



**PATIENT**

Quincy Fasano

**SPECIES**

Canine

**BREED**

Miniature Poodle

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

14.5 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Tiffany Brady, DVM

**HOSPITAL NAME**

Shiloh VH

**REFERRING VET**

Tiffany Brady, DVM

**INVOICE**

17121

**DATE**

8/31/22

**PRESENTING CLINICAL SIGNS**

History: Hypothyroidism managed with levothyroxine. History of severely elevated liver values and possible early gallbladder mucocele in May. Treated by emergency hospital with Clavamox, Denamarin, Gabapentin and Cerenia. Liver values greatly improved initially, and targeted ultrasound of GB done at re-evaluation a few weeks after discharge showed only mild sludge in GB. Plan was to use L/D diet and monitor monthly to see if Denamarin could be discontinued. Owner forgot to follow up until today. Currently doing well (good appetite, activity level, non-painful) aside from recent diarrhea but U/S of liver and GB very concerning for recurrence of mucocele or mass in GB. Bloodwork is pending.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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. Aortic trifurcation was normal.

No overt pathology in the area of the residual prostate.

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. Pinpoint to focal areas of nonobstructive medullary mineral noted. The left kidney measured 4.3 cm in length. The right kidney measured 4.8 cm in length.

**Adrenal Glands**

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 0.6 cm width in the cranial pole and 0.63 cm width in the caudal pole. The right adrenal gland measured 0.64 cm width in the cranial pole and 0.51 cm width in the caudal pole.

**Spleen**

The spleen was normal in size and contour with mild splenic parenchyma heterogeneity, including discreet hyperechoic nodule, adjacent to the hilus, as well as multiple pinpoint hyperechoic parenchyma foci.

**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 non distended in size with echogenic, nonmineralized, nondependent biliary sludge. The gallbladder walls were sonographically normal without evidence of inflammatory criteria. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. The peripheral gallbladder was sonographically unremarkable without evidence of peripheral inflammation or free fluid.

**Gastrointestinal**



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate variably echogenic, yet nonshadowing ingesta/chyme without signs of obstruction or foreign material.

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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.

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Miniature Poodle

The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. Semi-formed to soft fecal matter was present in the colon lumen with lumen dilation, consistent with reported diarrhea.

**Pancreas**

**SEX**

Neutered Male

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**

**AGE**

11 Years

Subjective generalized mild increased omental echogenicity. No evidence of lymphadenopathy or free fluid.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

14.5 Pounds

**Primary Findings**

- Vacuolar hepatopathy pattern- subjectively benign
- Partial/immature gallbladder mucocele- no evidence of gallbladder or peripheral inflammatory criteria
- Gastric ingesta
- Mild colitis pattern

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**Secondary Findings**

- Mild chronic renal changes with mild medullary mineral
- Benign splenic nodule with concurrent pinpoint hyperechoic splenic parenchyma foci- consistent with probable perihilar myelolipoma with multiple pinpoint areas of splenic microinfarction, fibrosis or potential emerging mineralization (benign)

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The gallbladder, at this stage, is consistent with a partial to immature, potentially emerging gallbladder mucocele. However, no overt evidence of inflammatory criteria in conjunction with lack of reported cranial abdominal or subxiphoid discomfort or pain. No overt indication for immediate surgical intervention, however, close monitoring for evidence of cranial abdominal or subxiphoid pain or discomfort on palpation, as well as increasing evidence of cholestasis, going forward, is advised. Some or all of the following protocol may be considered in addition to hepatosupportive medications. Correlation with pending blood work, as well as T4 levels (if not done) is suggested. Bland or hydrolyzed diet trial, high colony count probiotics (such as Provable), and prophylactic deworming may prove beneficial.

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**Cholecystitis/Emerging Mucocele protocol.**

