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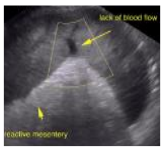
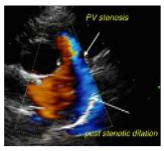
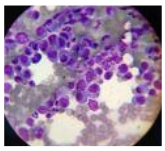
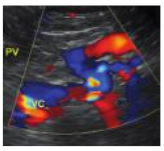
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Harley Hickman

SPECIES

Canine

BREED

Shetland Sheepdog

SEX

Spayed Female

AGE

3/31/2013

WEIGHT

33.2 Lbs.

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Andi Parkinson RDMS
,

HOSPITAL NAME

Paradise Animal Hospital

REFERRING VET

Dr. Twardzik

INVOICE

10089

DATE

12/29/21

PRESENTING CLINICAL SIGNS

History: An emerging mucocele was noted on a previous ultrasound; recheck ultrasound was recommended to assess for progression. Patient has been doing well clinically, aside from partial right tarsal arthrodesis performed in June.

Current Medications: Ursodiol 150 mg PO SID -- since 8/20/20, Galliprant 30 mg PO SID -- long-term, Sentinel, Bravecto.
Lab Results: CBC/Chem/T4 = WNL (run by surgeon on 6/11/21).
Date of Previous IntraPet Ultrasound: 8-19-2020; 10-7-2020.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (4.77 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Several small nonobstructive nephroliths are observed. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.29 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Several small nonobstructive nephroliths are observed. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.60 cm at cranial pole) (0.67 cm at caudal pole) (2.30 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.70 cm at cranial pole) (0.67 cm at caudal pole) (1.93 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

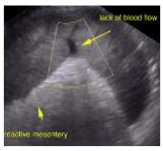
Spleen

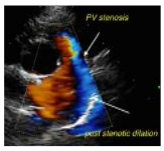
The spleen is normal in size (1.74 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance No focal lesions are observed. Splenic vasculature is normal.

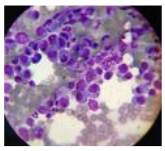
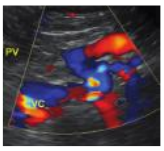
Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is distended. The wall is variably thickened (up to 0.33 cm). A large amount of





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aggregated, echogenic, suspended sludge in a stellate pattern is observed within the lumen. The mesentery effacing the serosal surface of the gall bladder wall is mildly hyperechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The gastric wall is normal in thickness with a normal layering pattern. The gastric lumen is moderately distended with ingesta. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall thickness is normal (xxx cm) with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

Pancreas
The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen
There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

Gall bladder changes consistent with a fully-formed mucocele. The gall bladder has progressed/worsened somewhat since the previous sonogram. Mild regional peritonitis is present.

The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.

Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Bilateral nonobstructive nephrolithiasis with minor age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the progression of the gall bladder mucocele, a prophylactic cholecystectomy should be considered. Three-view thoracic radiographs should be performed prior to any anesthetic event. If surgery is not pursued, a repeat ultrasound should be performed in 4-6 weeks to assess for progression. Baseline lab work, including a CBC chemistry panel urinalysis and T4 is also recommended at this time to determine if the liver values have increased since June of 2021.

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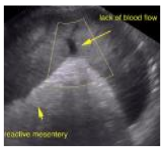
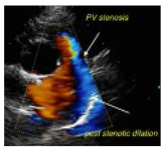
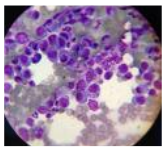
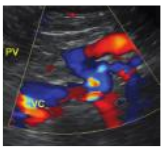

