



PATIENT PRESENTING CLINICAL SIGNS

Jedi Skywalker

SPECIES

Canine

BREED

Canine

SEX

Beagle

AGE

5yr

- Type 1 Diabetic dog (2022)
- March 3 2026 Presented with inappetence, mild jaundice to his sclera and MM
- BAR T=38.5, HR 120, RR 24.
- Radiographs were unremarkable
- Seemed to rebound
- March 11 2026 presented with high temp (40.5), lethargy, inappetence
- Indicators of cholestasis despite normalization of his ALT on repeat blood, possible intrahepatic swelling impeding bile flow, possible extrahepatic blockage with gall bladder being most likely vs pancreatic (blood work does not support this).
- 2026-03-16 Vet exam: BARMM=slightly jaundiced 5-8% dehydrated
- Current Medications Caninsulin BID (if meal eaten) at 5IU, Oral meds :Ursodiol 125 mg PO pm , Aventi Liver 1 tab PO am Mirtazapine 15 mg PO am, 30 mins after emavert and 30 mins before morning meal Parenteral meds: Emavert 13 mg (1 mg/kg) SC first am, 30 mins before mirtazapine Cefazolin 300 mg (22 mg/kg) SC BID Enrofloxacin 130 mg (10 mg/kg) SC SID, large animal baytril diluted to 25 mg/ml, IV/SC fluids
- Abnormal PE/Chem/CBC/UA Results: see attached bloodwork and rads Primary Question to Be Answered in This Exam What is the cause of the apparent cholestasis he has on bloodwork

WEIGHT

13.4kg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm 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 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 6.0 cm in length. The right kidney measured 6.1 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of 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 0.51 cm width at the caudal pole. The right adrenal gland was indistinctly visualized, no overt pathology in the area of the right adrenal gland subjectively measuring 0.44 cm width.

Spleen

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

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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.

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Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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The gallbladder was distended in size with echogenic thickening of the gallbladder wall. There was biliary sludge that appeared to be non-mobile and organized. A stellate pattern to the organized biliary sludge was present. Evidence of mild pericholecystic inflammation without overt pericholecystic effusion.

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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.

WEIGHT

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained 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.

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Pancreas

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.

IMAGING PERFORMED BY

Amanda Stewart

Free Abdomen

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

HOSPITAL NAME

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ULTRASONOGRAPHIC FINDINGS

Primary

- Gallbladder mucocele with evidence of mild peripheral inflammation
- Sonographically unremarkable liver- consistent with low grade benign hepatopathy
- Normal gastrointestinal tract with mild non-shadowing gastric ingesta
- Normal area of pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The cause of the patient's clinical signs and jaundice is gallbladder mucocele. This is considered surgical, given evidence of mild peripheral inflammation. No overt current evidence of gallbladder rupture. Cholecystectomy with hepatic biopsies, assuming normal clotting status is recommended as soon as possible.

