



PATIENT

Bruiser Burke

SPECIES

Canine

BREED

Papillion

SEX

MN

AGE

13 years

WEIGHT

9.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brita Kiffney

HOSPITAL NAME

Northshore VH

REFERRING VET

Dr. Brita Kiffney

INVOICE

15038

DATE

9-29-22

PRESENTING CLINICAL SIGNS

P presented for senior exam with weight loss and decreased appetite. On exam, p is thin with moderate muscle wasting, class 3 dental disease. Multiple lipomas present. Healthcheck/ua unremarkable other than low T4, TSH is high confirming hypothyroidism. Started on soloxine, at recheck labs 7/27 thyroid is in WNL range but now ALT is elevated, weight loss continues. Ultrasound of abdomen was performed and primary finding was gallbladder debris recheck of gall bladder today, still not eating well, adding in ursodiol

Abnormal PE/Chem/CBC/UA Results: healthcheck, u/a 6/14/22: stress leukogram, chem WNL, ua USG 1.044, quiet stick/sediment, T4: low (0.7) TSH 6/14/22: high (1.68) liver biopsy performed 8/11/22: Hepatocellular vacuolar degeneration

ULTRASONOGRAPHIC EXAMINATION OF THE LIVER AND STOMACH

Liver/ Gallbladder

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 mildly distended in size. The gallbladder walls were sonographically normal without overt evidence of inflammatory criteria. The gallbladder contained anechoic content with moderate, non-dependent, inspissated, mildly hyperechoic gallbladder debris. No evidence of peripheral gallbladder inflammation was noted. The common bile duct was subjectively unremarkable without evidence of dilation, stasis, or post hepatic obstructive criteria.

Stomach

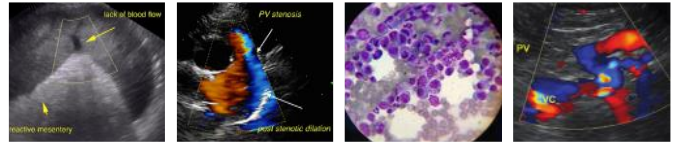
The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas. No signs of ileus, obstruction or foreign material. The gastric body wall width measured 0.33 cm.

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly - benign
- Moderate nondependent inspissated gallbladder debris
- Sonographically unremarkable stomach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder presentation is suggestive of early to emerging gallbladder mucocele, yet no evidence of gallbladder or peripheral gallbladder inflammatory criteria. No indication for immediate surgical intervention, yet continued monitoring for evidence of cranial abdominal / subxiphoid discomfort or pain on palpation, as well as for evidence of increasing cholestasis is advised. Serial sonographic monitoring of the gallbladder with specific recheck if these clinical signs are noted, is recommended. Ursodiol therapy and hepatosupportive medications may prove beneficial.



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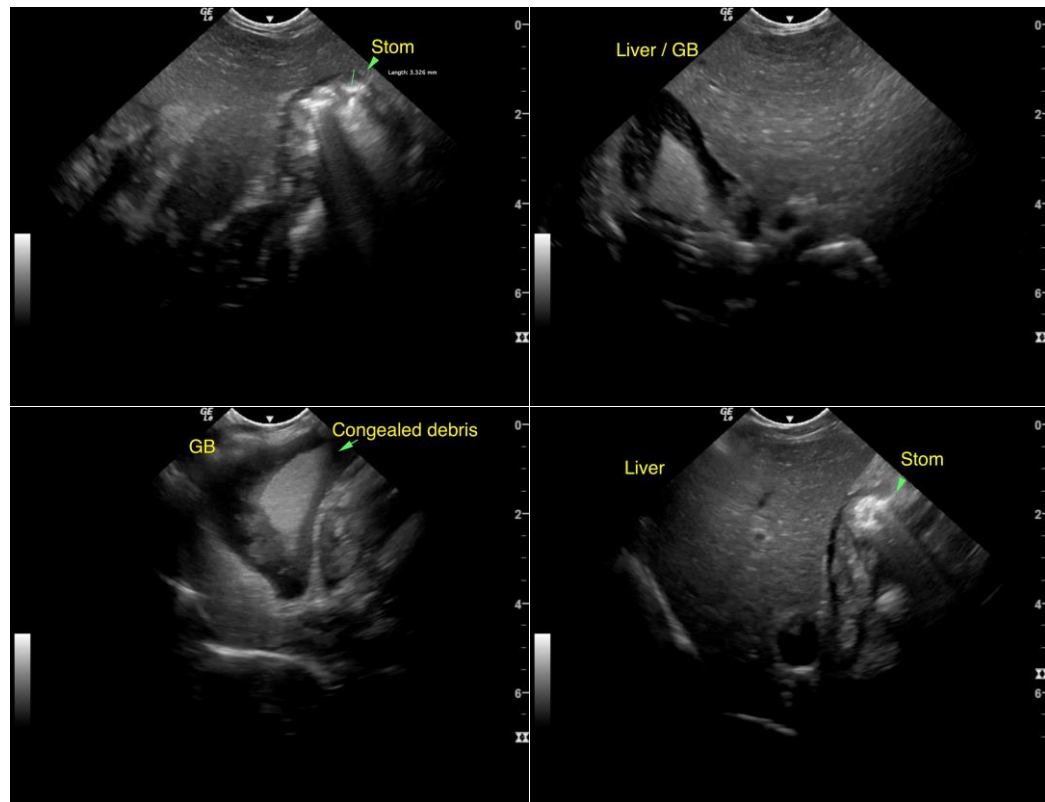
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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