



**PATIENT**

Quincy Abayomi

**SPECIES**

Canine

**BREED**

Toy Poodle

**SEX**

Neutered

**AGE**

8 years

**WEIGHT**

8.10 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

JSS

**HOSPITAL NAME**

King Hopkins Pet  
Hospital

**REFERRING VET**

Dr. Sasha Black

**INVOICE**

14537

**DATE**

8/9/22

**PRESENTING CLINICAL SIGNS**

vomiting repeatedly and is very lethargic - owner is concerned and requested treatment. - Eats human food regularly. Today pet ate kibble and some chicken. Disposition: QAR - tail firmly between legs Pain or discomfort: Very painful in the cranial abdomen Abdomen palpation: Bloated abdomen. abdomen very tense X-ray abdominal: - enlarged liver - Bloated gas-filled stomach - Intestines filled with food Abnormal PE/Chem/CBC/UA Results: Hematology (Test) (Result) (Range) MCH 26.2 21.2 - 25.9 pg MCHC 40.3 32.0 - 37.9 g/dL Lymphocytes \* 0.90 1.05 - 5.10 K/ $\mu$ L Basophils \* 0.55 0.00 - 0.10 K/ $\mu$ L MPV 14.3 8.7 - 13.2 fL Chemistry (Test) (Result) (Range) Total Protein 8.8 5.2 - 8.2 g/dL Globulin 5.4 2.5 - 4.5 g/dL ALT 409 10 - 125 U/L ALP 1,130 23 - 212 U/L Bilirubin - Total 1.87 0 - 0.88 mg/dL

**This submitted study contained 14 videos and 15 still images for review.**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was mildly distended yet exhibited normal tone. Anechoic urine was primarily present with mild nondependent particulate to mildly hyperechoic sediment, which may indicate cellular debris / protein, crystalline debris, lipid, or mucus.

The residual prostate was free of obvious pathology.

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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.3 cm in length. The right kidney measured 5.1 cm in length.

**Adrenal Glands**

The left adrenal gland was overtly normal in size, position, and shape. The left adrenal gland measured 0.56 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

**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 exhibited generalized enlargement with the ventral liver extending caudally past the level of the gastric axis. Symmetrical to rounded hepatic capsule contour with generalized hepatic parenchyma echogenicity exhibiting moderate coarse echotexture were present. Multiple mildly hypoechoic nondisruptive intraparenchymal nodules were noted with an example measuring 1.4 cm in diameter.



