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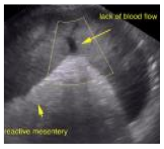
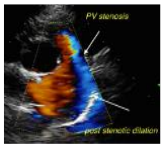
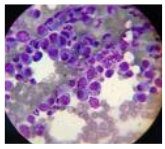
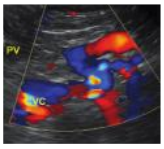

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Miley Wondrack

SPECIES

Canine

BREED

Miniature Poodle Mix

SEX

Spayed Female

AGE

14 years

WEIGHT

9 lbs

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

New Bridge Vet.

REFERRING VET

Dr. Glennon

INVOICE

10379

DATE

2/15/22

PRESENTING CLINICAL SIGNS

History: Patient presents for ADR, R/O neoplasia. Current treatments: IVFs, Unasyn, Baytil.

Abnormal PE/Chem/CBC/UA Results: Elevated liver enzymes, WBC 20,000.

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 (3.85 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.62 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.47 cm at cranial pole) (0.70 cm at caudal pole) (1.70 cm in length); with a slightly irregular 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 (1.02 cm at cranial pole) (0.67 cm at caudal pole) (1.65 cm in length); with a slightly irregular shape. The parenchyma is subtly heterogenous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively prominent in size (1.24 cm in width at the level of the hilus) with slightly swollen/rounded peripheral contours. The parenchyma is hypoechoic and homogenous in appearance. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and 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 small amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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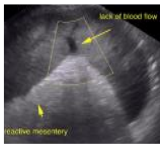
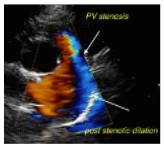
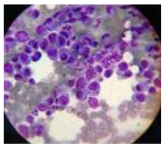
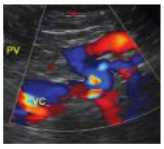

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The gall bladder is over-distended. The wall appears thickened but it's difficult to discern from surrounding hepatic parenchyma and intraluminal sludge. It is suspected to be up to 0.52 cm in thickness with an outer hypoechoic rim. Suspended and/or adherent intraluminal sludge is present. The mesentery effacing the serosal surface is hyperechoic and reactive. There is some adjacent free fluid. The cystic and common bile ducts are normal/not seen.

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. The colonic lumen is diffusely distended with echogenic to mineralize material, some of which is shadowing. No obstructive or overt infiltrative disease is noted.

Pancreas

The base and right limb are enlarged with slightly irregular peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and heterogenous in appearance. The pancreatic duct is mildly dilated (up to 0.25 cm).

Free Abdomen

The mesentery throughout the abdomen is hyperechoic, particularly in the cranial abdomen. A small amount of free fluid is present. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The gall bladder changes are consistent with severe cholecystitis with excessive sludge and regional peritonitis. The gall bladder wall integrity is difficult to determine.
- The hepatic parenchymal changes could be consistent with inflammatory disease, infiltrative neoplasia (less likely), hepatotoxicosis (i.e., copper), +/- benign age-related changes (i.e., vacuolar hepatopathy and/or nodular hyperplasia).
- The pancreatic changes are consistent with age-relate remodeling/fibrosis with suspected concurrent inflammation/pancreatitis.
- The colonic luminal contents could be consistent with soft feces and/or foreign material.

Secondary Findings

- Bilateral adrenomegaly
- Bilateral age-relate renal changes
- The mild splenomegaly could be consistent with antigenic stimulation, extramedullary hematopoiesis, lymphoid hyperplasia, or less likely, infiltrative neoplasia.

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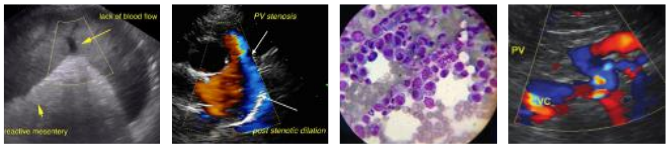

