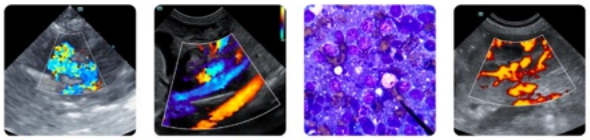


PATIENT

Brownie Richard

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed female

AGE

12 years

WEIGHT

19 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Jelena Janjusevic

HOSPITAL NAME

Camden Pet Hospital

REFERRING VET

Lisa Moore

INVOICE

77771

DATE

5/20/26

PRESENTING CLINICAL SIGNS

History: Brownie presented 3 weeks ago for anorexia, weight loss, icterus
bloodwork - elevated liver values and cPLi
started on supportive care (cerenia, entyce, GI diet and Denamarin), Ursodiol dispensed to hold on until abd US

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. 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: 4.61×2.97 cm, and the thickness of the cortex is 0.53 cm in the sagittal plane. The right kidney is normal in shape and size: 5.01×3.24 cm, and the thickness of the cortex is 0.50 cm in the sagittal plane. The renal cortices are isoechoic compared to the liver parenchyma bilaterally. The corticomedullary ratio is normal and corticomedullary definition is preserved. Mild bilateral pyelectasia is present. No nephrolithiasis or hydronephrosis is identified. Doppler color interrogation demonstrates a normal vascular pattern.

Adrenal Glands

The adrenal glands are not confidently visualized during the current examination.

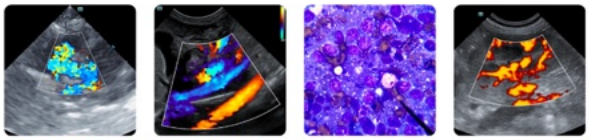
Spleen

Splenic thickness is 2.30 cm. The spleen demonstrates mildly rounded margins. Most of the splenic parenchyma demonstrates normal echogenicity and fine homogeneous echotexture; however, two mixed echogenicity nodules are identified measuring approximately 1.40×1.51 cm and 5.71×6.17 mm. The nodules contain a more hyperechoic central component surrounded by a mildly hypoechoic peripheral halo. The splenic capsule remains smooth and regular.

Liver

The liver is subjectively normal in size with mildly irregular margins. The hepatic parenchyma appears relatively homogeneous and isoechoic relative to the falciform fat, with overall preserved echotexture. No hepatic lymphadenopathy is identified.

The gallbladder is markedly distended. The gallbladder wall is diffusely thickened and hyperechoic. A moderate amount of organized non-shadowing biliary sludge is present within the lumen. A mature/classic gallbladder mucocele pattern is not definitively identified at this time; however, the overall ultrasonographic appearance is considered abnormal and concerning for clinically significant gallbladder disease. Mild hyperechogenicity of the adjacent pericholecystic hepatic/mesenteric fat is



PATIENT

Brownie Richard

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed female

AGE

12 years

WEIGHT

19 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Jelena Janjusevic

HOSPITAL NAME

Camden Pet Hospital

REFERRING VET

Lisa Moore

INVOICE

77771

DATE

5/20/26

present, supporting regional inflammatory/reactive change. No definitive evidence of gallbladder rupture or complete extrahepatic biliary obstruction is identified within the submitted examination.

Gastrointestinal

The stomach is empty and folded, with mural thickness measuring 3.45 mm and preserved wall layering. Distal duodenum: 3.27 mm. Jejunum: 3.41–3.66 mm with preserved wall layering. No evidence of gastrointestinal obstruction, ileus, inflammatory mural change, or foreign material is identified. The colon measures 1.16 mm in thickness and contains formed fecal material within the descending segment.

Pancreas

The pancreas was incompletely evaluated during the current examination. The visualized pancreatic regions (left limb) do not demonstrate overt focal inflammation; however, the right pancreatic lobe and pancreatic body were not confidently characterized.

Free Abdomen

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

PRIMARY FINDINGS

- Abnormal gallbladder with diffuse mural thickening and organized biliary sludge.
- Mild reactive pericholecystic/periportal hyperechoic fat change.

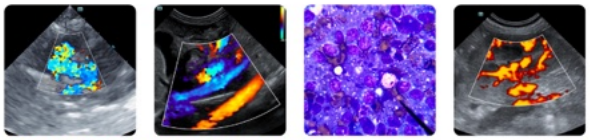
SECONDARY FINDINGS

- Two mixed echogenicity splenic nodules.
- Mild bilateral pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder is markedly abnormal, demonstrating diffuse mural thickening and organized intraluminal biliary sludge. Although a mature/classic gallbladder mucocele pattern is not definitively identified at this stage, the ultrasonographic appearance is concerning for clinically significant cholestatic gallbladder disease with possible early gallbladder mucocele formation and/or severe inflammatory biliary dysmotility. Mild reactive change within the surrounding pericholecystic/periportal fat further supports regional inflammatory hepatobiliary disease.

