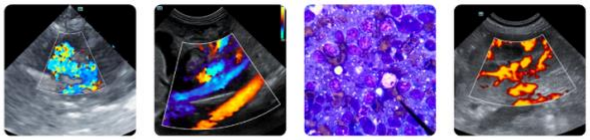


PATIENT

Wilma Zoccoli

SPECIES

Canine

BREED

Pug

SEX

Spayed Female

AGE

10

WEIGHT

10 Pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Nicole Goldstein

HOSPITAL NAME

Hudson AH

REFERRING VET

Dr. Margarita Zoccoli

INVOICE

37345

DATE

6/4/26

PRESENTING CLINICAL SIGNS

History: Intermittent hyporexia over the past few weeks. Softer stool intermittently. No vomiting. Dental disease grade 2/4 with pending dental. Hx of recurrent UTIs/crystalluria - currently asymptomatic so do not treat bacteriuria unless symptomatic. No current lower urinary symptoms. Sludge in gallbladder on historical ultrasounds.

Abnormal PE/Chem/CBC/UA Results: Mild hyperglobulinemia on bloodwork (3.8). Mild thrombocytosis. Proteinuria present with normal UPC.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the urinary bladder wall appears thin and smooth. The urine contains abundant suspended crystalline material within the bladder lumen and proximal urethra. The trigone appears normal. No cystoliths are identified, and there is no ultrasonographic evidence of cystitis, mass lesions, or other inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 3.71×1.94 cm, with a cortical thickness of 0.33 cm in the sagittal plane.

The right kidney is normal in shape and size, measuring 4.17×2.18 cm, with a cortical thickness of 0.38 cm in the sagittal plane.

Both kidneys demonstrate normal cortical echogenicity relative to the hepatic parenchyma. Corticomedullary distinction and corticomedullary ratio are preserved. No pyelectasia, nephrolithiasis, ureteral dilation, or hydronephrosis is identified.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.44 cm at the cranial pole and 0.45 cm at the caudal pole. The right adrenal gland measures 0.40 cm at the cranial pole and 0.45 cm at the caudal pole.

Spleen

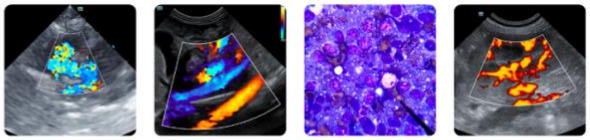
Splenic thickness is 1.53 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

Liver

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

The gallbladder is moderately distended. The wall is thin and smooth. A moderate amount of non-shadowing biliary sludge is present within the lumen. No evidence of gallbladder wall thickening, mucosal hyperplasia, cholecystitis, biliary obstruction, or dilation of the cystic duct or common bile duct is identified.

Gastrointestinal tract



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The stomach is empty and folded, with a mural thickness of 1.85 mm and preserved wall layering.

The pyloric wall measures 4.66 mm.

The duodenal wall measures 3.27 mm.

The jejunal wall measures 2.96–3.0 mm, with normal wall layering throughout the examined segments.

No evidence of gastrointestinal obstruction, foreign material, ileus, focal mural lesions, or inflammatory mural changes is identified.

The colonic wall measures 0.72 mm. Formed fecal material is present within the descending colon.

Pancreas

The evaluated pancreatic regions 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 is normal.

PRIMARY FINDINGS

- Abundant urinary crystalline sediment within the urinary bladder lumen and proximal urethra.
- Moderate amount of biliary sludge within the gallbladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abundant urinary crystalline sediment is present within the urinary bladder and proximal urethra without associated cystolithiasis, urinary tract obstruction, or ultrasonographic evidence of active cystitis.

Moderate biliary sludge is present within the gallbladder. In the absence of gallbladder wall abnormalities, biliary duct dilation, or evidence of extrahepatic biliary obstruction, this finding is most consistent with an incidental chronic hepatobiliary change and may correspond to the sludge reported on previous examinations.

No ultrasonographic abnormalities are identified to clearly explain the reported intermittent hyporexia or intermittent soft stools. Specifically, there is no sonographic evidence of clinically significant gastrointestinal, pancreatic, hepatobiliary, urinary, or intra-abdominal inflammatory, obstructive, infiltrative, or neoplastic disease.

Given the mild hyperglobulinemia, the absence of significant abdominal abnormalities suggests mild gastrointestinal inflammatory disease below the sensitivity of ultrasonography, or an extra-abdominal inflammatory process (including the documented dental disease).

