Animal Sounds NW
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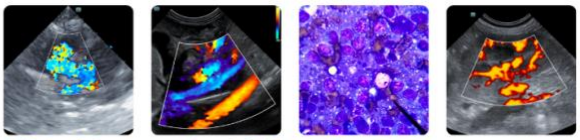

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Lucca Mayorga

SPECIES

Canine

BREED

Great Pyrenees X

SEX

Female Spayed

AGE

11

WEIGHT

58.8 lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Willakenzie AC

REFERRING VET

Dr Duncan

INVOICE

22836

DATE

4-6-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Patient presented for inappetence and ADR

Abnormal lab-work HIGH VALUES:

- ALT 361
- AST 106
- ALP 2822
- GGT 20
- TBILI 1.6
- WBC 243
- NEUTROPHILS 20995
- MONOCYTES 1531
- PLATELETS 528
- LOW GLUCOSE 57

Current Medications: Incurin, Metacam

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (6.46 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.34 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with 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 normal in size (0.53 cm at cranial pole) (0.61 cm at caudal pole) with a normal shape and 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 region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is subjectively normal in size (2.08 cm in width at the level of the hilus) with a slightly undulating medial contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is normal- to prominent-in-size, with smooth peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

What is thought to represent gallbladder appears variably thickened and hyperechoic. Suspended

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echogenic debris is observed within the lumen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

The mesentery throughout the abdomen is hyperechoic. A moderate amount of echogenic free fluid is present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- What is suspected to be gallbladder is concerning for a ruptured mucocele. However, a ruptured hepatic abscess, tumor or other pathology cannot be excluded.
- Equivocal hepatomegaly
- Diffuse peritonitis

Secondary Findings

- Mild bilateral nonspecific age-related renal changes
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Cytologic evaluation of the abdominal fluid is recommended to assess for septic peritonitis.
- Also consider performing a total bilirubin on the abdominal fluid and compare it to a peripheral blood bilirubin to evaluate for bile peritonitis.
- Depending on the results, referral to a board-certified surgeon is recommended for abdominal exploratory and to assess the liver and gallbladder.
- Three-view thoracic radiographs and clotting times are recommended prior to anesthesia.

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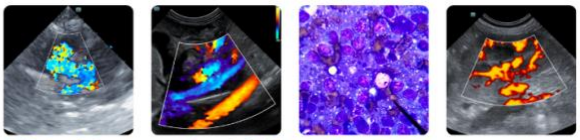

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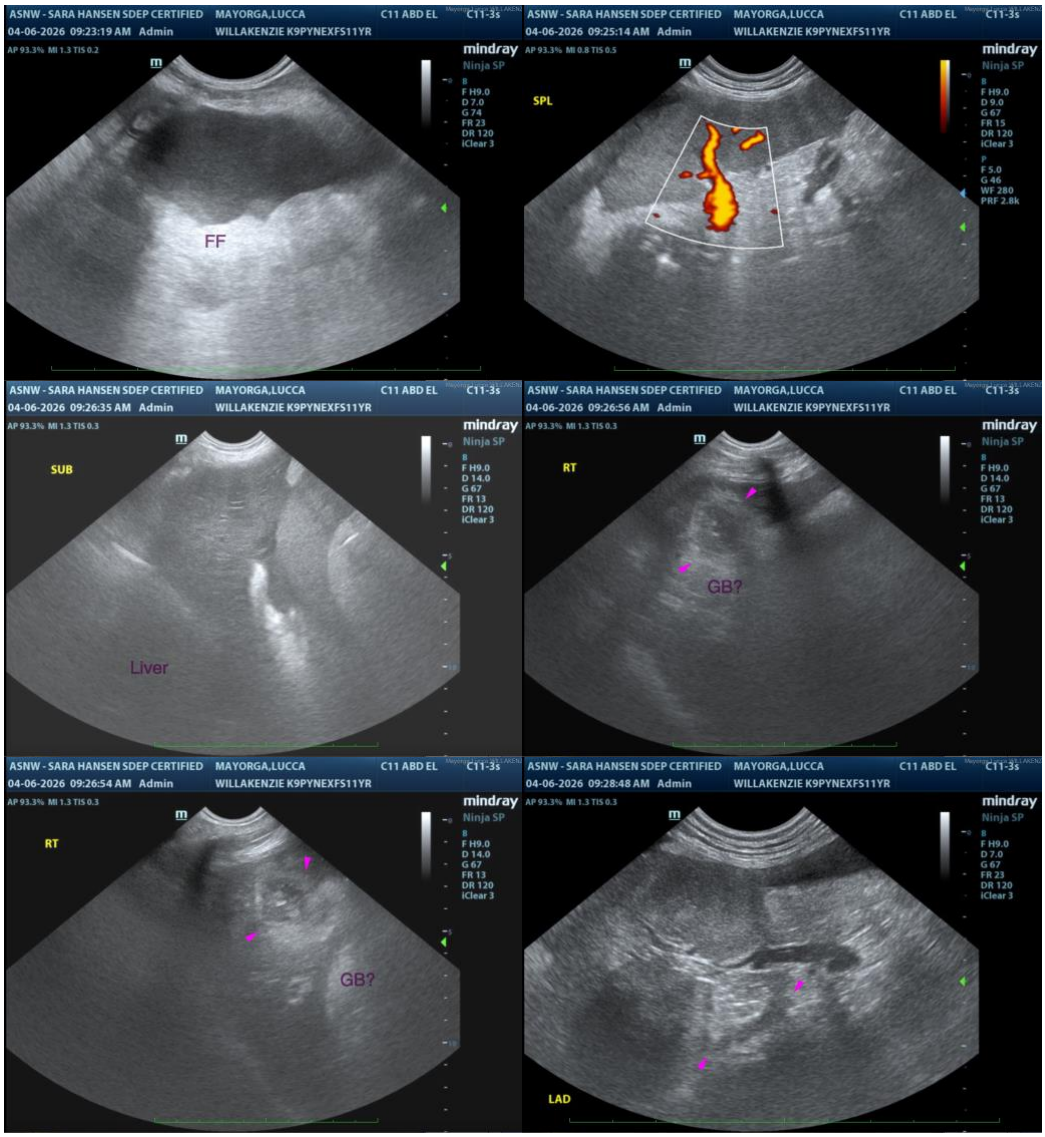

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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