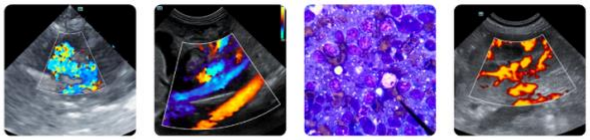


PATIENT

Hattie Roberts

SPECIES

Canine

BREED

Rat Terrier

SEX

Spayed Female

AGE

15 Years 4 Months

WEIGHT

20

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Warner

HOSPITAL NAME

VT-NH Veterinary Clinic

REFERRING VET

Dr. McNamera

INVOICE

15378

DATE

04/23/26

PRESENTING CLINICAL SIGNS

Hattie is an advanced senior patient who presented yesterday with acute onset of pain (abdomen & back) w/ nausea, vomiting and clinical dehydration. She has history of pancreatitis, intermittent diarrhea, chronic proteinuria / hypertension, IVDD, chronic allergies and anemia (suspected GI ulceration on pred). On exam she has pale, tacky MM, tachycardia and a tense abdomen.
Current medications are telmisartan, and she received SQF, maropitant and Buprenex yesterday w/o clinical improvement. R lateral x-ray shows very enlarged bladder, odd material in liver/stomach area

Abnormal PE/Chem/CBC/UA Results: Blood work shows a mild anemia (HCT 35%), neutrophilia w/ bands and an ALT elevation of 609. GGT 12. T bili normal. QPL normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall appears thin and smooth. The urine is predominantly turbid with abundant suspended echogenic material. The bladder neck and proximal urethra appear normal. No uroliths are identified, and there is no ultrasonographic evidence of neoplastic disease.

The left kidney is normal in shape and size, measuring 5.06 × 3.16 cm.
The right kidney is normal in shape and size, measuring 5.42 × 3.25 cm.

Both kidneys: The cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal and corticomedullary distinction is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Doppler color demonstrates a normal vascular pattern.

Adrenal Glands

The left adrenal gland measures approximately 0.79 cm in dorsoventral thickness in the cranial pole, with a heterogeneous, enlarged caudal pole forming a mass-like structure measuring approximately 2.0 × 1.87 cm, containing areas of mineralization. The right adrenal gland is not confidently visualized.

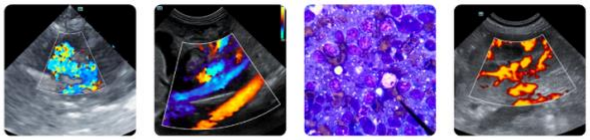
Spleen

Splenic thickness is 1.20 cm (within normal limits). A well-defined hypoechoic nodule measuring approximately 0.78 × 0.88 cm, containing small internal mineralizations, is identified at the ventral aspect of the spleen. The lesion does not distort the splenic capsule or extend into adjacent tissues. The remaining splenic parenchyma is homogeneous with normal echogenicity. The splenic capsule is smooth and regular.

Liver

The liver is subjectively enlarged, with mildly rounded margins. The hepatic parenchyma is homogeneous and isoechoic relative to surrounding fat. No focal hepatic lesions or lymphadenopathy are identified.

The gallbladder is markedly distended and contains organized echogenic material forming a structured pattern consistent with a mature gallbladder mucocele. There is increased echogenicity of the surrounding omentum, suggesting pericholecystic inflammatory reaction.



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Gastrointestinal

The stomach is empty and folded, with mural thickness of 2.17 mm and preserved wall layering.

Small intestines:
The pylorus measures 5.04 mm. The duodenum measures 2.71 mm. The jejunum measures 3.20 mm. Wall layering is preserved throughout.

No ultrasonographic evidence of ileus, obstruction, or intraluminal foreign material is identified.

Colon: wall thickness measures 1.54 mm, collapsed and empty.

Pancreas

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

Free Abdomen

A small volume of free abdominal fluid is present, primarily between hepatic lobes. There is marked hyperechogenicity of the surrounding omentum and peritoneal reaction in the pericholecystic region, consistent with localized peritonitis. No lymphadenomegaly is identified.

