabapentin, Omeprazole and Aventi liver chews.

Abnormal PE/Chem/CBC/UA Results: CBC within normal limits, ALT 580(10-125)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

**Urinary System**

MN

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 were noted.

**AGE**

9yr

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. The left kidney measured 7.6 cm in length. The right kidney measured 7.7 cm in length.

**WEIGHT**

42.2kg

The area of the aortic trifurcation was free of pathology.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.60 cm width at the caudal pole and 0.70 cm width at the cranial pole. The right adrenal gland was not definitively visualized owing to patient size/conformation.

**IMAGING PERFORMED BY**

Crystal Hill

**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.

**HOSPITAL NAME**

Snelgrove VS

**REFERRING VET**

Dr. Gunsinger

**Liver/Gallbladder**

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. The gallbladder was non-distended in size with mildly thickened to hyperechoic walls. Primarily anechoic luminal content with moderate non-dependent to congealed centrally organized hyperechoic gallbladder debris in a non-stellate pattern was present. Possible emerging to mild pericholecystic inflammation exhibited by increased peripheral tissue echogenicity. The cystic and common bile ducts were normal.

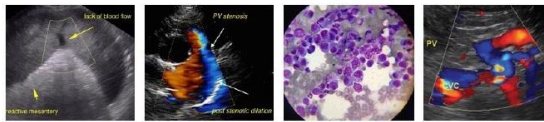
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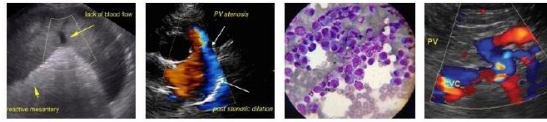
**DATE**

02/03/2023

**Gastrointestinal**



<b>PATIENT</b>	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild hyperechoic focally shadowing gastric ingesta with no signs of ileus, obstruction or foreign material.
Phoenix Fonseca	
<b>SPECIES</b>	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.
Canine	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>BREED</b>	<b>Pancreas</b>
Doberman	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 was evident.
<b>SEX</b>	<b>Free Abdomen</b>
MN	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
<b>AGE</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
9yr	<ul style="list-style-type: none"><li>Gallbladder mucocele/chronic cholecystitis pattern with possible minor to emerging pericholecystic inflammation</li><li>Hepatopathy-subjectively benign</li><li>Overtly normal GI tract/colon with mild focally shadowing gastric ingesta</li></ul>
<b>WEIGHT</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
42.2kg	Rectal palpation suggested to assess for or rule out non-visualized colorectal pathology if not done. If documented NPO, some degree of non-obstructive gastric stasis or delayed gastric emptying could be possible. Close monitoring of the gallbladder with some or all of the following protocol is indicated. Assessment of T4 level suggested if not recently done as hypothyroidism has been associated with mucocele formation. No overt suspicion of adrenal disease. Cholecystectomy with hepatic biopsies may ultimately be indicated.
<b>INTERPRETED BY</b>	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
<b>IMAGING PERFORMED BY</b>	Enrofloxacin 5 mg/kg SID PO & Metronidazole (10-20 mg/kg po bid) over 3 weeks, Ursodiol (10-15 mg/kg p.o. q24h) over 8 weeks and recheck sonogram. Monitor rapid rise in ALT, SAP, Bilirubin, bilirubinuria, leukocytosis, focal cranial abdominal subxiphoid discomfort or progressive anorexia. More information regarding clinical emerging mucocele issues may be found with our article and research at <a href="http://sonopath.com/resources/articles">http://sonopath.com/resources/articles</a> , Defining a GB Mucocele and Clinical Parameters in Dogs with Sonographically Diagnosed Surgical Biliary Disease from ECVIM 2009.
Crystal Hill	
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Phoenix Fonseca