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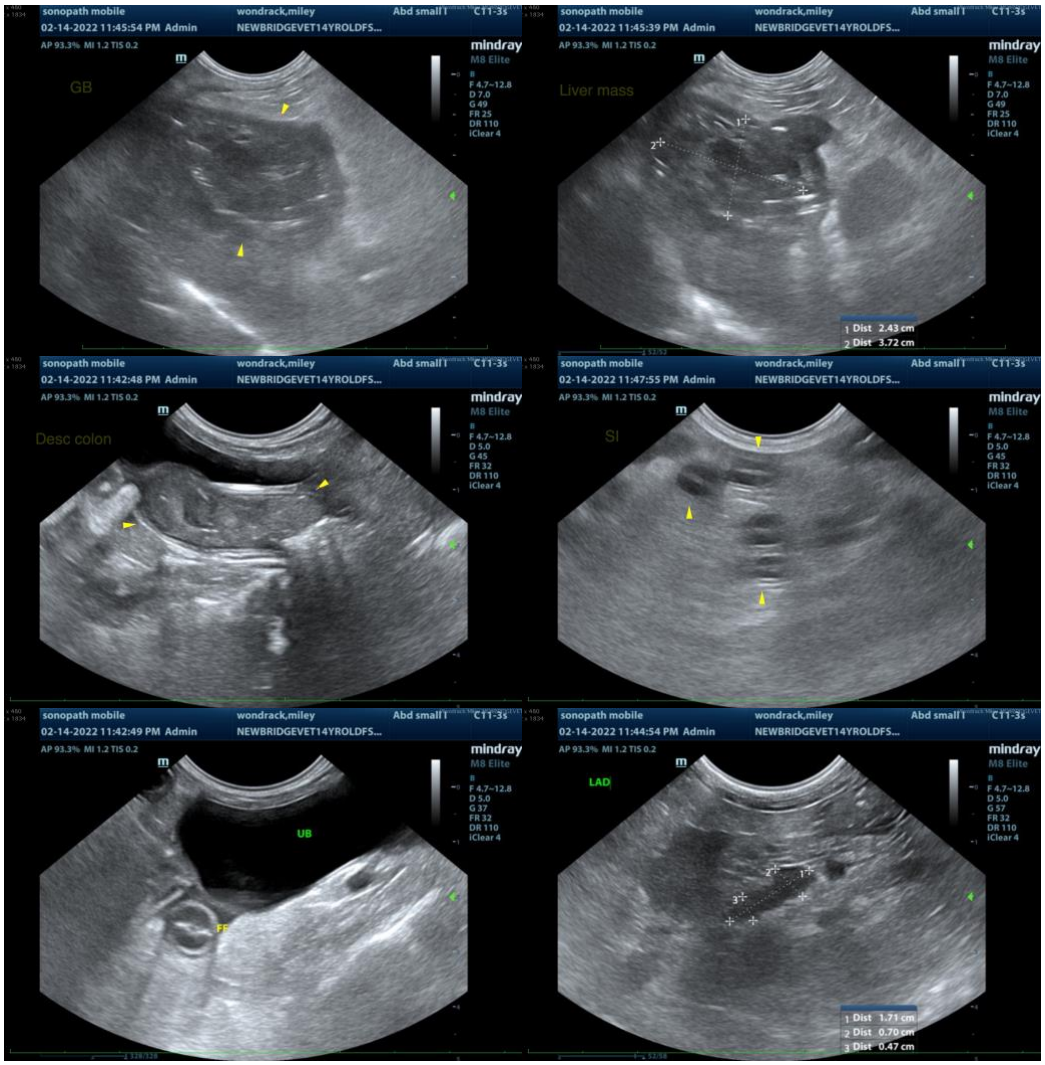
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the gall bladder changes, a cholecystectomy with submission of the gall bladder and hepatic tissue samples for histopathology is recommended. Three-view thoracic radiographs should be performed prior to anesthesia. Clotting times are also recommended.
- Supportive care for pancreatitis/cholecystitis is recommended in the interim.



