**DATE PRESENTING CLINICAL SIGNS**

2/14/2022 History: Recheck gallbladder debris.

PATIENT

Cookie Purvis

Current Medications: Ursodiol 75 mg, Vetoryl 5 mg.
 Date of Previous IntraPet Ultrasound: 10/19/2021.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.

SPECIES

Imaging Performed By: Andi Parkinson, RDMS.

Canine

BREED

Havanese

SEX

Female Spayed

AGE

6-6-2010

WEIGHT

14.25 Lbs.

INTERPRETED BY

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

HOSPITAL NAME

Timonium AH

REFERRING VET

Dr. Gernhart

INVOICE

10347

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is mildly to moderately distended. The wall is normal in thickness with a smooth mucosal surface. A 0.47 cm cystic calculus is observed within the lumen. The region of the trigone and the visualized portion of the proximal urethra are normal.

The left kidney presented normal size (4.23 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.67 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few tiny nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.82 cm at cranial pole) (0.86 cm at caudal pole) (2.28 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 mildly enlarged (1.03 cm at cranial pole) (0.55 cm at caudal pole) (2.27 cm in length); with a slightly irregular shape. The parenchyma is subtly heterogenous in appearance with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.24 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen. At least one ill-defined hypoechoic area as well as one hyperechoic nodule are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated echogenic debris/sludge is observed within the lumen, most of which is partially-dependent,

and some of which is suspended. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal 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 base and right limb of the pancreas are 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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings







- Gall bladder sludge, non-mucocele. Changes are similar to the previous sonogram.
- Cystic calculus

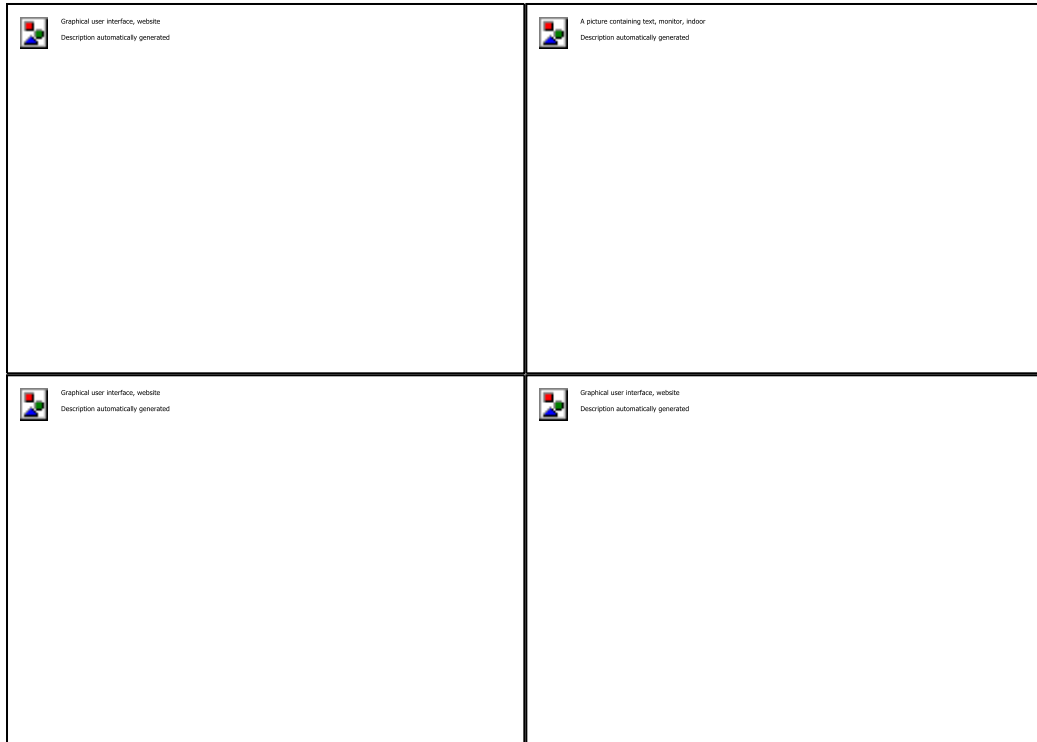
Secondary Findings

- Degenerative renal changes with dystrophic mineralization and right nonobstructive nephrolithiasis
- Bilateral adrenomegaly
- Suspected benign hepatopathy
- Age-related pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Continued sonographic monitoring (i.e., every 4-6 months), of the gall bladder is recommended to assess for progression to a mucocele.
- Regarding the cystic calculus, consider surgical removal with analysis and culture or an attempt at medical dissolution.

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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.

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