



PATIENT

Bentley Peloquin

SPECIES

Canine

BREED

Pomeranian Mix

SEX

Neutered Male

AGE

13 Years

WEIGHT

18.2 Pounds

PRESENTING CLINICAL SIGNS

History: Had been vomiting, not drinking and anorexic. Treated with Cerenia and fluids and signs resolved. Elevated liver values.

Abnormal PE/Chem/CBC/UA Results: CBC - WBC 19.88; neut 18.21. Chem: ALP 2,249; ALT 1,849, TBili 3.35; K+ 3.4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.58 cm in diameter.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.4 cm in length. The right kidney measured 5.4 cm in length. Focal areas of nonobstructive medullary mineral were present in both kidneys, along with small left kidney cortical cyst.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.54 cm width in the cranial pole and 0.51 cm width in the caudal pole.

A well-defined, hyperechoic nodule was present in cranial pole of the right adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured approximately 0.8 cm x 0.47 cm in diameter. The right adrenal gland measured 0.88 cm width in the cranial pole and 0.57 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Small echogenic nodules were present in the medial parenchyma and adjacent to the medial capsule, along with suspected areas of medial capsule fibrosis. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver

The liver exhibited generalized enlargement with normal 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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Airport AH

REFERRING VET

Asha Gudluru, DVM

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The gallbladder was distended in size with mildly thickened to echogenic gallbladder walls. Nondependent to organized hyperechoic gallbladder debris with suspected concurrent luminal mucus was present. Evidence of peripheral gallbladder hyperechoic mesentery consistent with inflammatory criteria. No obvious evidence of concurrent perigallbladder effusion. 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 was empty with no signs of ileus, obstruction or foreign material.

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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. The duodenum wall measured 0.51 cm. The jejunum wall measured 0.38 cm.

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

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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.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

18.2 Pounds

- Gallbladder mucocele with regional pericholecystic inflammation
- Hepatopathy, exhibiting mild parenchymal remodeling
- Benign splenic nodules and suspect medial capsule fibrosis
- Mild to moderate chronic renal changes with nonobstructive medullary mineral and small left kidney cortical cyst
- Right adrenal nodule- suspect adenoma
- Overtly normal gastrointestinal tract/pancreas

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DABVP (Canine and
Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the patients recent vomiting is suspected to be secondary to the gallbladder mucocele and concurrent hepatopathy. Given the presence of peripheral inflammation, the gallbladder mucocele appears to be inflamed while the possibility of minor regional bile peritonitis cannot be excluded. Given this finding, cholecystectomy with hepatic biopsies is recommended. Medical therapy at this stage of gallbladder mucocele tends to be unrewarding. Likewise, cholecystectomy at this stage is recommended to prevent more serious clinical issues, such as gallbladder rupture. Clotting status recommended prior to surgical considerations. Minor potential for emerging right adrenal neoplasia, such as adenocarcinoma or pheochromocytoma possible. Screening blood pressure recommended to assess for evidence of hypertension, which may allude to an emerging pheochromocytoma.

