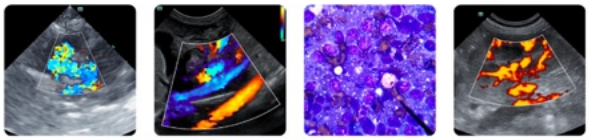


PATIENT

Kaya Rodriguez

SPECIES

Canine

BREED

Shiba Inu

SEX

Spayed female

AGE

15 years

WEIGHT

29.4 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Saum Hadi

HOSPITAL NAME

Nimbus PH

REFERRING VET

Dr. Hadi

INVOICE

71958

DATE

2/25/26

PRESENTING CLINICAL SIGNS

- P presents for evaluation of a possible liver mass that was seen on x-rays. History of mildly increased ALT. All other hepatic values normal, including ALKP, GGT, T.bili.
- Chest rads clear of metastasis
- ALT: 146 U/L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the wall appears thin and smooth. The urine contains a moderate amount of mineral sediment (sand-like material). Normal appearance of the bladder neck and proximal urethra. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 4.15 x 2.63 cm, and the cortical thickness is 0.51 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

The right kidney is normal in shape and size: 5.20 x 2.66 cm, and the cortical thickness is 0.56 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.39 cm at the cranial pole and 0.43 cm at the caudal pole. The right adrenal gland measures 0.36 cm at the cranial pole and 0.37 cm at the caudal pole.

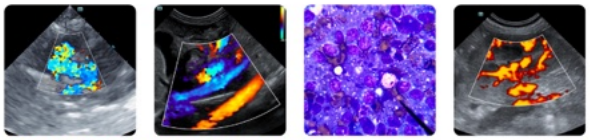
Spleen

Splenic thickness is 1.21 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The parenchyma appears uniform and isoechoic compared to the falciform fat, with normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is markedly distended and contains immobile echogenic organized material forming a stellate, striated “kiwi-like” pattern consistent with advanced gallbladder mucocele formation. The gallbladder wall is stretched but remains intact without sonographic evidence of rupture. There is dilation of the cystic duct and proximal common bile duct. The distal common bile duct is not visualized.



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Gastrointestinal

The stomach is distended with fluid and a small amount of food material. Wall thickness measures 2.89 mm with preserved layering.

Pylorus: 5.03 mm. Duodenum: 3.45 mm. Jejunum: 3.42 mm, with preserved wall layering. No evidence of inflammation, ileus, or foreign material is identified.

Colon: 1.09 mm, with a small amount of formed fecal material in the descending segment.

Pancreas

The evaluated pancreatic regions do not show evidence of overt inflammation.

Peritoneal Cavity

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

- Advanced gallbladder mucocele with stellate “kiwi-like” pattern.
- Moderate mineral sediment within the urinary bladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This 15-year-old spayed female Shiba Inu was referred for evaluation of a possible hepatic mass noted on radiographs. Abdominal ultrasound does not identify a hepatic mass lesion. The previously suspected radiographic lesion may have represented superimposition or gallbladder enlargement.

The gallbladder appears markedly distended containing organized, immobile echogenic material forming a classic stellate or “kiwi-like” pattern, consistent with advanced gallbladder mucocele. There is associated dilation of the cystic duct and proximal common bile duct, suggesting partial or progressing biliary obstruction. The distal common bile duct could not be visualized. Although the hepatic parenchyma remains sonographically unremarkable and serum bilirubin is reportedly normal, the degree of gallbladder distention and ductal dilation indicates clinically significant biliary disease.

The mild ALT elevation is compatible with early hepatocellular stress secondary to biliary disease.

Recommendations

- Gallbladder mucocele is a progressive and potentially life-threatening condition due to the risk of complete biliary obstruction, gallbladder rupture, and secondary biliary peritonitis. Cholecystectomy is recommended given the advanced ultrasonographic appearance and associated ductal dilation. The absence of abdominal effusion at this time suggests rupture has not occurred.

