

**PATIENT**

Bert Hedrick

**PRESENTING CLINICAL SIGNS**

History: Reason for Visit: Pet has been vomiting since Saturday morning.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal)  
Hydration: 5% dehydrated Mentation: Quiet, depressed, lethargic EENT: No nasal discharge; clear no discharge OU; clean no exudate AU; No cough on tracheal palpation. Oral Cavity: moderate dental tartar present (used swab to lift lips) Lymph Nodes: Symmetrical, no changes in size, shape, consistency Skin: Good hair coat, no signs of ectoparasites. Approx 5cm SQ mass present on the ventral abdomen (previous ddx Lipoma per O) CV/Respiratory: No murmur/arrhythmia or crackles/wheezing auscultated. Synchronous pulses, normal rate. Normal bronchovesicular sounds. Abd/GI: Tense mild painful abdomen with cranial palpation Uro/Perineum: N Musculoskeletal: Normal ambulation, no lameness noted. No pain on palpation of limbs, normal flexion/extension present in all joints of all limbs. BCS 6/9 Neurological: Appropriate Diagnostic Testing Needed: CBC/CHEM/Lytes, cPL, AUS Declined Diagnostics/Treatments: None Findings: CBC - WBC 25.09 H (5.05-16.76), NEU 21.94 H (2.95-11.64), Bands suspected, MONO 1.53 H (0.16-1.12), EOS 0 L (0.06-1.23), MPV 15.4 H (8.7-13.2) CHEM - GLU 153 H (70-143), TP 8.4 H (5.2-8.2), GLOB 4.7 H (2.5-4.5), ALT 427 H (10-125), ALKP 1806 H (23-212), TBIL 5.4 H (0-0.9), CHOL 383 H (110-320) Electrolytes - K 3.3 L (3.5-5.8), Cl 104 L (109-122) cPL - Normal

**BREED**

Chihuahua Mix

**SEX**

MN

**AGE**

10yr

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

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. No evidence of pelvic dilation was present. The left kidney measured 4.5 cm in length. The right kidney measured 5.1 cm in length.

**WEIGHT**

18.3lb

The area of the aortic trifurcation was free of pathology.

No overt pathology in the area of the residual prostate.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Rivera

**HOSPITAL NAME**

DPC Veterinary  
Hospital

**Adrenal Glands**

Both adrenal glands were indistinctly visualized yet without overt pathology. The left adrenal gland measured 0.72 cm width at the caudal pole. The right adrenal gland measured 0.59 cm width at the caudal pole.

**REFERRING VET**

Dr. Rivera

**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.

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**Liver**



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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.

**SPECIES**

Canine

The gallbladder was distended in size with primarily anechoic luminal content and nondependent congealed to organized hyperechoic debris exhibiting minor peripheral indistinct stellate pattern. The cystic and common bile ducts were normal.

**BREED**

Chihuahua Mix

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach exhibited mild to moderate gas distention with no signs of ileus, obstruction or foreign material.

**SEX**

MN

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.

**AGE**

10yr

**Pancreas**

The pancreas was normal in size and contour with heterogeneous to mildly hyperechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

**WEIGHT**

18.3lb

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**INTERPRETED BY**

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

**ULTRASONOGRAPHIC FINDINGS**

- Gallbladder mucocele with peripheral inflammation
- Mild nonhomogeneous to echogenic pancreas
- Mild gastroduodenitis
- Hepatopathy-subjectively benign
- Mild chronic renal changes

**IMAGING PERFORMED BY**

Dr. Rivera

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The primary finding and likely underlying primary contributing factor to the clinical signs is the gallbladder mucocele with pericholecystic inflammation. Referral for cholecystectomy +/- hepatic biopsies assuming normal clotting status is strongly recommended. Empirical hepatic and GI support with close clinical and sonographic monitoring of the hepatic enzyme elevations and gallbladder would be a more conservative approach however cholecystectomy is ideal. Assessment of T4 levels +/- adrenal workup if clinically indicated could be considered.

