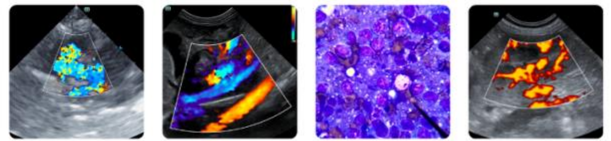


PATIENT

Seraphina Baxter

SPECIES

Canine

BREED

Toy Poodle

SEX

Spayed Female

AGE

11 Years

WEIGHT

4.3 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Sanctuary Veterinary Hospital

REFERRING VET

Dr. Thusari

INVOICE

16471

DATE

06/08/26

PRESENTING CLINICAL SIGNS

Presented for acute onset of vomiting, lethargy, and discomfort.

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 change were noted.

Normal size and margination was 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. Minor areas of medullary mineral were present. The left kidney measured 4.3 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

Bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.83 cm width at the cranial pole and 0.68 cm width at the caudal pole. The right adrenal gland measured 0.74 cm width at the cranial pole and 0.6 cm width at the caudal pole.

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.

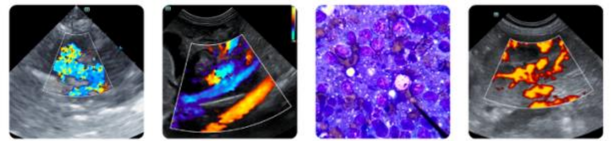
Liver & Gallbladder

The liver presented subjective mildly 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 distended in size with potential minor gallbladder wall edema. The gallbladder lumen was primarily occupied by nondependent congealed mildly organized variably hyperechoic nonmineralized debris with suspect peripheral lumen anechoic bile to potential mucus. Mild evidence of pericholecystic inflammation exhibiting by hyperechoic omentum. The visible common bile duct exhibited mild dilation, most notable in the distal common bile duct at the level of the duodenal papilla.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained fluid and lumen gas. No evidence of obstruction to pyloric outflow.



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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.

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

Pancreas

The left limb, right limb, and base 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 mild peripancreatic reactivity / inflammation.

Free Abdomen

No overt peritoneal effusion was present. Intermittent normal to mildly prominent mesenteric and medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

ULTRASONOGRAPHIC FINDINGS

- Gallbladder mucocele with evidence of mild pericholecystic inflammation.
- Mild common bile duct dilation at the subjective level of the duodenal papilla.
- Hepatopathy- subjective benign.
- Mild hypomotile stomach.
- Sonographically unremarkable small intestine.
- Suspect concurrent chronic/chronic active pancreatitis.
- Minor mesenteric/medial iliac lymphadenopathy-consistent with benign criteria.
- Chronic renal changes exhibiting mild medullary mineral.
- Bilateral mild adrenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Definitive distal common bile duct or duodenal papilla obstructive pathology was not definitively evident. Given evidence of mild pericholecystic inflammation combined with gallbladder mucocele, referral for cholecystectomy with gross inspection of the common bile duct and hepatic biopsies assuming normal clotting status is warranted.

Perioperative gastrointestinal support and empirical therapy for suspect chronic/chronic active pancreatitis including broad-spectrum antibiotics given evidence of pericholecystic inflammation and possible emerging peritonitis is recommended.

Adrenal workup is warranted if clinical signs consistent with Cushing's syndrome are non-reported or arise.

SonoPath.com info@sonopath.com 1.800.838.4268

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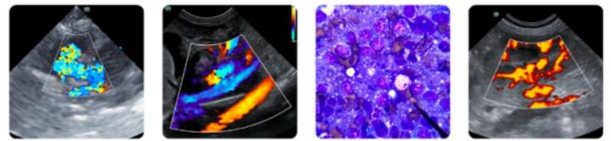

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com