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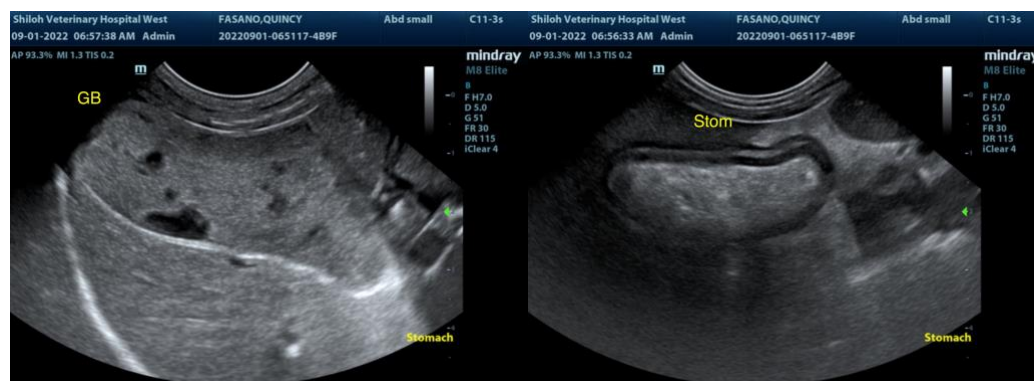
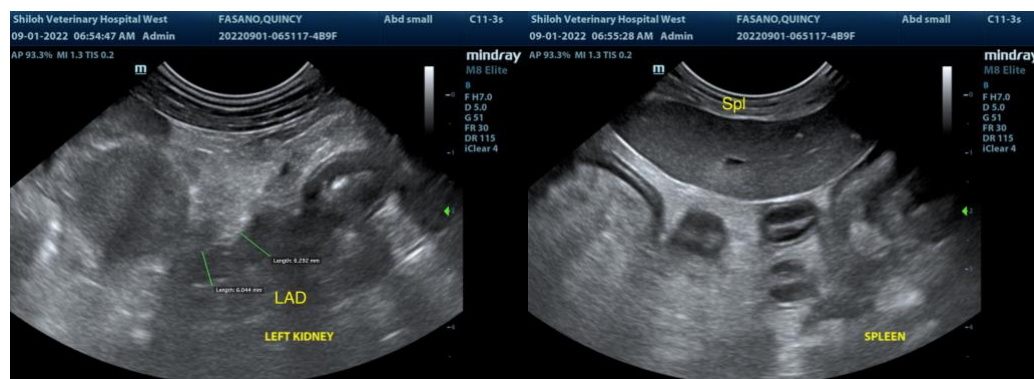
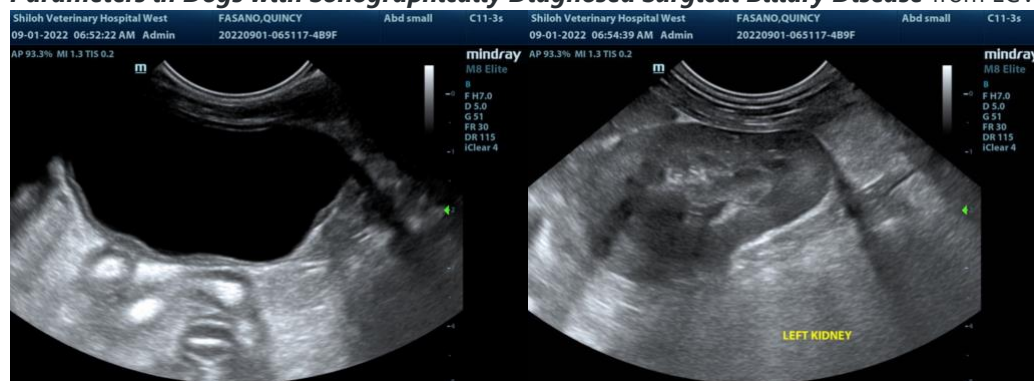
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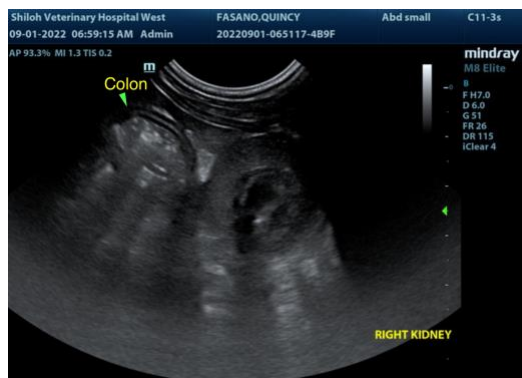
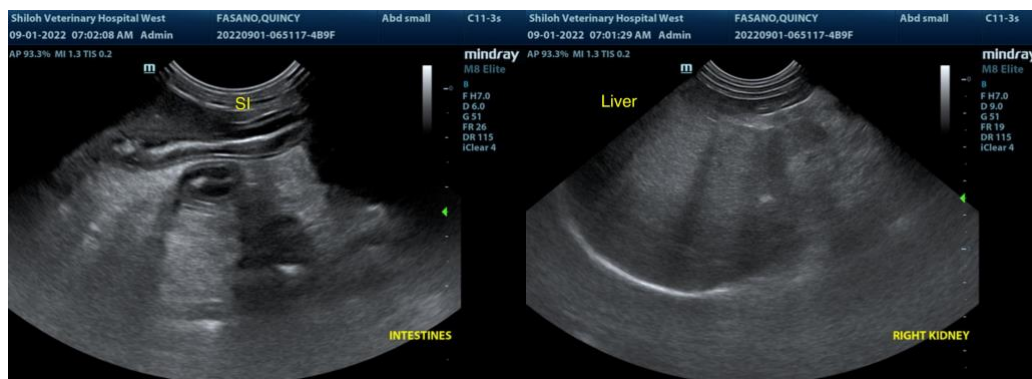
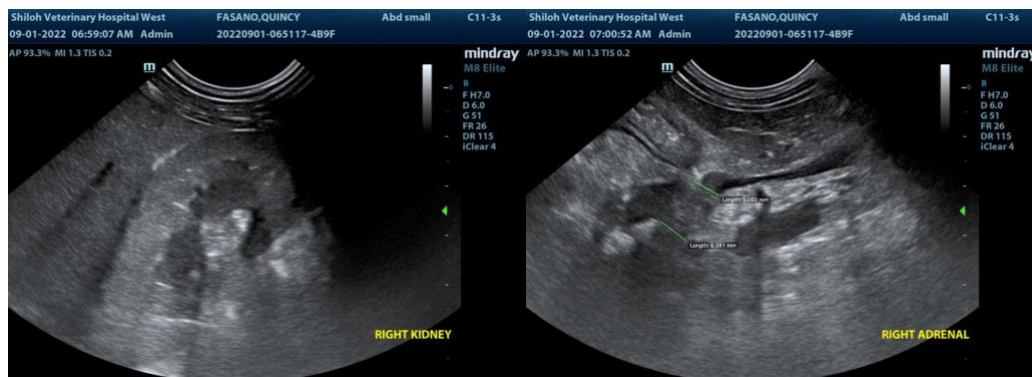
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)