**PATIENT**

Trixie Sayyae

SPECIES

Canine

BREED

Rat Terrier

SEX

FS

AGE

12 years 8 months

WEIGHT

12.8 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VETWixom Family Pet
Practice**INVOICE
14282****DATE**

7/12/22

PRESENTING CLINICAL SIGNS

Patient History: Discovery of hepatopathy in December 2021. Blood work in February showed further elevation of ALT, ALP, GGT values. Presented today for a one day history of anorexia and vomiting. Has seemed more lethargic.

Abnormal PE/Chem/CBC/UA Results: QAR. Head down. OU) Nuclear sclerosis Moderate diffuse calculus. Moderate gingivitis. Tacky gums. Several small nodular cutaneous growths, none show signs of irritation. Tense, distended. Painful! Diagnostics: CBC - LYM 0.23 (0.83-4.91), EOS 0.01 (0.04-1.62) Chem - CHOL 402 (12-310), ALT > 3000 (0-12) x3 dilution, ALP > 2967 (0-140) x3 dilution, AST > 1000 (0-60), GGT 56 (0-14), TBIL 1.8 (0.0-0.5) Lytes - K 3.7 (3.8-5.3), Cl 95 (102-120) T4 - 1.4 4Dx - Negative UA (cysto) - SpG 1.025, pH 6.5, Protein 2+, Blood 3+

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, and cystourethral junction 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.

The area of the aortic trifurcation was free of pathology.

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 4.5 cm in length. The right kidney measured 5.2 cm in length.

Adrenal Glands

A nondisruptive, nonuniform, mildly echogenic, nonmineralized nodule was present in the cranial left adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.51 cm in diameter. The overall left adrenal gland measured 0.57 cm width at the cranial pole and 0.64 cm width at the caudal pole.

The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.70 cm width at the cranial pole and 0.78 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Nondisruptive, echogenic nodules were present throughout the medial parenchyma. The nodules exhibited subtle progressive distal acoustic shadowing. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

**PATIENT**

Trixie Sayyae

SPECIES

Canine

BREED

Rat Terrier

SEX

FS

AGE

12 years 8 months

WEIGHT

12.8 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET
Wixom Family Pet
Practice**INVOICE**
14282**DATE**

7/12/22

Liver/ Gallbladder

The liver was enlarged with symmetrical to rounded hepatic contour. Generalized mild nonuniform hepatic parenchyma echogenicity was present with moderate coarse echotexture. No masses or nodules were noted. 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. Regional to peripheral inflammation exhibited by pericholecystic hyperechoic mesentery along with scant to mild volume free fluid was present.

Gastrointestinal

The stomach exhibited moderate distention with retained anechoic fluid. The gastric walls were sonographically normal.

The duodenum exhibited intact yet mildly prominent wall layering with minor retained duodenal fluid. The duodenum wall width measured 0.40 cm. The jejunum and ileum to the level of the colon were normal.

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

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.

Free Abdomen

Small pockets of scant lateral and caudal abdominal fluid were also present. No overt lymphadenopathy was noted.

ULTRASONOGRAPHIC FINDINGS***Primary Findings***

- Gallbladder mucocele with peripheral inflammation and mild pericholecystic / peritoneal free fluid
- Hepatopathy
- Gastroduodenitis patten with hypomotile stomach

Secondary Findings

- Mild chronic renal changes
- Left adrenal nodule - suspect adenoma
- Benign splenic nodules - consistent with probable myelolipomas, potential for nodular hyperplasia or emerging areas of splenic mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary finding in this case is the gallbladder mucocele with evidence of peripheral inflammation and mild free fluid. This suggests associated regional bile peritonitis likely owing to leakage of bile from the gallbladder, although definitive evidence of gallbladder rupture was not obvious.

IMAGING PERFORMED BY

SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



PATIENT

Trixie Sayyae

Regardless, immediate cholecystectomy with hepatic biopsies and likely abdominal flush, assuming normal clotting status, is recommended. This may be considered a surgical emergency.

SPECIES

Canine

Prognosis at this stage is very guarded, given the likelihood of bile peritonitis even with surgical intervention. Humane euthanasia is warranted if surgery is not an option in this case.