<b>PATIENT</b>	The gallbladder was non-distended in size with mildly hyperechoic to thickened walls. Moderate, congealed, mildly hyperechoic, luminal debris along with anechoic content was present in the gallbladder. Evidence of peripheral gallbladder inflammation exhibited by hyperechoic omentum was noted along with scant to minor perihepatic to pericholecystic free fluid.
Quincy Abayomi	
<b>SPECIES</b>	<b><i>Gastrointestinal</i></b>
Canine	
<b>BREED</b>	The stomach presented intact yet mildly prominent wall layering. The lumen of the stomach was empty with mild luminal gas. The ventral gastric body wall width measured 0.53 cm.
Toy Poodle	
<b>SEX</b>	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.
Neutered	
<b>AGE</b>	Normal visible colon wall layers were present with segmental semi-formed to soft feces suggestive of potential emerging diarrhea.
8 years	<b><i>Pancreas</i></b>
<b>WEIGHT</b>	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
8.10 kg	<b><i>Free Abdomen</i></b>
<b>INTERPRETED BY</b>	Concurrent scant pockets of free fluid were noted in the caudal abdomen around the urinary bladder. No overt lymphadenopathy was noted.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>IMAGING PERFORMED BY</b>	<b><i>Primary Findings</i></b>
JSS	<ul style="list-style-type: none"> <li>• Cholecystitis with moderate congealed luminal sludge, sonographic evidence of peripheral gallbladder inflammation and minor free fluid</li> <li>• Hepatomegaly exhibiting parenchyma hyperechogenicity with multiple nondisruptive hypoechoic Intraparenchymal nodules - vacuolar hepatopathy, cholestasis, inflammatory / immune-mediated disease, with areas of nodular to regenerative hyperplasia, hematopoiesis, or granulomas, neoplastic criteria considered less likely</li> <li>• Overtly normal pancreas - potential for low-grade to chronic pancreatitis could be present yet sonographically normal, no evidence of active pancreatitis as a primary contributing factor</li> <li>• Mild gastritis</li> </ul>
<b>HOSPITAL NAME</b>	<b><i>Secondary Findings</i></b>
King Hopkins Pet Hospital	<ul style="list-style-type: none"> <li>• Mild urinary bladder sediment</li> </ul>
<b>REFERRING VET</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Dr. Sasha Black	The underlying cause of the patient's clinical signs, abdominal pain, and discomfort, as well as elevated liver enzymes, is most likely associated with the gallbladder. This is highly suggestive of atypical mucocele with peripheral inflammation and potential for regional bile peritonitis.
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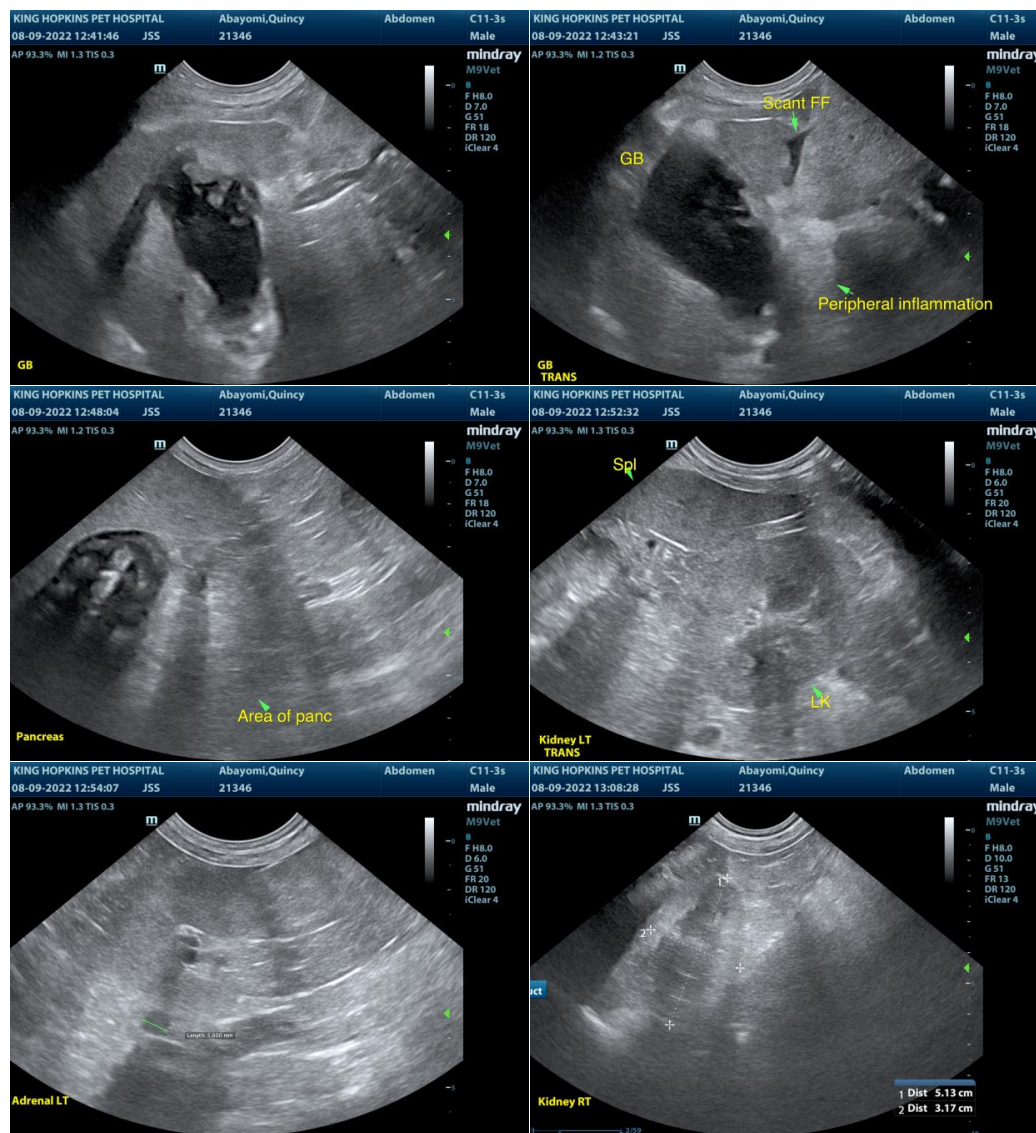
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Assuming normal clotting status, laparotomy with cholecystectomy, hepatic biopsy, and gross inspection of the area of the pancreas are strongly recommended. This may potentially be considered a surgical emergency. Immediate referral with recommended surgery is likely in this patient's best interest. Perioperative antibiotics are recommended. Overall, a very guarded prognosis is warranted.





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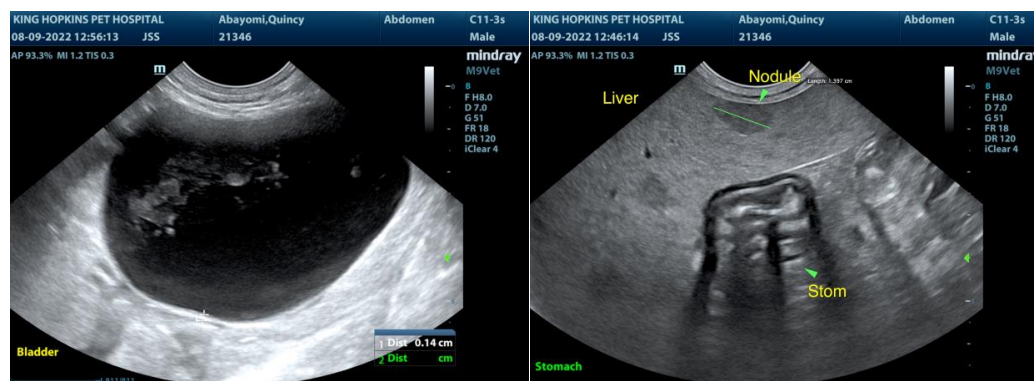
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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