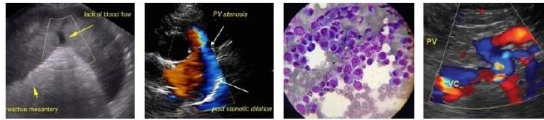




PATIENT	PRESENTING CLINICAL SIGNS
Megan Garden	Elevation of ALKP and low normal HCT/RBC. All else WNL. Concerns re: liver/ cushings. No meds.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths, sediment or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
Cavalier King Charles Spaniel	The area of the aortic trifurcation was free of pathology.
SEX	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. Areas of nonobstructive medullary mineral to small renoliths were present in both kidneys. No evidence of pyelectasia was present. The left kidney measured 4.1 cm in length. The right kidney measured 4.2 cm in length.
FS	
AGE	Adrenal Glands
14 years	The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.9 cm length x 0.58 cm width at the caudal pole. The right adrenal gland measured 1.7 cm length x 0.55 cm width at the caudal pole. No evidence of adrenomegaly or tumors was noted.
WEIGHT	Spleen
9 kg	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.
INTERPRETED BY	Liver/ Gallbladder
R. McKenzie Daniel, DVM, DABVP	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 distended in size. Subtly prominent yet isoechoic gallbladder walls were noted. The gallbladder lumen was primarily occupied by non-dependent to congealed nonhomogeneous mildly hyperechoic debris exhibiting mild organization. Anechoic content was present along the periphery of the congealed luminal debris. No overt evidence of peripheral gallbladder inflammation was noted. Subtle striations were noted between the congealed luminal debris and inner luminal wall. The congealed debris appeared to extend into the area of the cystic duct which appeared to be mildly dilated. The common bile duct was normal.
IMAGING PERFORMED BY	
Crystal Hill	
HOSPITAL NAME	
Animal Hospital of Stoney Creek	
REFERRING VET	
Dr. Egbers	
INVOICE	
14418	
DATE	
7/27/22	



PATIENT

Megan Garden

SPECIES

Canine

BREED

Cavalier King Charles
Spaniel

SEX

FS

AGE

14 years

WEIGHT

9 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

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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.

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 parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Gallbladder mucocele
- Vacuolar hepatopathy pattern - subjectively benign
- Bilateral chronic renal changes with nonobstructive medullary mineral / small renoliths

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder mucocele does not appear to be inflamed at this point and without overt evidence of peripheral gallbladder inflammation. However, close monitoring for evidence of cranial abdominal or subxiphoid discomfort on palpation, as well as evidence of increasing cholestasis going forward is recommended. Hepatosupportive medications may prove beneficial.

Given the lack of reported clinical signs, i.e., PU/PD, polyphagia, etc., Cushing's Syndrome is considered unlikely. Assessment of T4 levels if not recently done is recommended as gallbladder mucoceles have been associated with hypothyroidism. Prophylactic cholecystectomy could be considered in this case.

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 subxiphoid 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.