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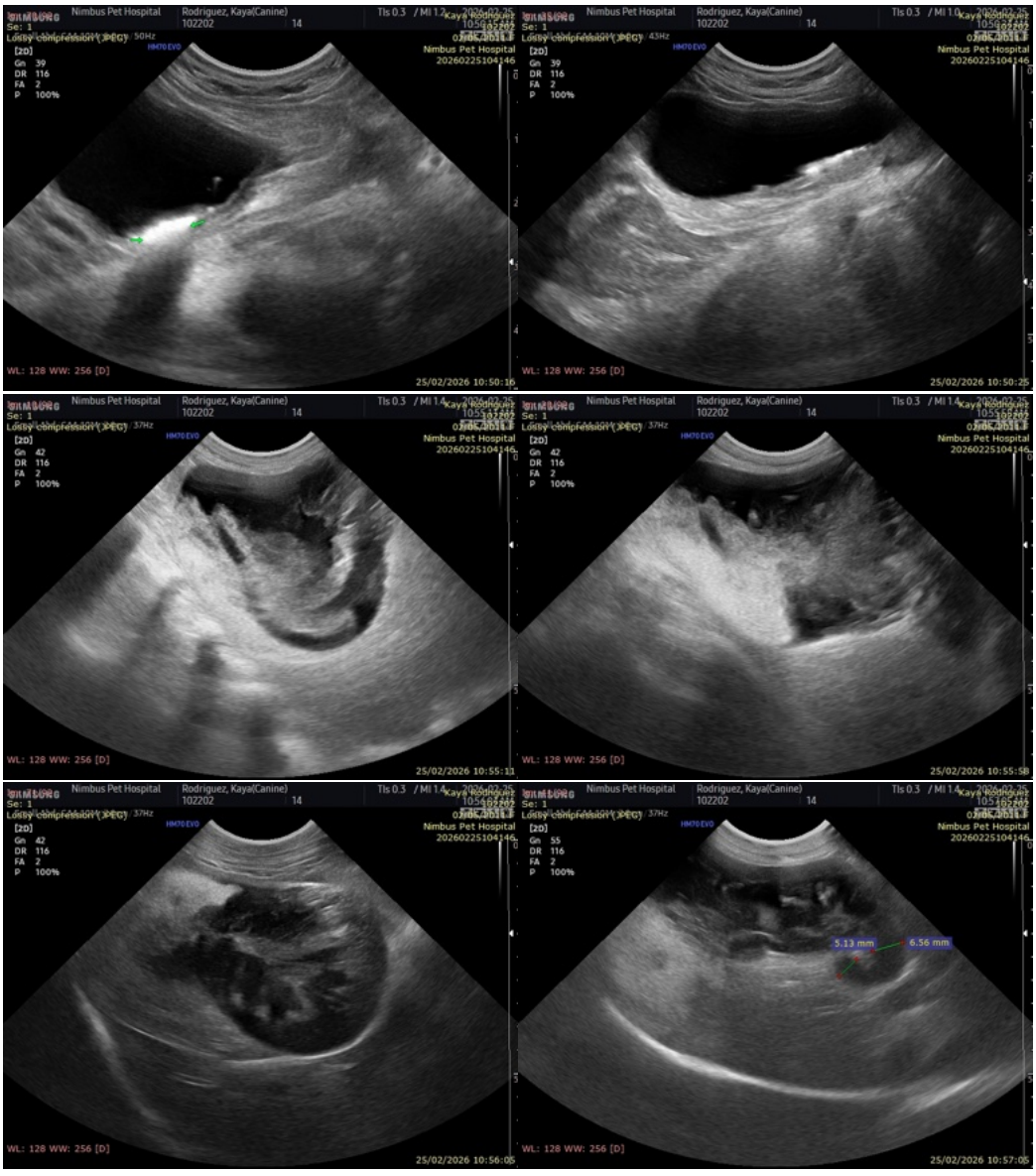
- Preoperative stabilization and coagulation assessment are advised prior to surgical intervention.
- Urinalysis with sediment evaluation is recommended to characterize crystal type. If crystalluria is confirmed, dietary management may be considered depending on crystal composition.



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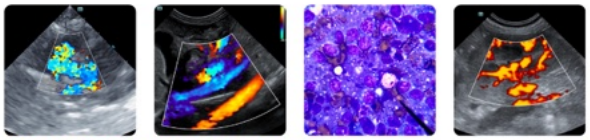

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com