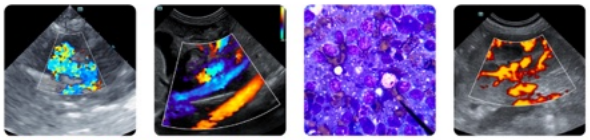


PATIENT

Tracer Kadambi

SPECIES

Canine

BREED

Corgi

SEX

Spayed female

AGE

7 years

WEIGHT

21 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Kara Wallisch

HOSPITAL NAME

Sondel Family VC

REFERRING VET

Dr. Mortensen

INVOICE

78351

DATE

3/27/26

PRESENTING CLINICAL SIGNS

- Started vomiting about 3 days ago after breakfast. Still interested in food. Start a raw coated food a month or so ago.
- Normal stool and apetite
- Abnormal PE/Chem/CBC/UA Results: NSF on PE CBC - mild dehydration CHEM - ALT 660, ALP 220. Rest NSF keyscreen pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is markedly underdistended. Due to underdistension, wall thickness assessment may be overestimated. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. No calculi or evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size: 4.92×2.35 cm, with a cortical thickness of 0.38 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, nephroliths, or hydronephrosis.

The right kidney is normal in shape and size: 5.32×2.23 cm, with a cortical thickness of 0.40 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, nephroliths, or hydronephrosis.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.43 cm at the cranial pole and 0.48 cm at the caudal pole. The right adrenal gland measures 0.45 cm at the cranial pole and 0.40 cm at the caudal pole.

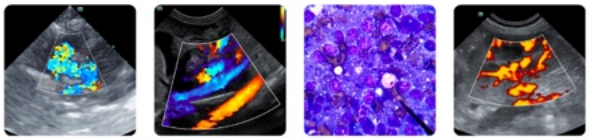
Spleen

Splenic thickness is 1.47 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

Liver

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

The gallbladder is moderately distended. Multiple hyperechoic foci are present along and intimately associated with the gallbladder wall, consistent with early mural mineralization, producing a porcelain



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gallbladder–like appearance. A mild to moderate amount of biliary sludge is present. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is semi-empty, containing a small amount of digested ingesta, with a mural thickness of 3.41 mm and preserved wall layering.

The duodenum measures 3.70 mm. The jejunum measures 3.41 mm, with preserved wall layering. The ileum measures 1.85 mm, with normal wall layering. No signs of inflammation, ileus, or foreign material are identified.

The colon measures 0.99–1.28 mm, with formed feces in the descending segment.

Pancreas

The evaluated pancreatic areas do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

No abdominal effusion or peritonitis is identified. Cranial mesenteric lymph nodes measure 5.84 mm and have normal shape and echogenicity. No sonographic evidence of lymphadenomegaly is identified. The iliac trifurcation appears normal.

PRIMARY FINDINGS

- Gallbladder mural mineralization (porcelain gallbladder–like appearance).
- Mild to moderate biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder shows mural mineralization with associated sludge, producing a mild porcelain gallbladder–like appearance. This finding reflects chronic gallbladder wall change, most consistent with long-standing biliary stasis or chronic cholecystopathy (chronic inflammatory or degenerative change). In the absence of wall thickening, pericholecystic inflammation, or biliary duct dilation, there is no ultrasonographic evidence of active cholecystitis or biliary obstruction at this time. However, this pattern indicates chronic gallbladder dysfunction and may predispose to progression of biliary disease.

The liver appears sonographically normal despite the marked ALT elevation. This is clinically relevant, as acute hepatocellular injury may not produce detectable structural changes on ultrasound, and the enzyme elevation may reflect a functional or acute process (dietary, toxic, or reactive hepatopathy) rather than structural liver disease.

No ultrasonographic evidence of pancreatitis, gastrointestinal obstruction, or other abdominal pathology is identified to explain the acute vomiting.