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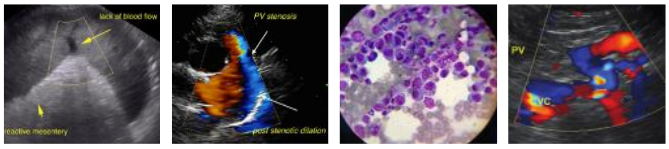

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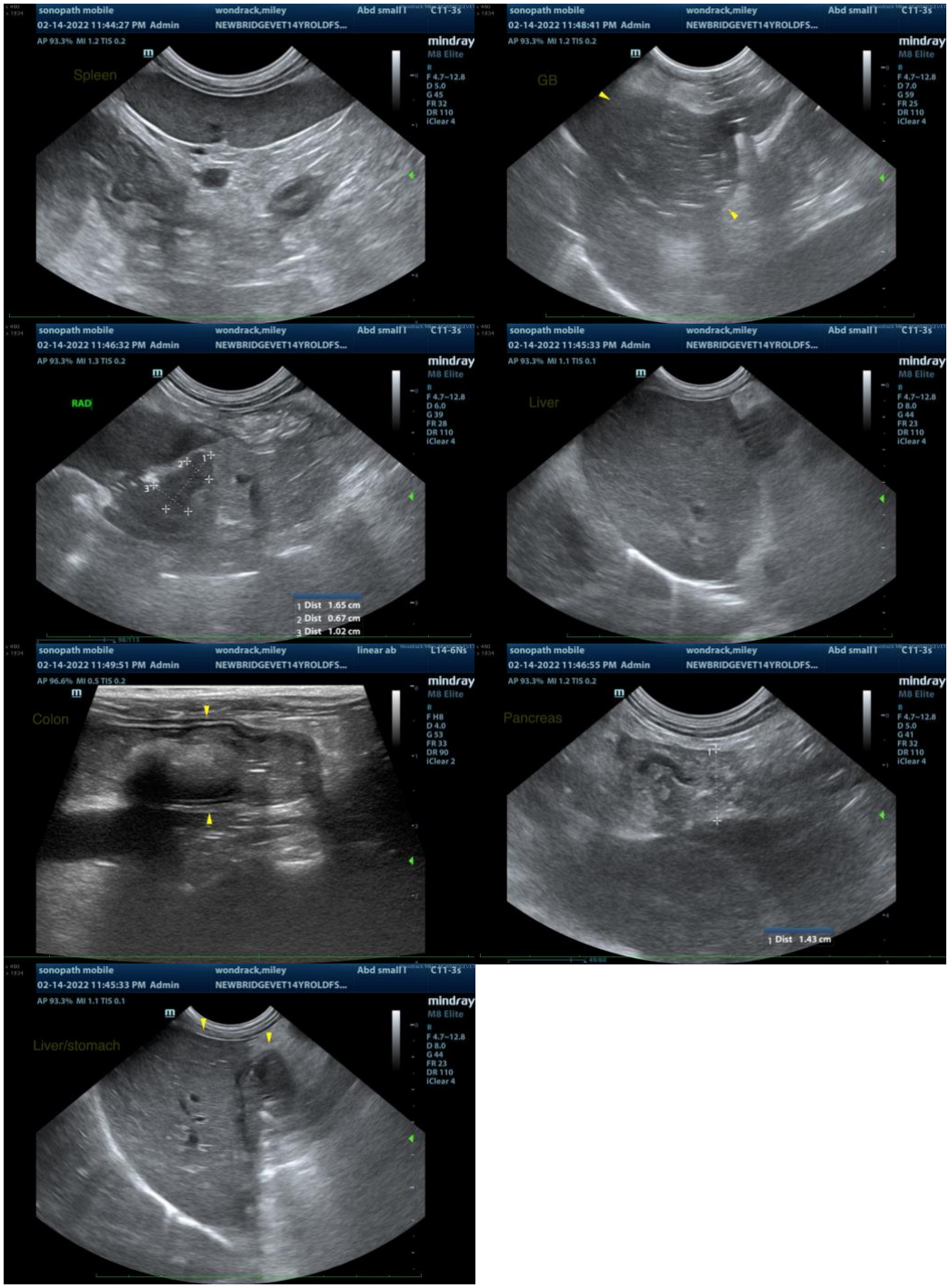

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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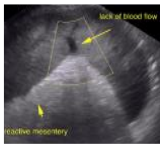
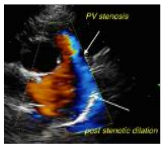
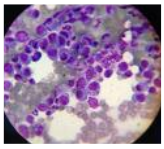
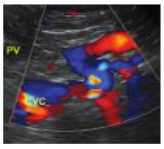

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