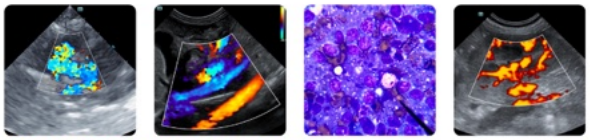


PATIENT

Violet Storey

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed female

AGE

8 years

WEIGHT

106 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Michelle Lindemulder, DVM

HOSPITAL NAME

Seidl Vet

REFERRING VET

Southkent VH

INVOICE

74326

DATE

4/8/26

PRESENTING CLINICAL SIGNS

History: Suspected gallbladder mass found on ultrasound by referring veterinarian. History of coughing, has been on Lasix. Very overweight.
Abnormal PE/Chem/CBC/UA Results: Elevated ALT, ALP, AST from referring vet

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended, with a thin and smooth wall. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. No calculi are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic disease.

The left kidney is normal in shape and size (7.23×3.79 cm), with a cortical thickness of 0.73 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is within normal limits, 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 (7.32×3.81 cm), with a cortical thickness of 0.72 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

The left adrenal gland measures 0.72 cm at the cranial pole and 0.82 cm at the caudal pole, which is mildly enlarged for a dog of this size. The right adrenal gland is not confidently visualized.

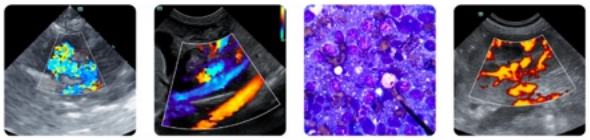
Spleen

Splenic thickness is 2.15 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

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

The gallbladder is markedly distended. The wall measures 2.38 mm (mildly thickened). The lumen contains a moderate amount of echogenic material consistent with biliary sludge, which appears to be layering and extending toward the gallbladder neck and cystic duct. No ultrasonographic features of mucosal gland hyperplasia, biliary mucocele (stellate or “kiwi” pattern), or discrete intraluminal mass are identified. No overt dilation of the common bile duct is observed.



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Gastrointestinal

The stomach contains a small amount of ingesta, with a wall thickness of 2.50 mm and preserved layering. The pylorus is not clearly visualized. The duodenum measures 4.68 mm. The jejunum measures 3.30 mm, with preserved wall layering. No ultrasonographic evidence of obstruction, ileus, or foreign material is identified. The colon measures 1.66 mm and contains a small amount of fecal material in the descending segment.

Pancreas

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

Free Abdomen

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

PRIMARY FINDINGS

- Markedly distended gallbladder with moderate biliary sludge.
- Mild gallbladder wall thickening.

SECONDARY FINDINGS

- Mild left adrenal enlargement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary finding in this study is a markedly distended gallbladder containing a moderate amount of biliary sludge, without ultrasonographic evidence of a discrete intraluminal mass or features consistent with a biliary mucocele.

The echogenic material appears to be dependent and mobile sludge, extending toward the gallbladder neck, which may contribute to partial functional outflow impedance, but there is no evidence of biliary obstruction, as the cystic duct and common bile duct don´t appear dilated in the images. Importantly, no sonographic features support the presence of a true gallbladder mass, and the previously suspected mass is most likely attributable to organized or dependent sludge.

Mild gallbladder wall thickening is present and may reflect reactive or early inflammatory change, although this finding is nonspecific.

Given the patient's elevated liver enzymes, obesity, and breed predisposition, these findings are most consistent with biliary stasis and hepatobiliary dysfunction, with potential risk for progression (mucocele formation), although no current evidence of advanced disease is identified.

Additionally, mild left adrenal enlargement is noted. While nonspecific, this may be incidental or reflect