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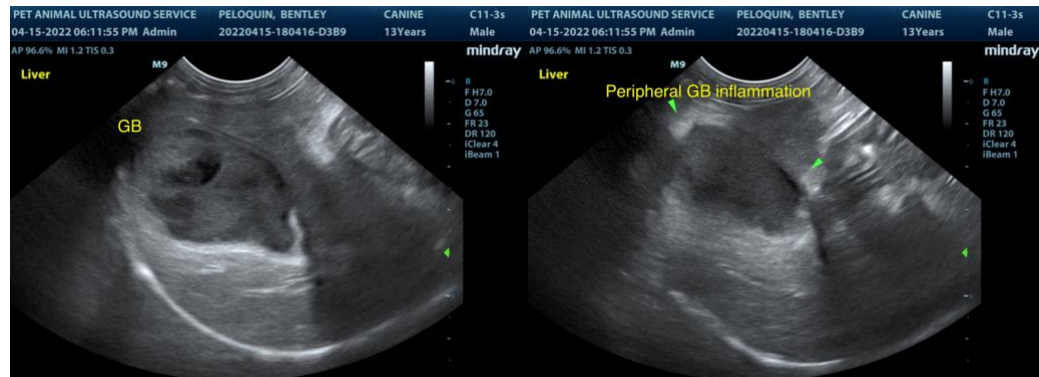
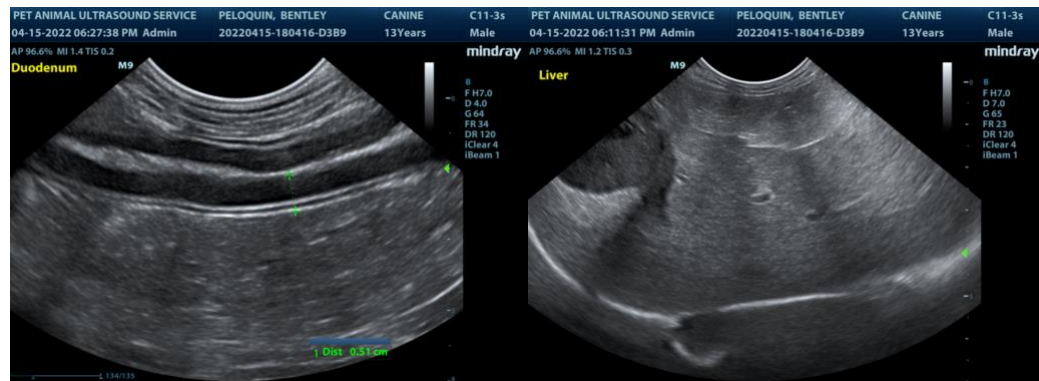
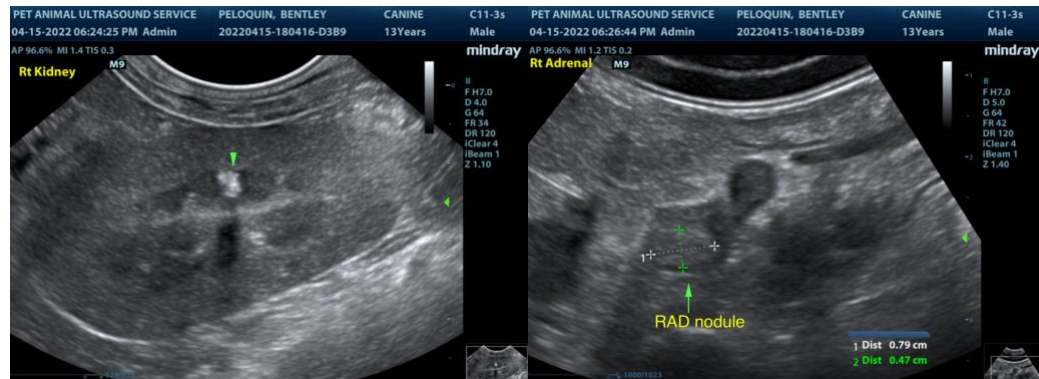
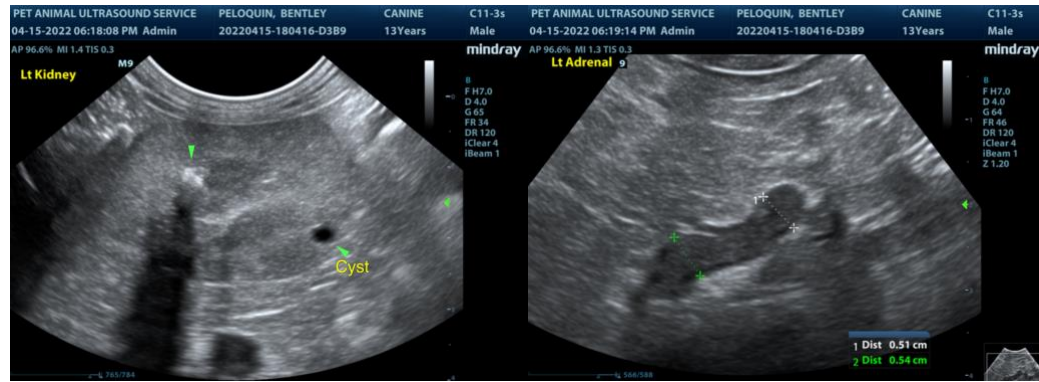
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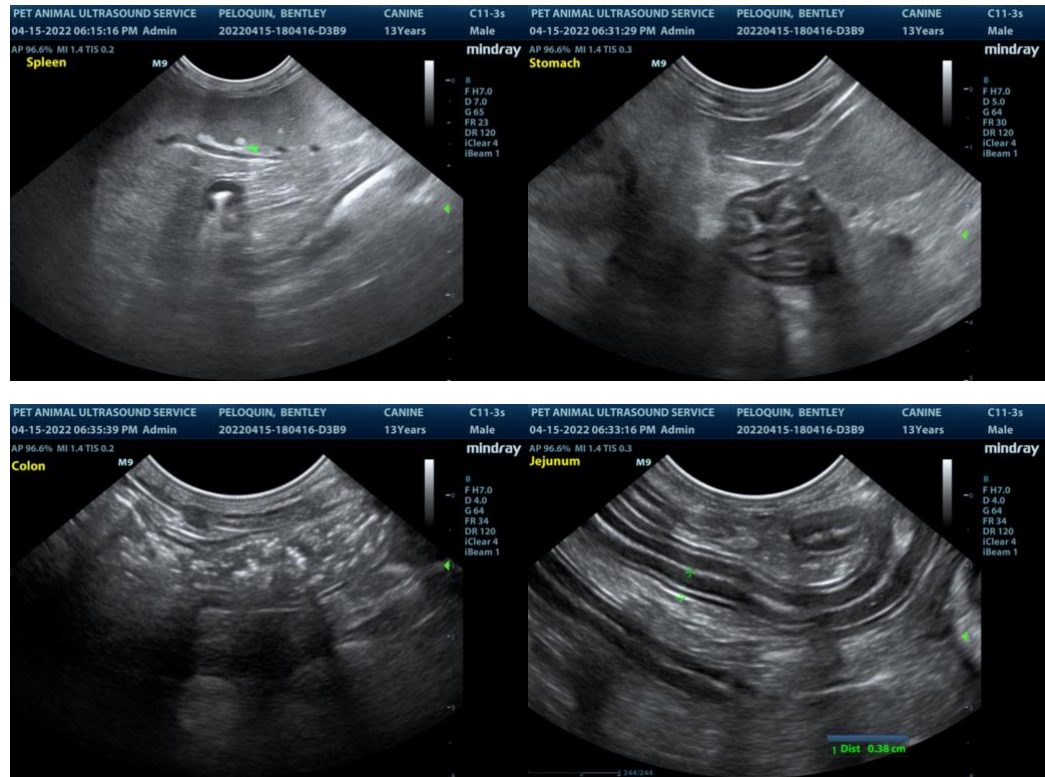
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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