Given the patient's history of anorexia, weight loss, icterus, elevated liver enzymes, and increased cPLi, concurrent clinically significant hepatobiliary and pancreatobiliary inflammatory disease is considered likely.



PATIENT

Brownie Richard

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed female

AGE

12 years

WEIGHT

19 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Jelena Janjusevic

HOSPITAL NAME

Camden Pet Hospital

REFERRING VET

Lisa Moore

INVOICE

77771

DATE

5/20/26

Importantly, the pancreas was incompletely evaluated during the current examination, particularly the pancreatic body and right pancreatic lobe. Therefore, pancreatitis cannot be excluded ultrasonographically despite the absence of overt pancreatic mass effect, marked peripancreatic fluid accumulation, or generalized peritonitis in the evaluated regions.

No definitive evidence of gallbladder rupture, or complete extrahepatic biliary obstruction is identified during the current examination. However, the current gallbladder appearance is considered clinically significant and warrants close monitoring given the potential for progression.

The splenic nodules are nonspecific. Given their mixed echogenicity and overall appearance, benign nodular hyperplasia and/or extramedullary hematopoiesis are favored differentials. However, mild ultrasonographic overlap with “target-type” splenic lesions exists. No convincing primary neoplastic process or overt metastatic abdominal disease is identified during the current examination. Ultrasound-guided cytologic sampling of the splenic nodules could be considered for further characterization if clinically feasible.

Mild bilateral pyelectasia is nonspecific and may reflect physiologic diuresis or fluid therapy, without evidence of obstructive nephropathy.

Recommendations

- Although a mature obstructive gallbladder mucocele is not definitively identified at this time, the gallbladder appearance is considered severely abnormal and clinically significant. Given the marked gallbladder distension, diffuse mural thickening, organized biliary material, associated regional inflammatory change, and the patient’s concurrent clinical and biochemical abnormalities, the gallbladder is considered likely to represent an ongoing and potentially progressive source of hepatobiliary/pancreatobiliary disease. Depending on the patient’s short-term clinical response to stabilization and medical management, early surgical consultation and possible cholecystectomy should be strongly considered, particularly if clinical or biochemical improvement is incomplete.
- Medical management and hepatobiliary support may be clinically appropriate if the patient remains clinically stable and no evidence of progressive biliary obstruction or gallbladder wall compromise develops. However, given the markedly abnormal gallbladder appearance and degree of gallbladder distension, close clinical and ultrasonographic monitoring is strongly recommended if choleretic therapy (including ursodeoxycholic acid) is initiated, due to concern for progressive gallbladder wall compromise and potential risk of gallbladder rupture.
- Cytologic sampling of the splenic nodules.