Recommendations:

- Correlate the urinary sediment findings with complete urinalysis and urine culture results if clinically indicated.
- Proceed with the planned dental treatment, as chronic oral inflammation could contribute to

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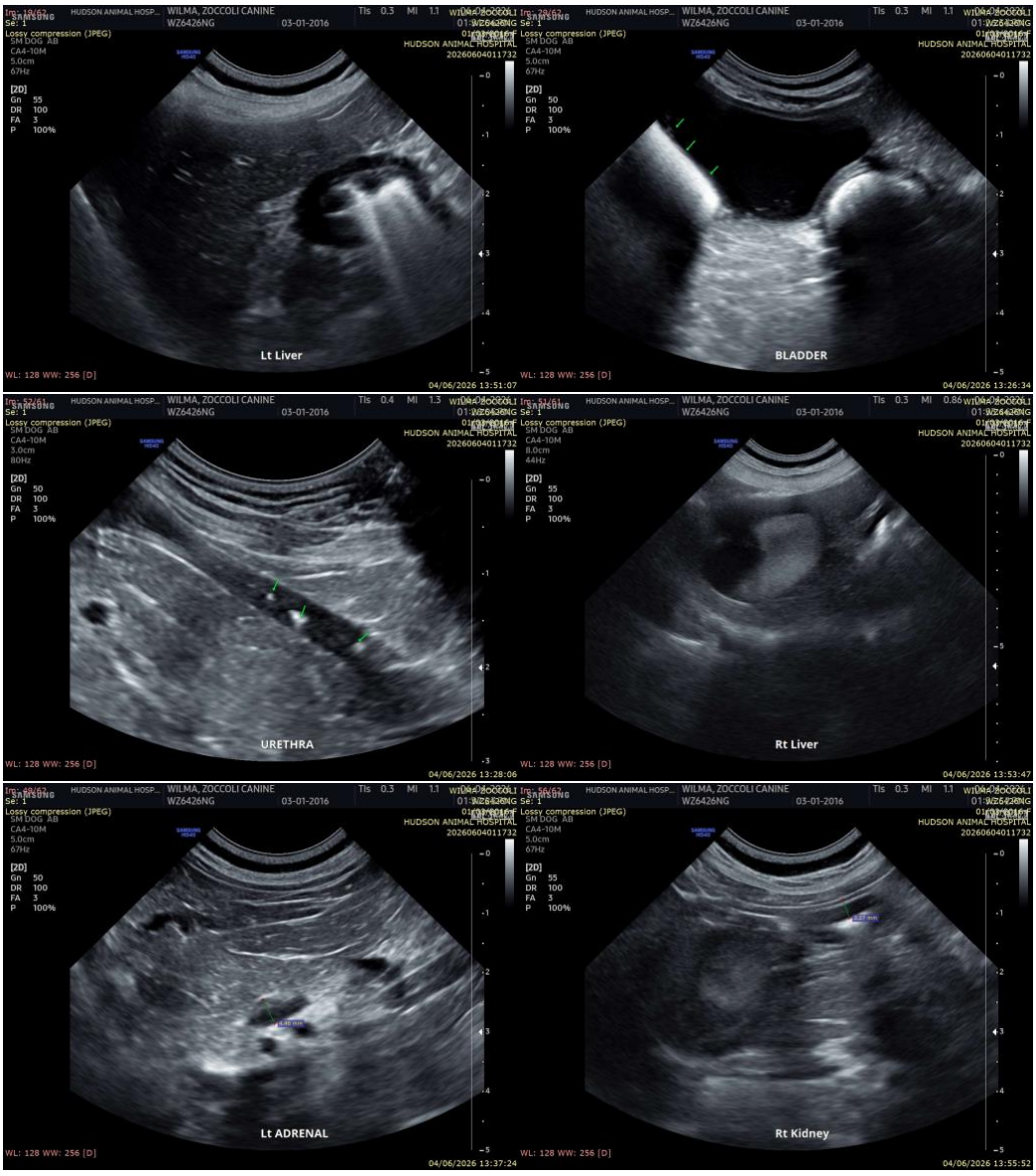
the mild hyperglobulinemia and intermittent hyporexia.