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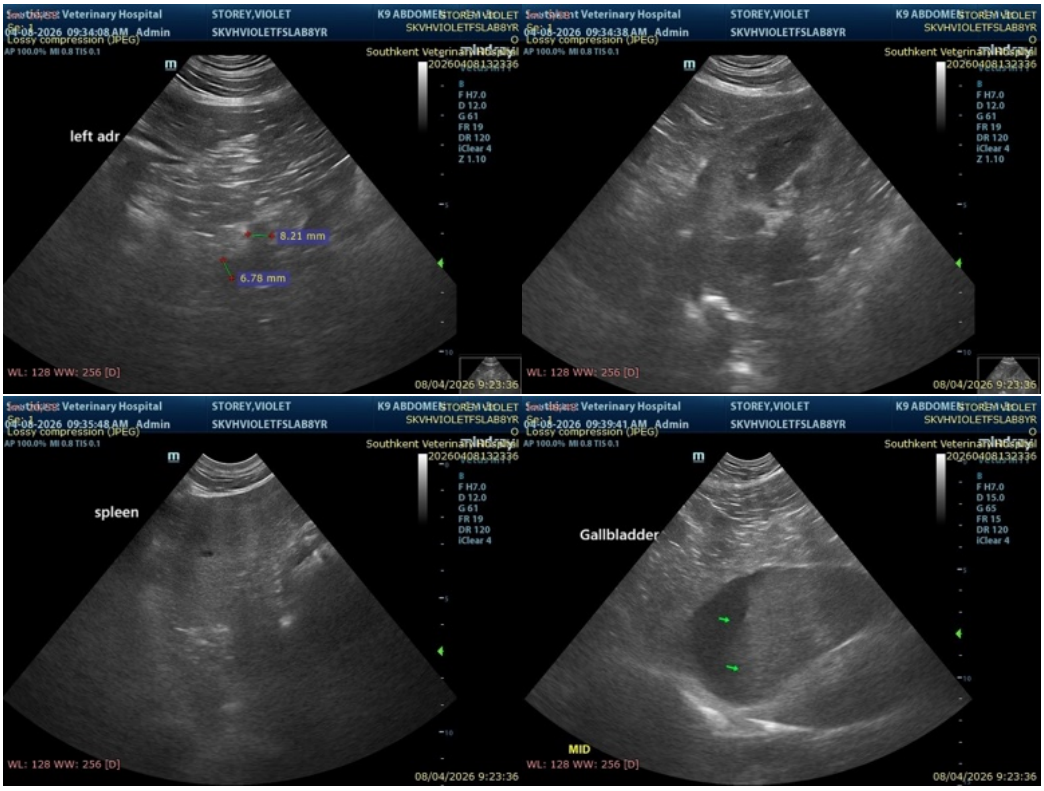
underlying endocrine disease (hyperadrenocorticism), which can contribute to hepatobiliary changes.

Recommendations

- Medical management targeting biliary motility (ursodeoxycholic acid) may be considered if clinically appropriate.
- Close clinical and ultrasonographic monitoring of the gallbladder is recommended.
- Correlation with liver enzyme trends is advised.
- Consider endocrine testing (hyperadrenocorticism) if clinically indicated.

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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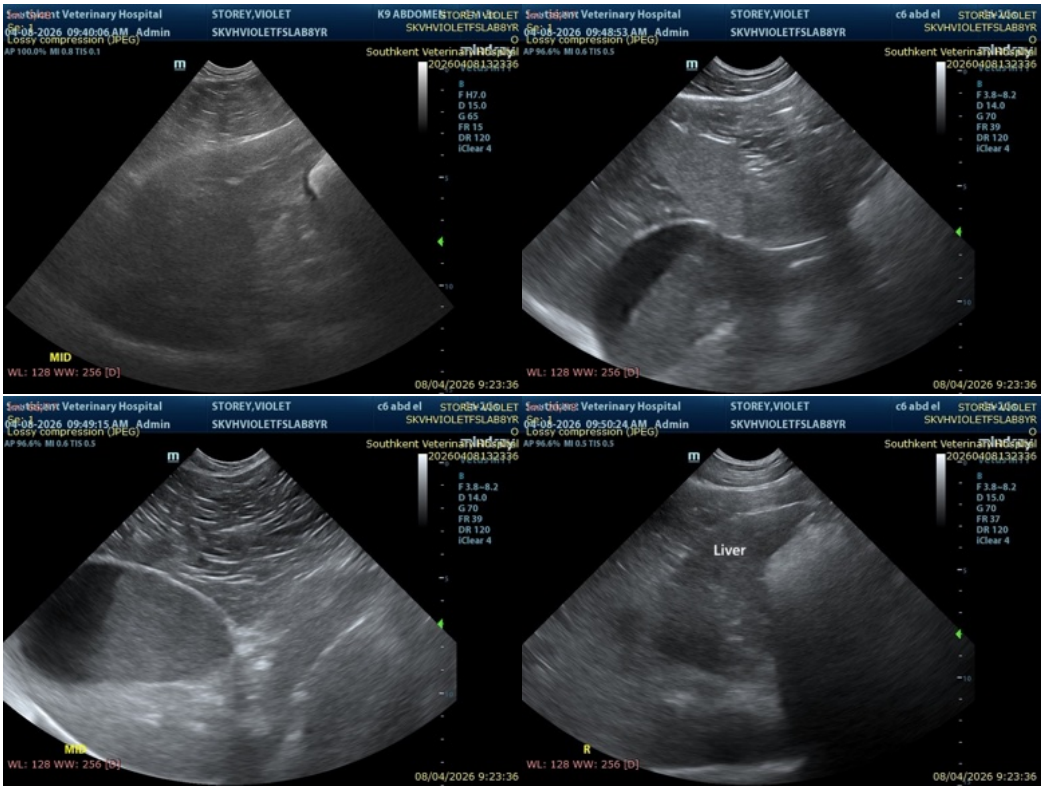

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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