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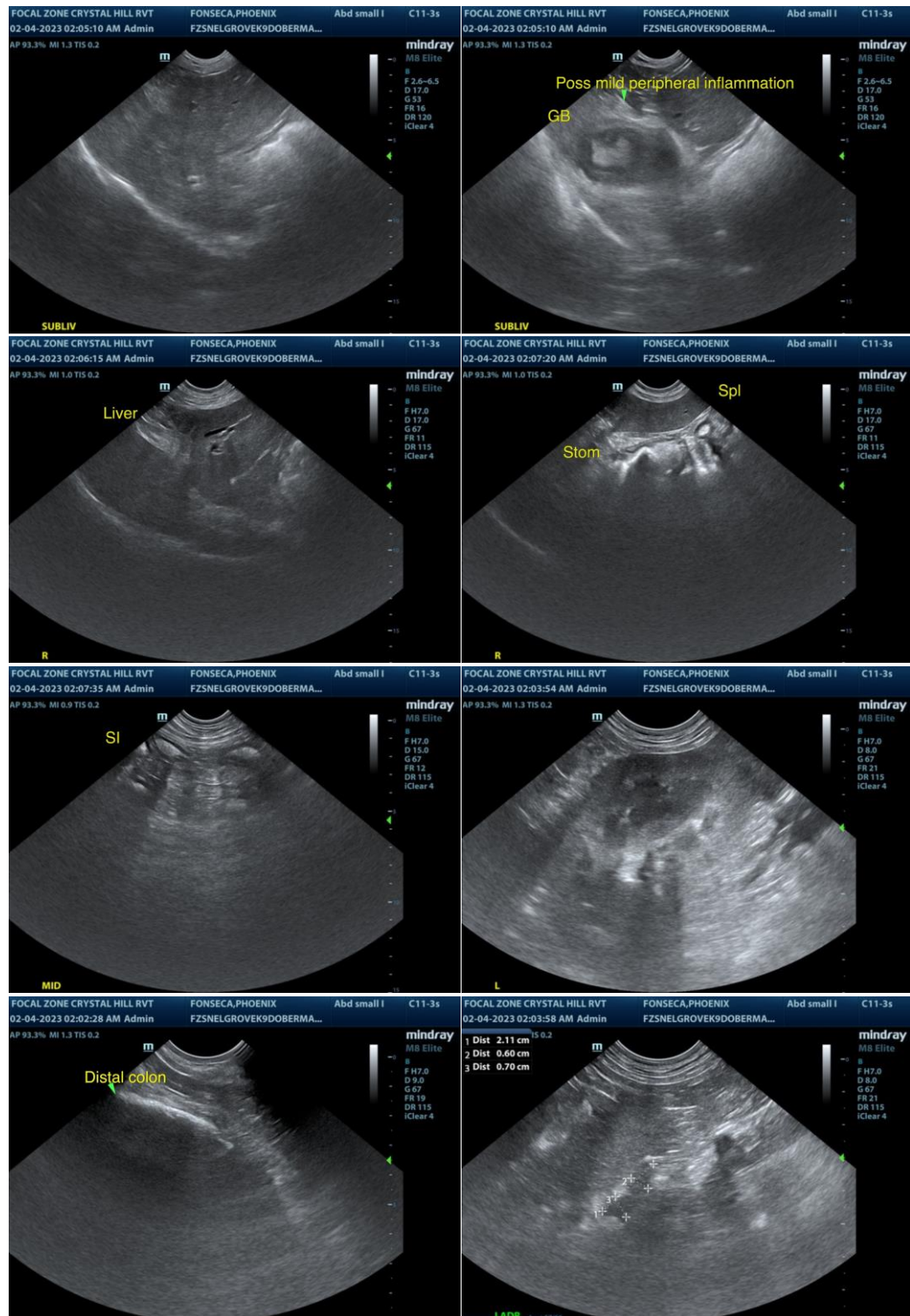
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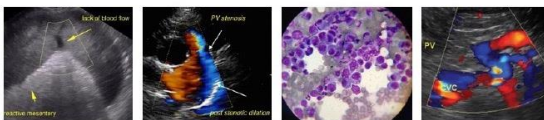
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



**PATIENT**

Phoenix Fonseca

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)

**SPECIES**

[info@SonoPath.com](mailto:info@SonoPath.com)

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**BREED**

Doberman

**SEX**

MN

**AGE**

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**WEIGHT**

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