BREED

Rat Terrier

SEX

FS

AGE

12 years 8 months

WEIGHT

12.8 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

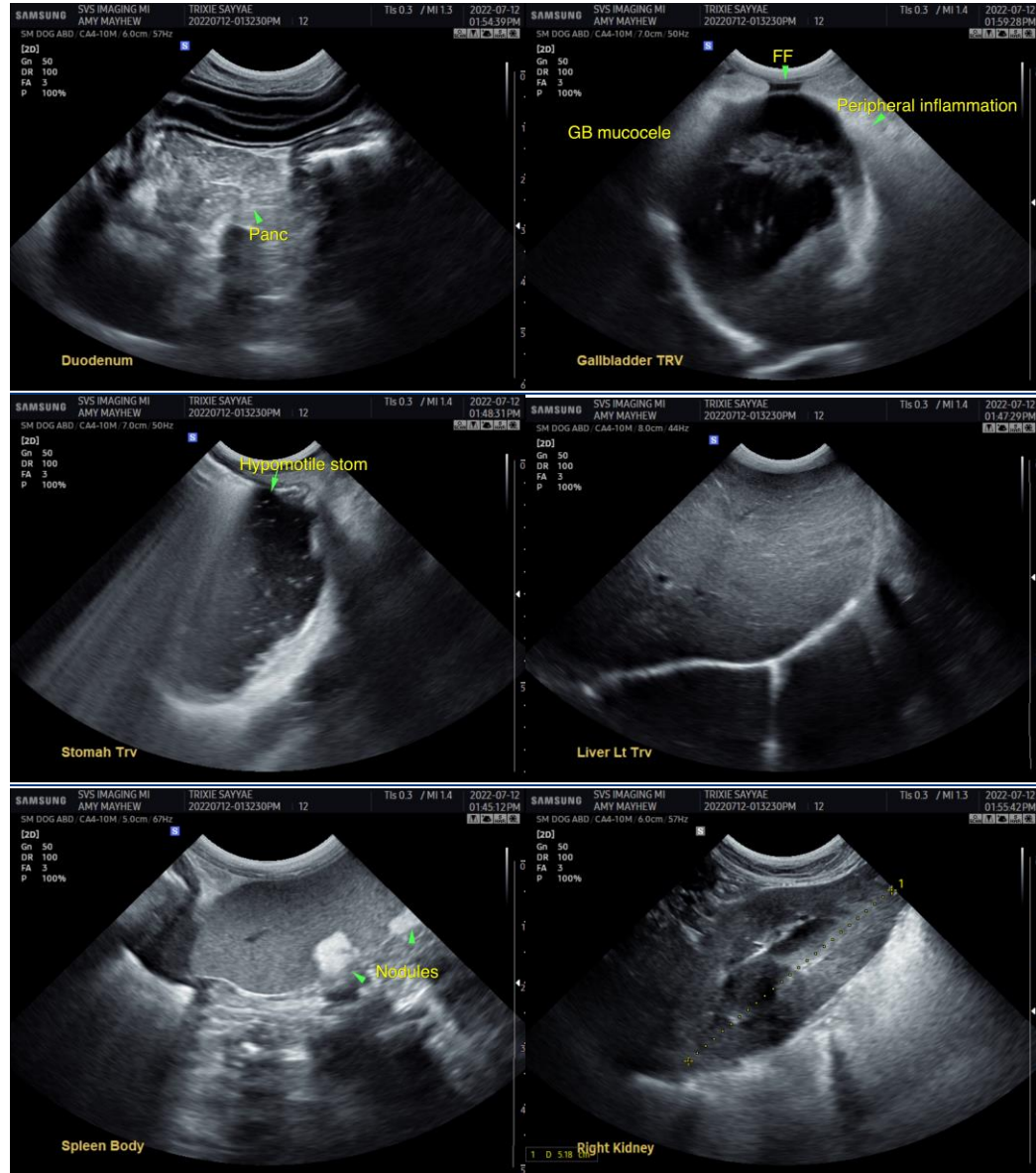
Wixom Family Pet
Practice

INVOICE

14282

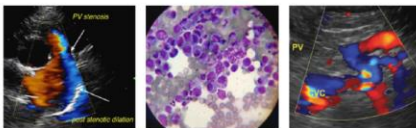
DATE

7/12/22



IMAGING PERFORMED BY

SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Trixie Sayyae

SPECIES

Canine

BREED

Rat Terrier

SEX

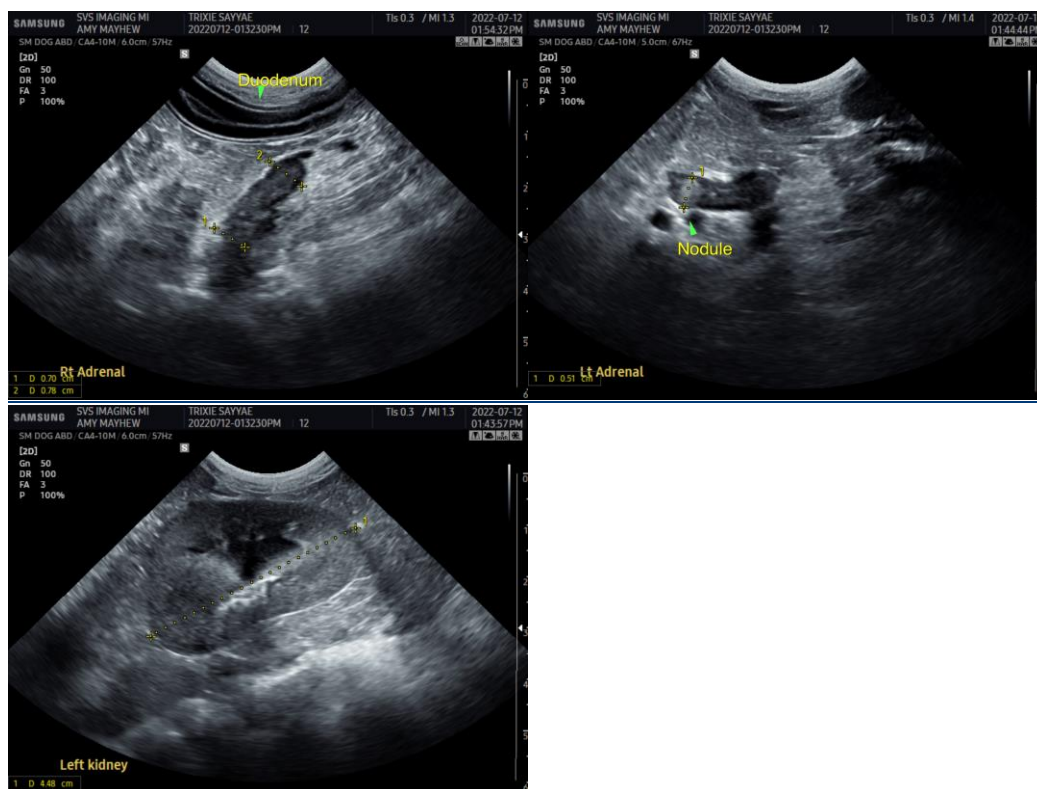
FS

AGE

12 years 8 months

WEIGHT

12.8 lbs.



INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Wixom Family Pet
Practice

INVOICE

14282

DATE

7/12/22

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