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

PATIENT

Brownie Richard

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed female

AGE

12 years

WEIGHT

19 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Jelena Janjusevic

HOSPITAL NAME

Camden Pet Hospital

REFERRING VET

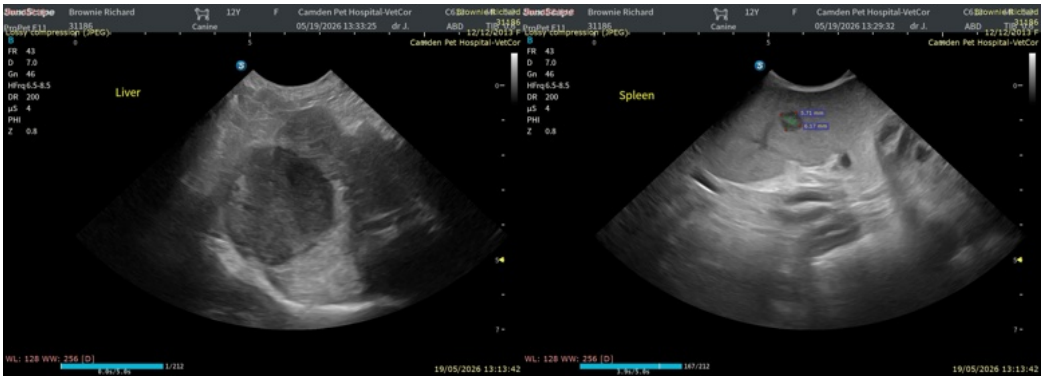
Lisa Moore

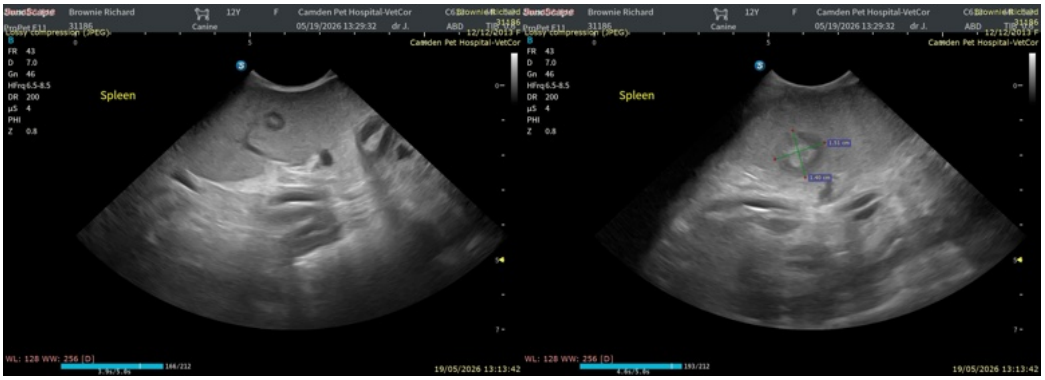
INVOICE

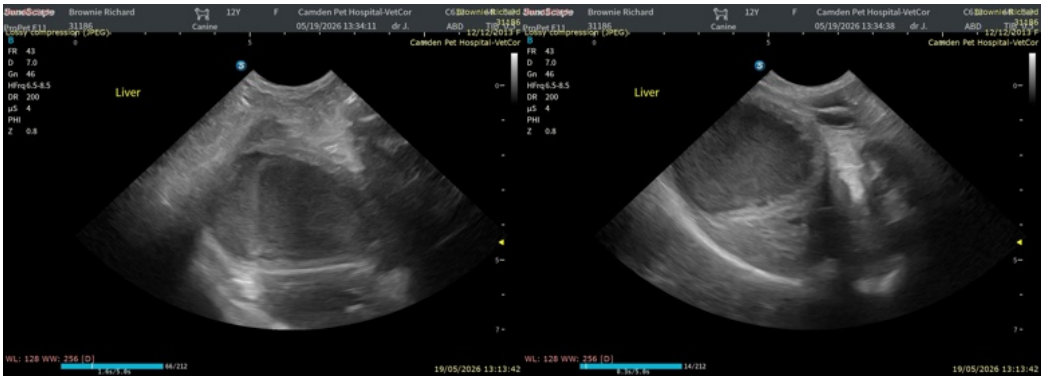
77771

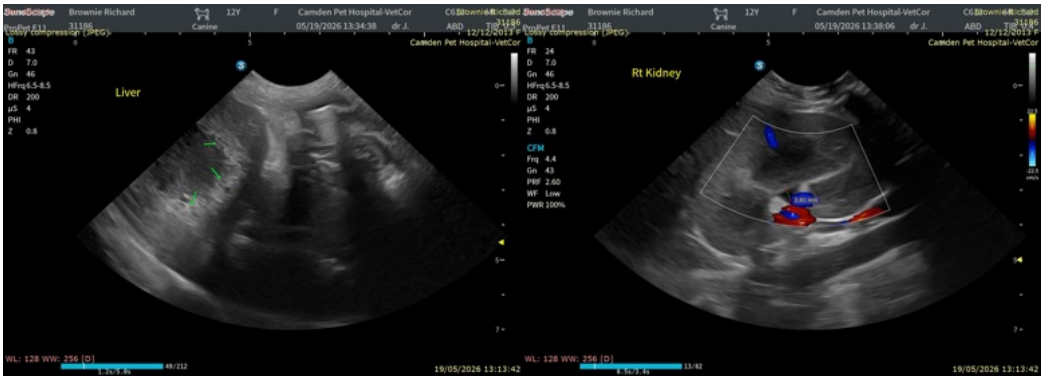
DATE

5/20/26

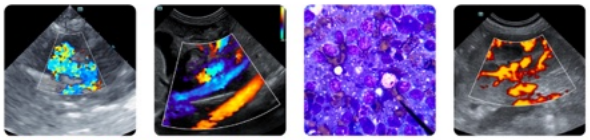








SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Brownie Richard

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed female

AGE

12 years

WEIGHT

19 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Jelena Janjusevic

HOSPITAL NAME

Camden Pet Hospital

REFERRING VET

Lisa Moore

INVOICE

77771

DATE

5/20/26

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