PRIMARY FINDINGS

- Gallbladder mucocele with pericholecystic inflammatory changes
- Small volume abdominal effusion (perihepatic)
- Left adrenal mass (2.0 × 1.87 cm) with mineralization
- Hepatomegaly

SECONDARY FINDINGS

- Small, likely incidental splenic nodule
- Turbid urinary bladder contents

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Findings are most consistent with a clinically significant gallbladder mucocele, characterized by marked distension, organized intraluminal contents, and associated pericholecystic inflammatory changes with localized peritonitis and a small volume of regional effusion. These findings raise strong concern for early leakage or impending gallbladder rupture, representing a surgical emergency in the context of the patient's acute clinical signs.
The liver is mildly enlarged but maintains a relatively homogeneous echotexture, most consistent with reactive or secondary hepatopathy associated with the underlying biliary or endocrine disease.

A left adrenal mass is identified, characterized by marked enlargement, heterogeneity, and mineralization. These findings are highly suspicious for adrenal neoplasia and raise concern for functional adrenal disease (hyperadrenocorticism), which may represent a predisposing factor in the development of hepatobiliary pathology, including gallbladder mucocele.

A small splenic nodule is present and is most consistent with an incidental benign process, such as nodular hyperplasia, given its size and imaging characteristics.

Recommendations

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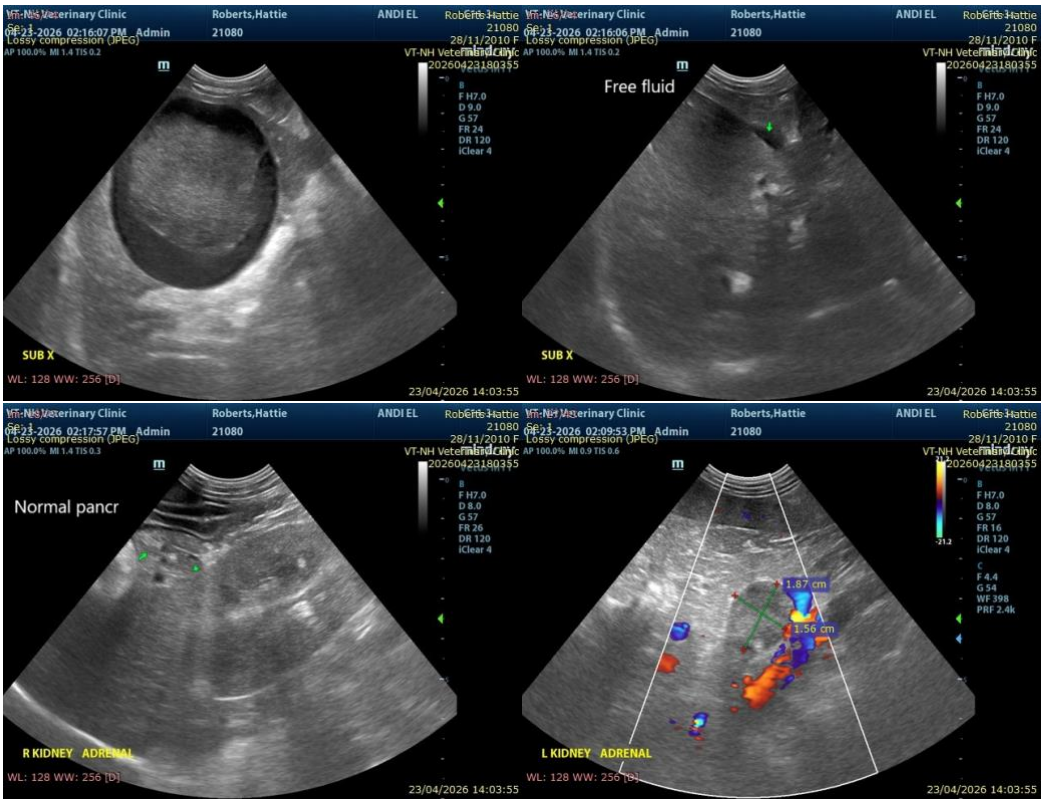
- The presence of pericholecystic peritonitis and regional effusion significantly increases concern for impending gallbladder rupture or early leakage and further supports classification of this condition as a surgical emergency.
- Initiate aggressive medical stabilization (IV fluids, analgesia, antiemetics, and antibiotics as clinically indicated).
- Perform a coagulation profile prior to surgical intervention.
- Endocrine evaluation for hyperadrenocorticism is recommended following stabilization, as this may influence long-term management.

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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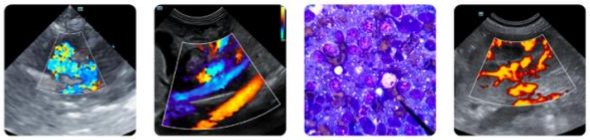

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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