



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Lady Sayes	Was seen for whining, vomiting, bloody urine, tense abdomen. AFAST showed no free fluid, small bladder with maybe some wall thickening and no debris. Vomiting frequency increasing, shaking, less appetite. Has been on Thyrotabs, Metacam, Cerenia, Codeine, Gabapentin, Detoxafen and Optixcare. Low grade fever noted even with Metacam on board.
<b>SPECIES</b>	
Canine	Abnormal PE/Chem/CBC/UA Results: Elevated liver enzymes.
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Poodle X	<b>Urinary System</b>
<b>SEX</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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 was noted.
FS	
<b>AGE</b>	The area of the aortic trifurcation was free of pathology.
12.5 yrs	Normal size and margination were 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 4.2 cm in length. The right kidney measured 3.9 cm in length.
<b>WEIGHT</b>	
5.2 kg	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width at the caudal pole and 0.30 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.49 cm width at the caudal pole.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Crystal Hill	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.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Grand River VH	The liver exhibited generalized enlargement with rounded capsule contour with areas of minor capsule asymmetry. Homogenous hepatic parenchyma was present exhibiting mild to moderate coarse echotexture. Normal hepatic vascular volume was noted.
<b>REFERRING VET</b>	
Dr. Day	The gallbladder was distended containing anechoic content with moderate, non-dependent, organized, hyperechoic gallbladder debris and indistinct stellate pattern. Peripheral gallbladder inflammation exhibited by hyperechoic peripheral omentum tissue was noted.
<b>INVOICE</b>	
16604	
<b>DATE</b>	
4/13/23	



<b>PATIENT</b>	<b><i>Gastrointestinal</i></b>
Lady Sayes	The stomach presented mild wall thickening secondary to mild echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach was primarily empty with mild luminal gas.
<b>SPECIES</b>	The duodenum exhibited subjective mild intact, mildly prominent wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. No evidence of small intestinal mechanical / metabolic ileus.
Canine	
<b>BREED</b>	Normal visible colon wall layers were present with apparent formed fecal matter in lumen.
Poodle X	<b><i>Pancreas</i></b>
<b>SEX</b>	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active pancreatitis, inflammation or neoplasia.
FS	<b><i>Free Abdomen</i></b>
<b>AGE</b>	Possible, although not definitive, very scant pockets of pericholecystic free fluid were noted. Intermittent very scant pockets of peritoneal free fluid were present. No overtly omental lymphadenopathy was noted.
12.5 yrs	
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
5.2 kg	<ul style="list-style-type: none"> <li>• Hepatopathy</li> <li>• Gallbladder mucocele with peripheral inflammation</li> <li>• Gastritis / gastroduodenitis pattern</li> <li>• Bilateral chronic renal changes</li> <li>• Sonographically unremarkable urinary bladder and visible proximal urethra</li> <li>• Very scant peritoneal free fluid</li> <li>• Mild heterogeneous pancreas - not sonographically consistent with significant / active pancreatitis</li> </ul>
<b>INTERPRETED BY</b>	
R. McKenzie Daniel, DVM, DABVP	
<b>IMAGING PERFORMED BY</b>	
Crystal Hill	
<b>HOSPITAL NAME</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Grand River VH	A definitive cause of the reported hematuria was not obvious.
<b>REFERRING VET</b>	The gallbladder mucocele with peripheral inflammation and concern for possible emerging bile peritonitis as a primary clinical player for the hepatic enzyme elevations and gastrointestinal signs is indicated. Immediate cholecystectomy with hepatic biopsies, assuming normal clotting status, is recommended.
Dr. Day	
<b>INVOICE</b>	Perioperative broad spectrum antibiotics and as-needed gastrointestinal support are indicated.
16604	Assessment of T4 levels, if not recently done, is suggested as gallbladder mucoceles may potentially be associated with hypothyroidism. A very guarded prognosis is indicated, given potential for emerging bile peritonitis.
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**PATIENT**