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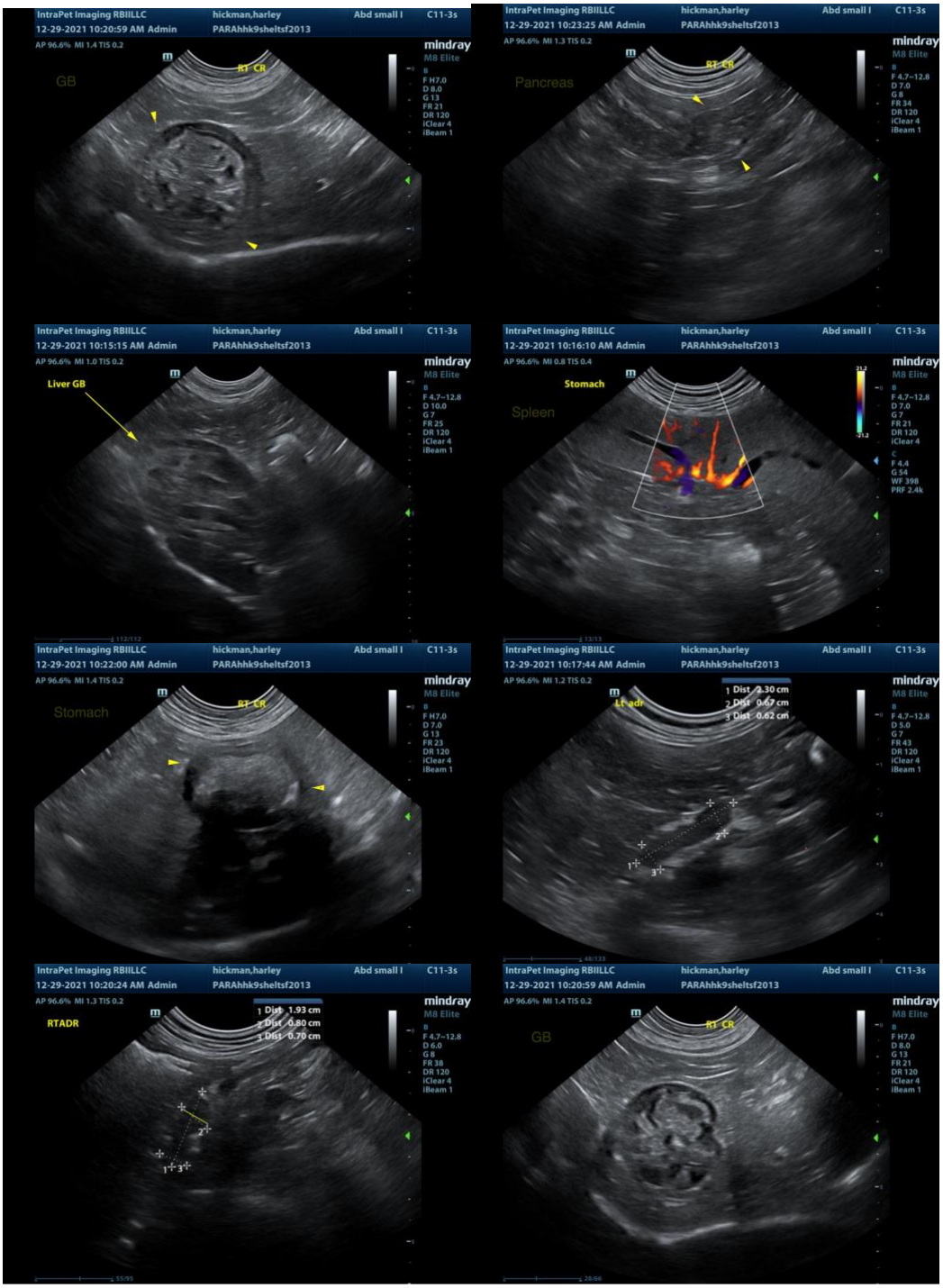

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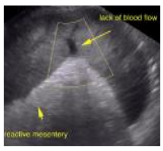
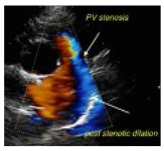
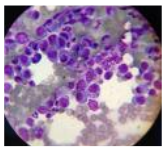
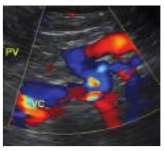

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com