- If gastrointestinal signs persist or progress despite dental management, further investigation may be considered, including fecal testing, GI panel (cobalamin/folate), and dietary or therapeutic trials at the discretion of the attending veterinarian.
- Monitoring or treatment of the biliary sludge, if considered necessary, should be based on the attending veterinarian's overall clinical assessment, laboratory findings, and patient progression.



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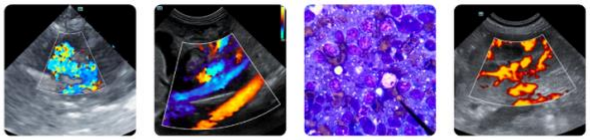

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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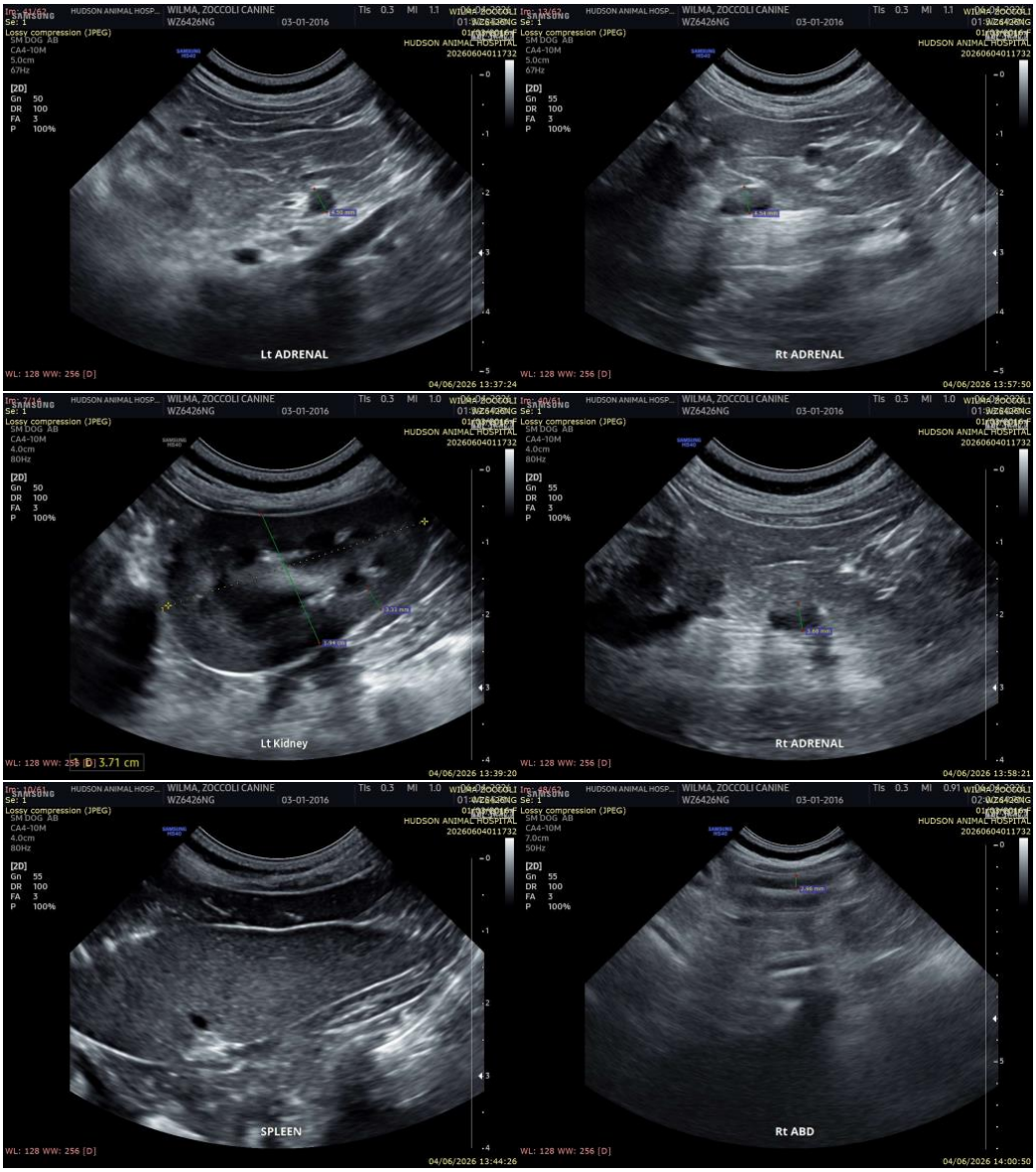

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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