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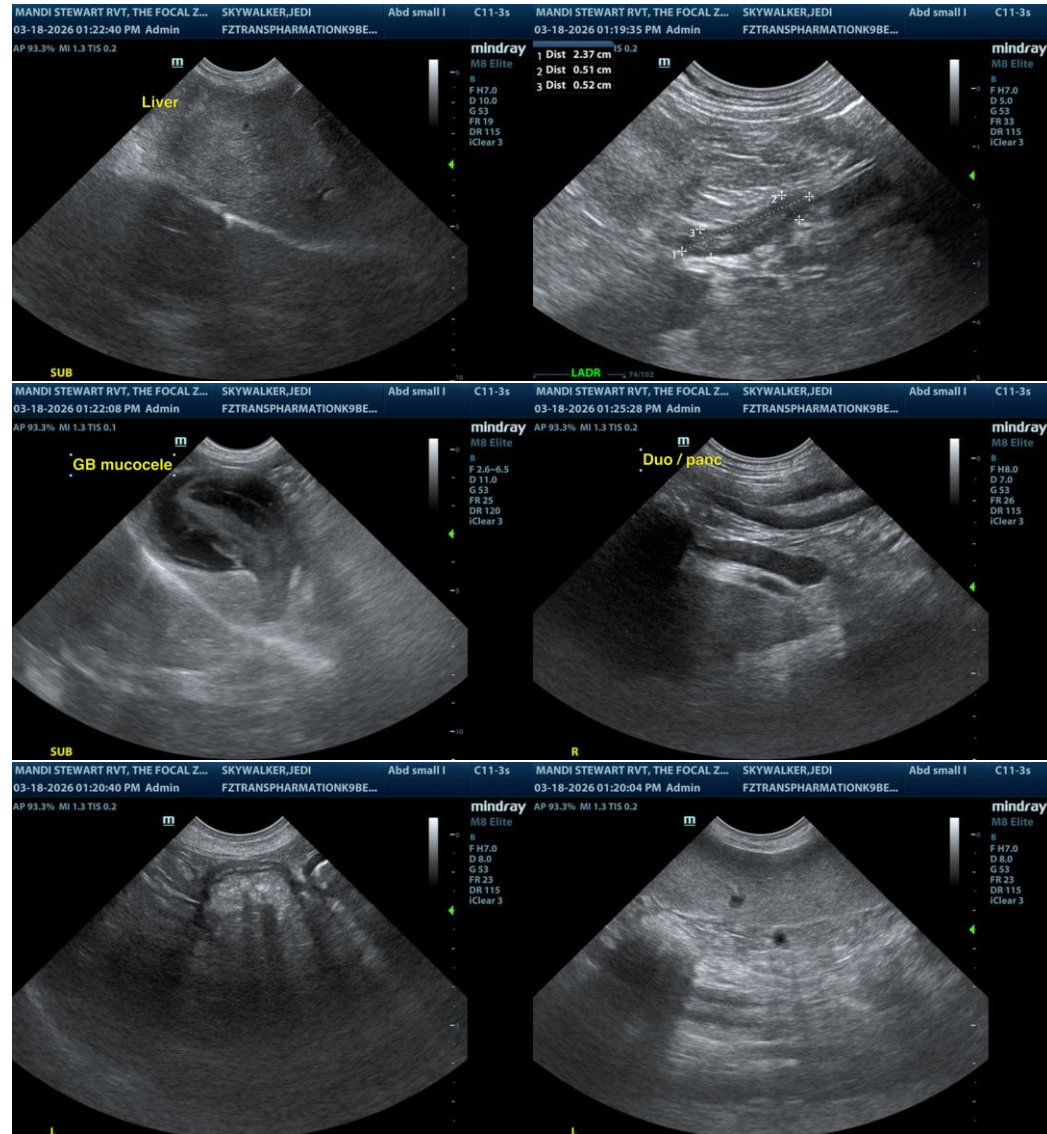
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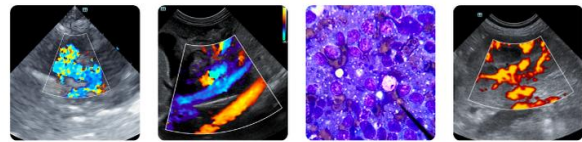
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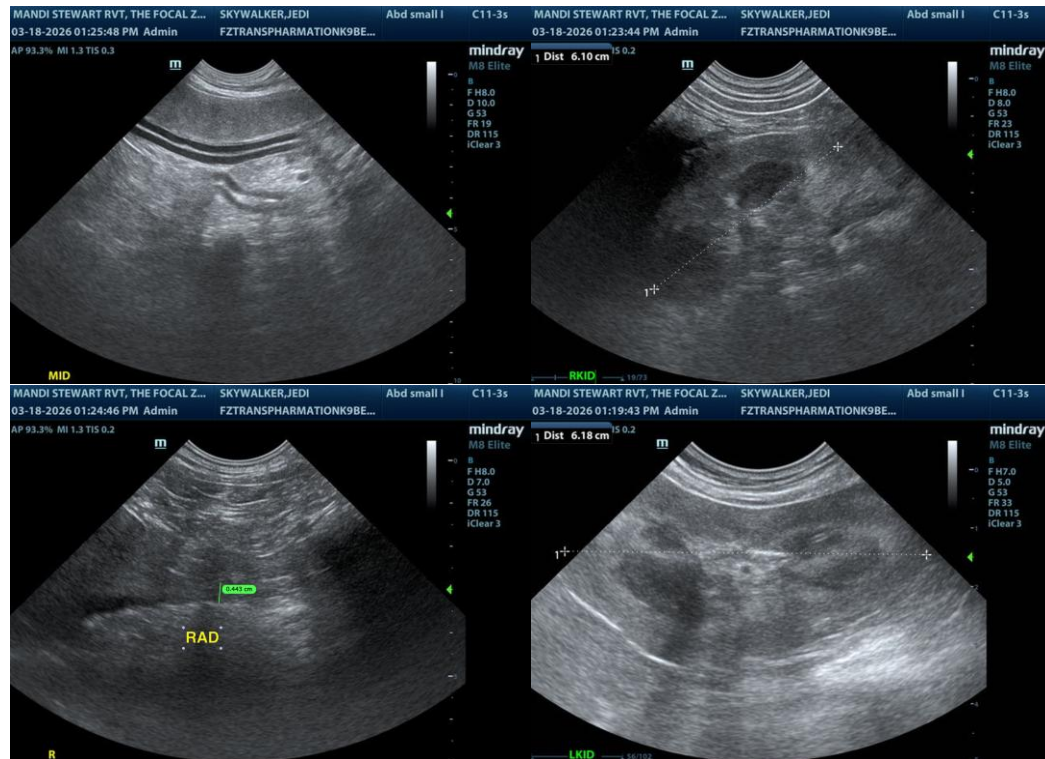
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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