



PATIENT PRESENTING CLINICAL SIGNS

Shine Hagey Vomiting started yesterday morning, threw up prior to eating and after. She ate food, but not with the same eagerness. Did not want biscuit treat after. Did not eat last night, has not vomited since yesterday morning. No appetite. O gave meloxicam, she was hunched up and seemed uncomfortable. Not jumping on couch or going up stairs. Did not want to eat this morning. Walking slower, hunched up. Drinking water okay, no diarrhea, urinating okay. Not the kind of dog to get into trash or eat things she's not supposed to. Has not been to river or beach trips. UTD on vax.

SPECIES Canine

BREED Mini Aussie

Abnormal PE/Chem/CBC/UA Results: CBC: RBC 8.96, NEU 15.5 Chem 17: TP 9.1, Glob 6, ALT 830, ALP 1959, GGT 32, Tbil 7.6, CI 103 Rads: Fluid filled SI and colon, no dilation seen. Mild loss of serosal detail.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX *Urinary System*

Spayed Female 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 were noted.

AGE

11 Years The area of the aortic trifurcation was free of pathology.

WEIGHT

25.3 Pounds 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.9 cm. The right kidney measured 5.1 cm.

Adrenal Glands

The adrenal glands were not definitively visualized.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

The liver presented 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 mildly distended in size. Anechoic content was present with moderate non-dependent, mildly hyperechoic to mildly organized luminal debris. Gallbladder walls appeared to be overtly normal without evidence of thickening. No evidence of perigallbladder free fluid.

Gastrointestinal

The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Beachy

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Beachy

INVOICE

38879

DATE

6/18/22



PATIENT

Shine Hagey

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.

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

SPECIES

Canine

Pancreas

The base and proximal right limb of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and regional peripancreatic to perihepatic hyperechoic mesentery. No overt evidence of neoplasia.

BREED

Mini Aussie

Free Abdomen

No overt lymphadenopathy. No evidence of perigallbladder or peritoneal free fluid.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE

11 Years

- Hepatopathy - subjective acute
- Gallbladder mucocele
- Probable concurrent pancreatitis
- Secondary gastritis
- Reactive to inflamed perihepatic / peripancreatic mesentery, no overt free fluid

WEIGHT

25.3 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the degree of hepatic enzyme elevation, the gallbladder mucocele is most likely the primary factor for the patients clinical signs and abdominal discomfort. However, sonographically, the pancreas appears inflamed and may be a complicating factor. No evidence of GB rupture yet regional inflammation in the cranial abdomen is present. 24-48 hour supportive care for acute hepatopathy and pancreatitis with appropriate antibiotics would be reasonable with re-assessment. However, cholecystectomy when possible with hepatic biopsies likely indicated. Clotting status indicated prior to surgery. T4 levels suggested if not done as GB mucoceles have been associated with hypothyroidism. Guarded prognosis.

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Cholecystitis/Emerging Mucocele protocol.

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 subxyphoid discomfort or progressive anorexia. More information regarding clinical emerging mucocele issues may be found with our article and research at <http://sonopath.com/resources/articles>, *Defining a GB Mucocele* and *Clinical Parameters in Dogs with Sonographically Diagnosed Surgical Biliary Disease* from ECVIM 2009.

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PATIENT

Shine Hagey

SPECIES

Canine

BREED

Mini Aussie

SEX

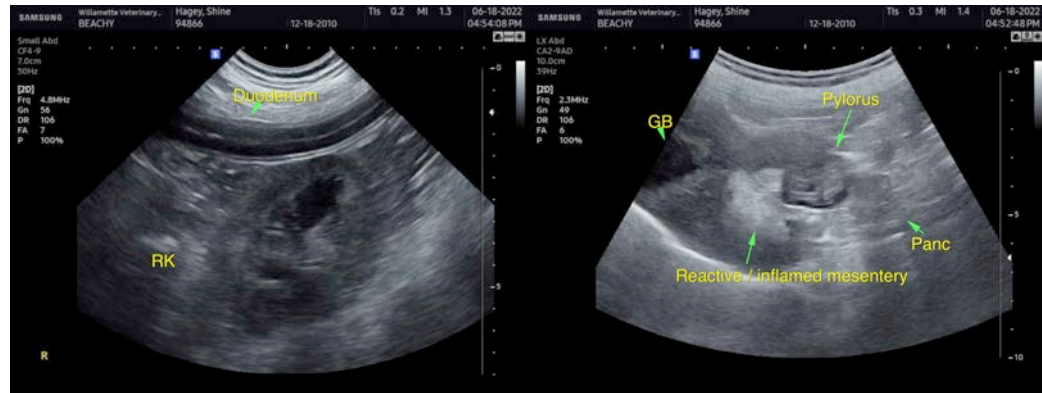
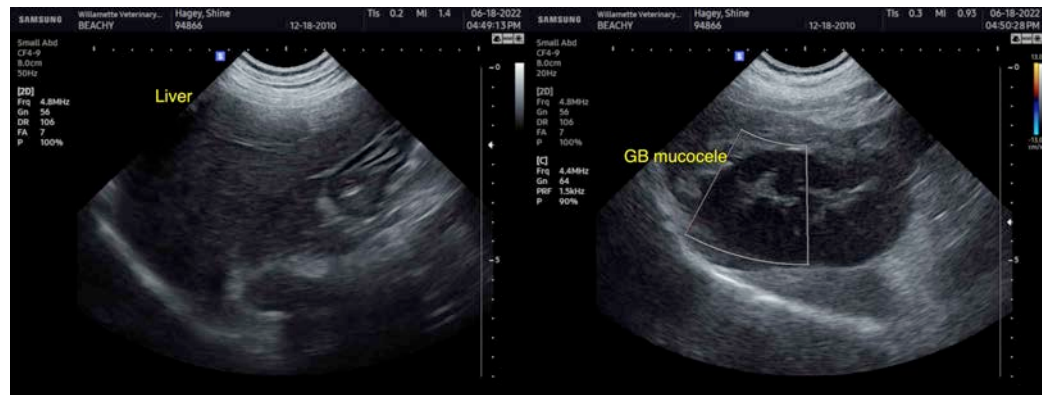
Spayed Female

AGE

11 Years

WEIGHT

25.3 Pounds



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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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