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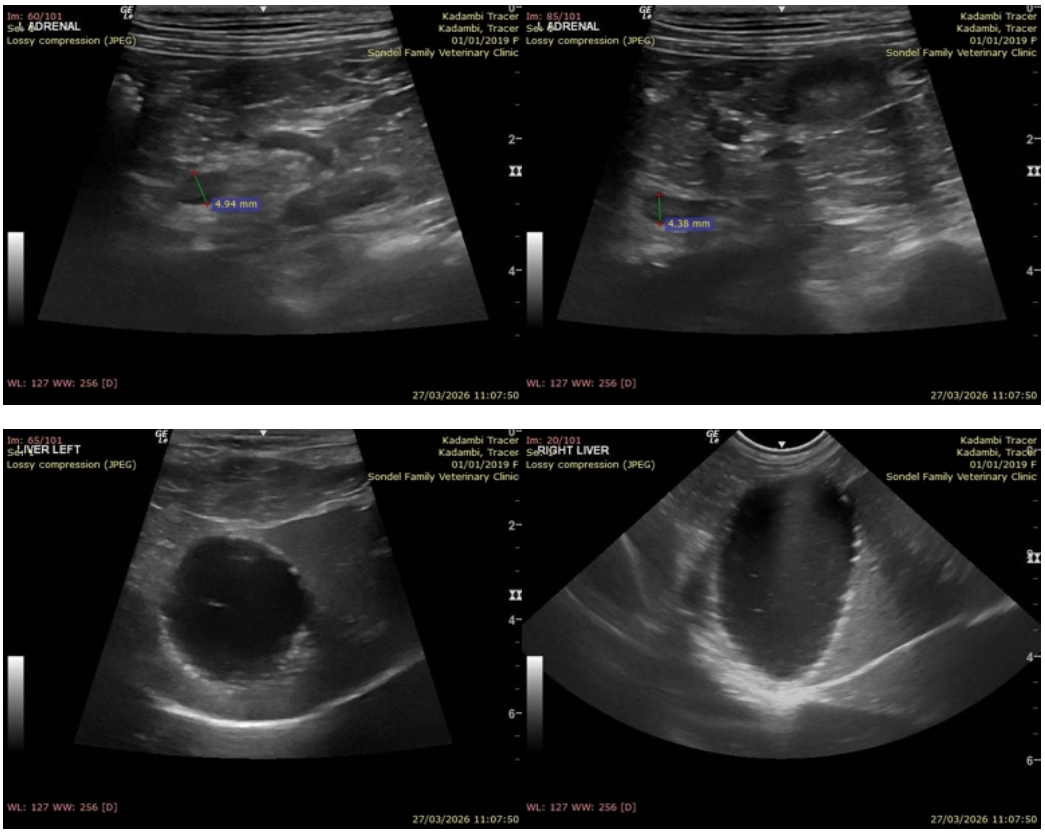
Recommendations

- Hepatobiliary monitoring: Given the gallbladder changes, periodic ultrasound monitoring is recommended to assess for progression of biliary disease.
- Medical management.
- Liver enzyme correlation: Further evaluation of the marked ALT elevation is recommended (repeat chemistry, bile acids)

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.



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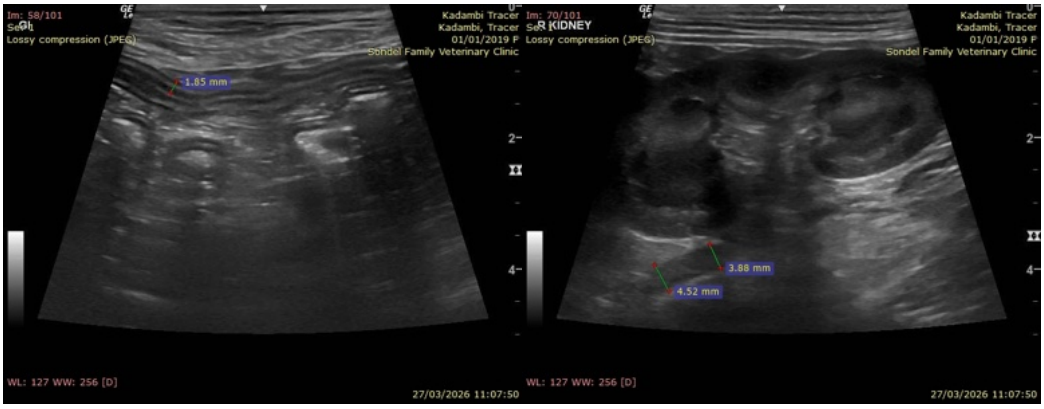

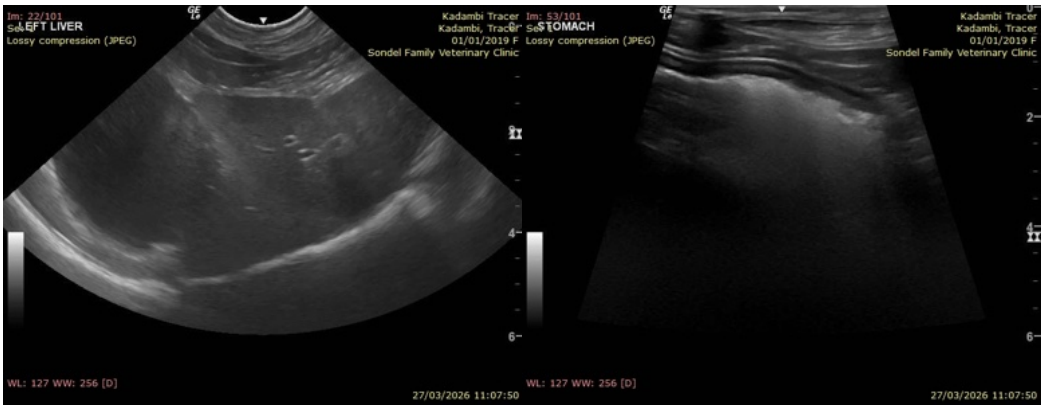

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com