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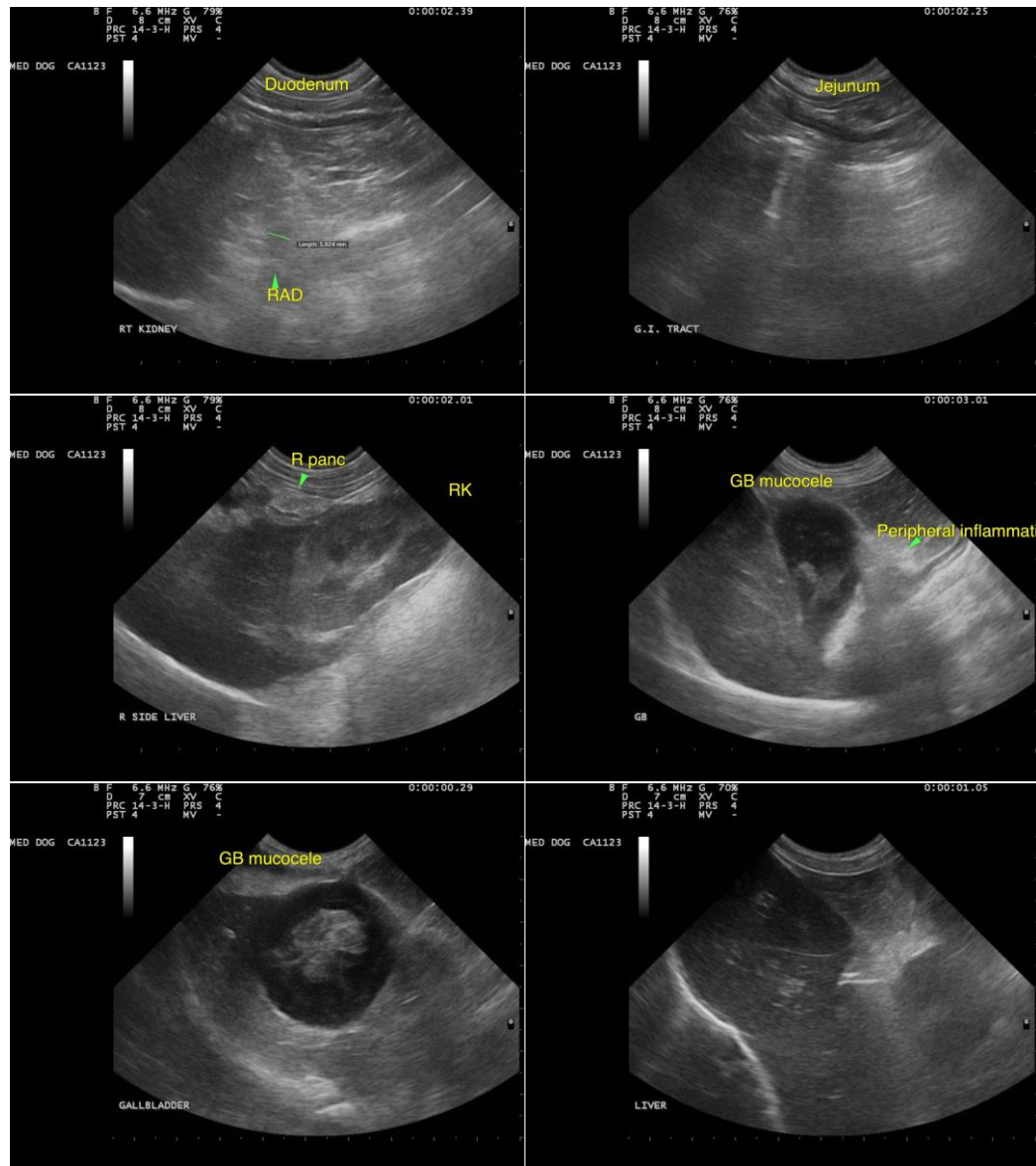
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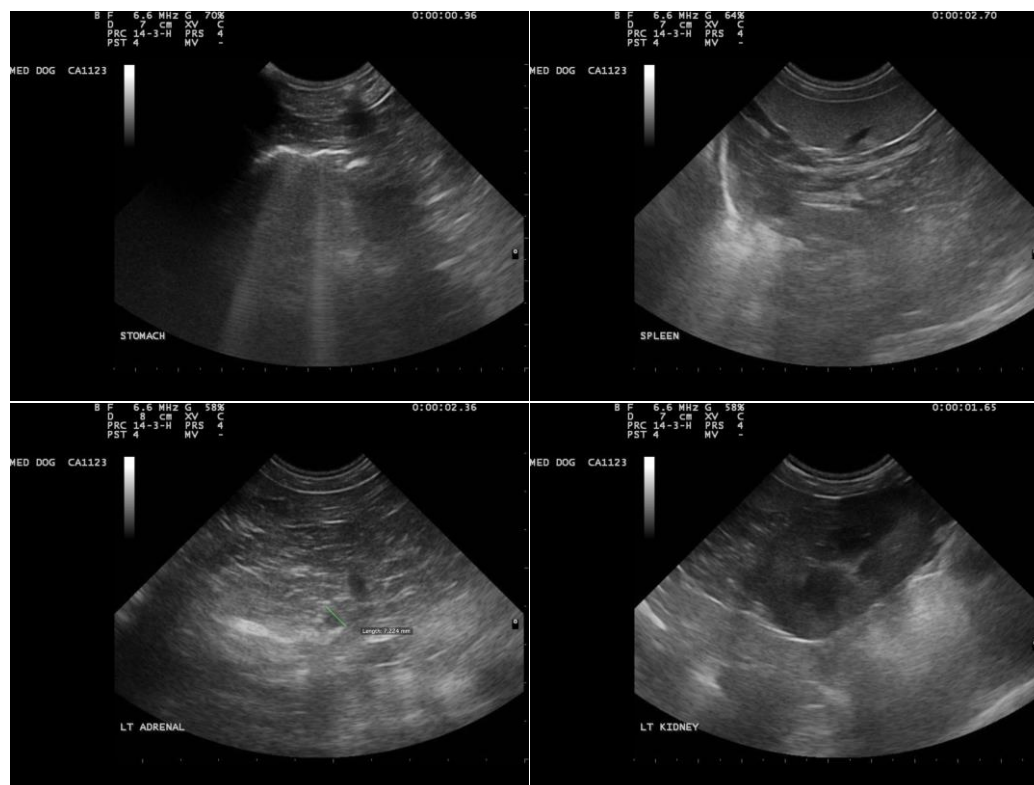
MN

**AGE**

10yr

**WEIGHT**

18.3lb



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.

**INTERPRETED BY**

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

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)

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info@SonoPath.com

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