Lady Sayes

**SPECIES**

Canine

**BREED**

Poodle X

**SEX**

FS

**AGE**

12.5 yrs

**WEIGHT**

5.2 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Grand River VH

**REFERRING VET**

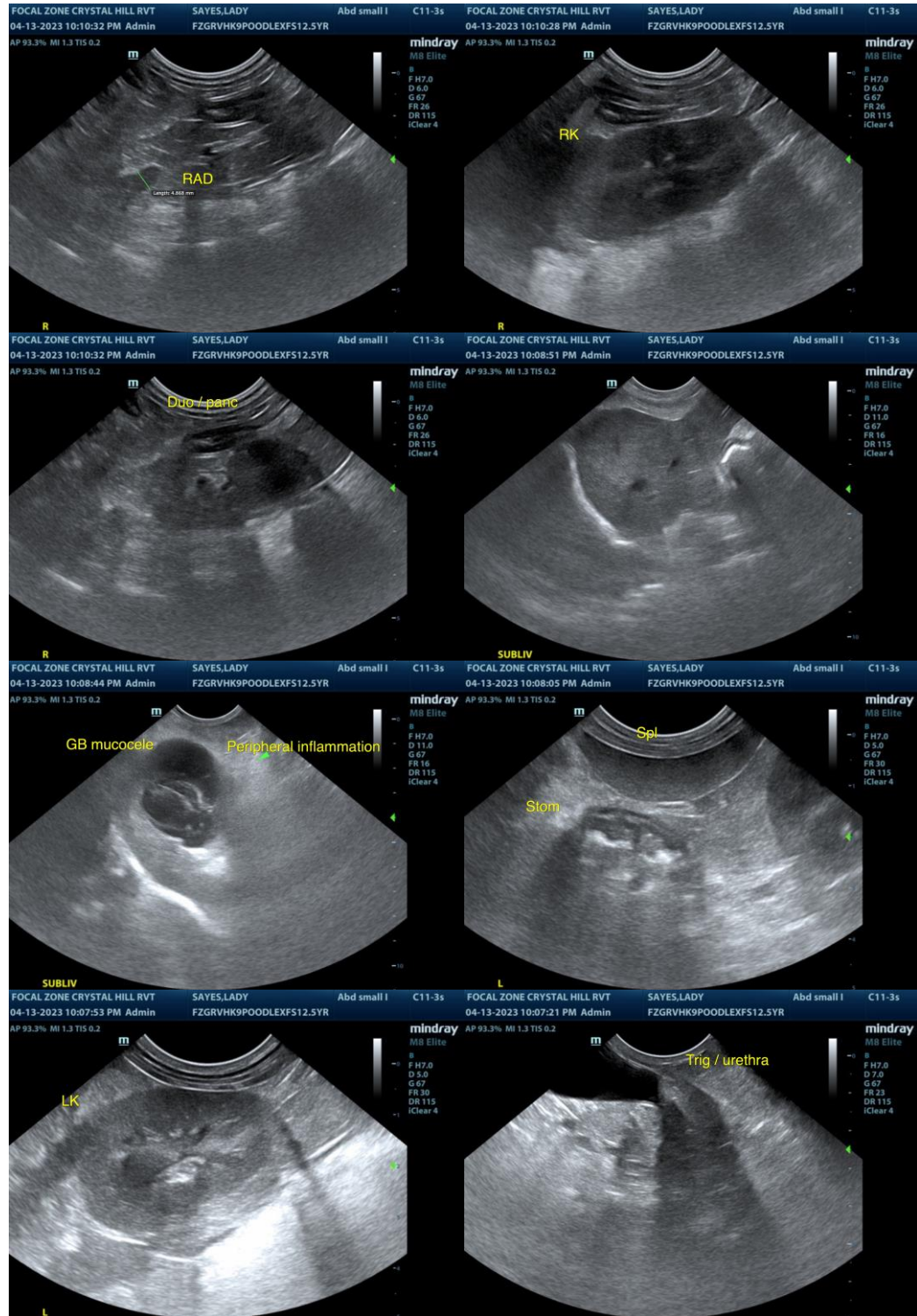
Dr. Day

**INVOICE**

16604

**DATE**

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**PATIENT**

Lady Sayes

**SPECIES**

Canine

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Poodle X

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FS

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**WEIGHT**

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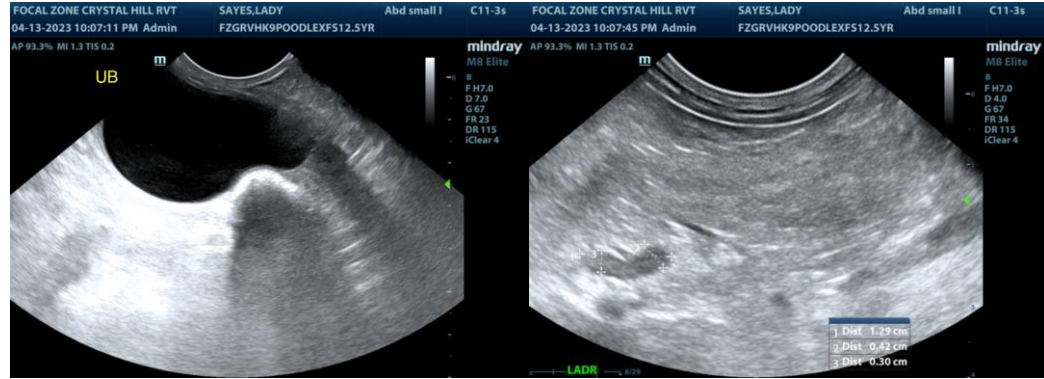
Dr. Day

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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