PATIENT

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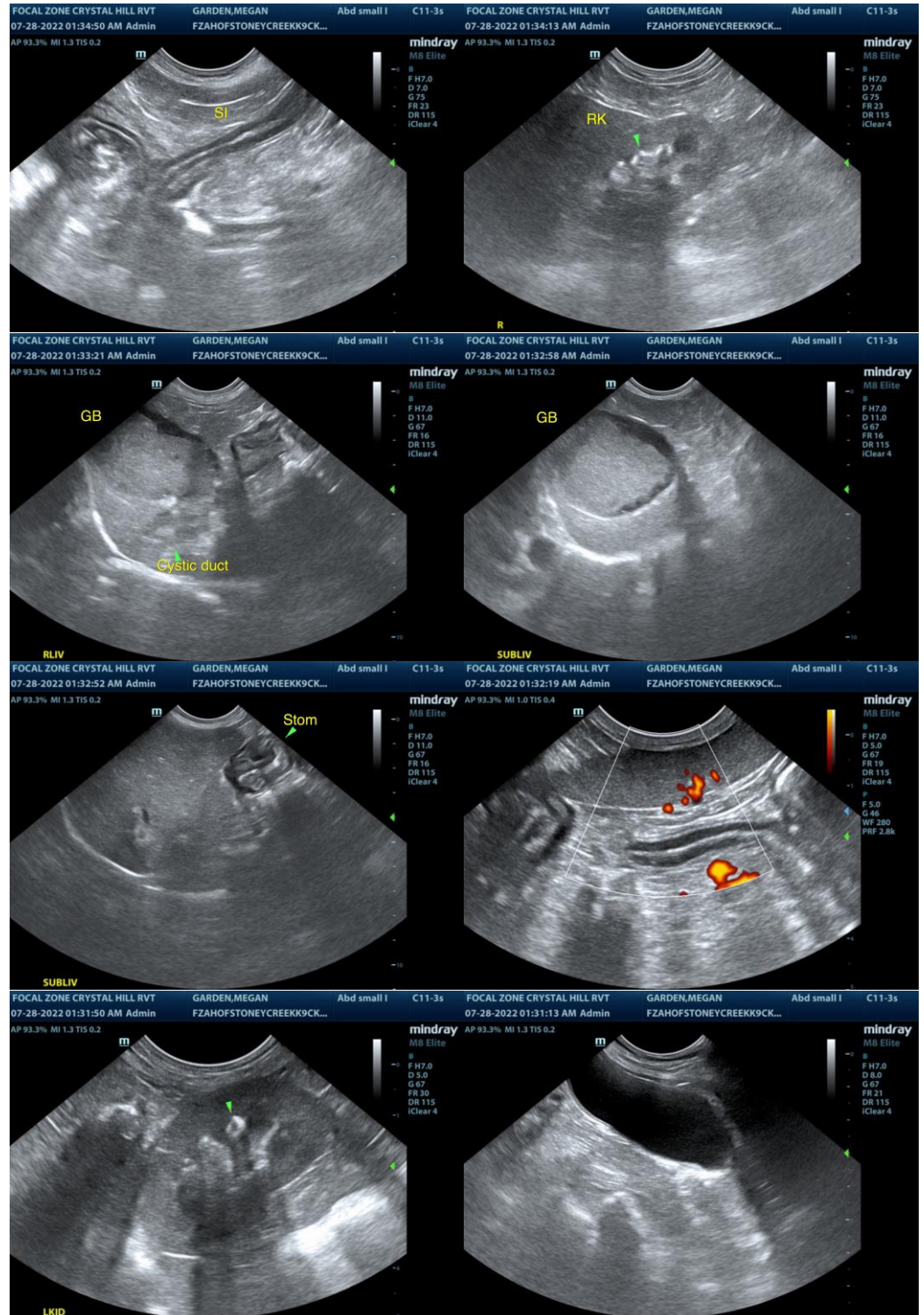
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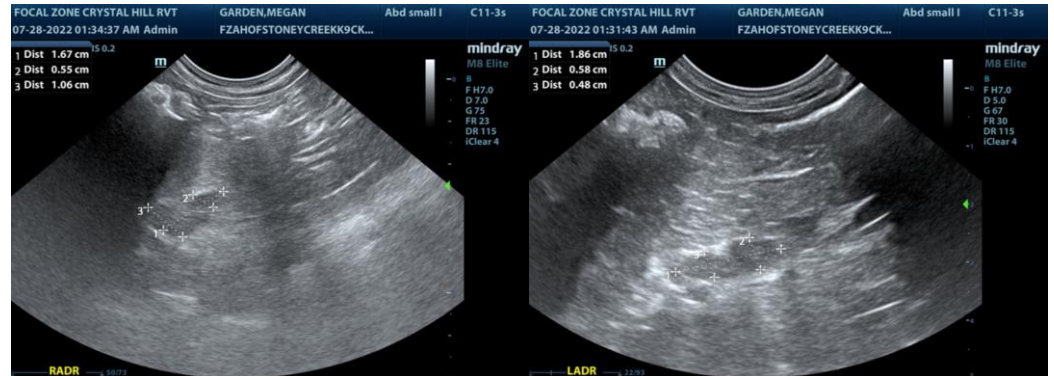
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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