



PATIENT

Lulu Ramsey

SPECIES

Canine

BREED

Maltese

SEX

Spayed female

AGE

6 years

WEIGHT

18. lbs

INTERPRETED BY

Bradley Harris, DVM,
 DACVECC, DACVIM
 (cardiology)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Gagemount AH

REFERRING VET

Dr. Worrell

INVOICE

69783

DATE

1/5/26

PRESENTING CLINICAL SIGNS

History: Lulu, a 5-year-old FS Maltese, presented for acute onset of lethargy, inappetence, and mucousy diarrhea ONGOING/PREV DIAGNOSED: Lymphocytic leukemia (in remission), chronically elevated liver enzymes, and elongated soft palate. Fed a homemade diet and Royal Canin Gastrointestinal Low Fat Small Dog kibble. - A new bag of kibble was opened on Friday, which the owner notes has an unusual smell. Lulu had a small amount of this food before symptoms began. - Appetite has been poor since Saturday evening. - Vomited once on Friday after eating chicken quickly. - Vomited once on Friday after eating chicken quickly. - Acute onset Saturday night of mucousy diarrhea (approximately 90% mucus). No diarrhea noted today. Current Medications Prednisone 1 mg SID, Mirtazapine 2-4 mg SID, Aventi Liver Complete supplement SID
 Abnormal PE/Chem/CBC/UA Results: labs attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted, and anechoic urine is present. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasia is present. The capsules are uniform without significant irregularities noted. The left kidney measured 4.15 cm and the right kidney measured 4.35 cm.

Adrenal Glands

Both adrenal glands are thin and flattened with an isoechoic, parenchymal echotexture. The phrenic vasculature, glandular echogenicity and detail were unremarkable. The left adrenal gland measured 0.28 x 1.21 cm. The right adrenal gland measured 0.34 x 1.22 cm.

Spleen

The spleen is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented. The spleen measured 1.07 cm at the hilus.

Liver

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder is moderately distended with organized echogenic contents with a stellate appearance.



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The contents are non-dependent. The gallbladder wall is appropriately thin without evidence of inflammation or effusion. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach and intestines are free of stasis and peristaltic activity, with no significant dilation noted. There is normal wall thickness and acceptable curvilinear mural detail. The pyloric-duodenal junction and ileocecolic junction are patent, and the colon contains normal shadowing feces. There is no evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.

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Pancreas

The base and limbs of the pancreas are isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

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Free Abdomen

There was no lymphadenopathy and no free fluid noted.

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ULTRASONOGRAPHIC FINDINGS

Both adrenal glands are flattened and isoechoic. This may be normal for this patient or potentially secondary to hypoadrenocorticism or adrenal burnout from chronic disease.

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The gallbladder is over distended with largely suspended, organized debris. This is most consistent with an emerging mucocele. There was no evidence of inflammation noted at this time. This is not likely causing overt clinical signs.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If gastrointestinal symptoms do not respond to supportive care or if symptoms worsen or progress then hypoadrenocorticism should be considered. Given that the patient is currently receiving Prednisone an ACTH stimulation test will not be useful. Weaning of Prednisone and reevaluation of ACTH stimulation could be considered in 2-3 weeks. Alternatively, if clinical signs persist, empiric increasing of corticosteroids could also be considered if Addison's disease is strongly suspected.

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Consider an abdominal CT for further evaluation of the gallbladder and biliary tree and for potential surgical planning if cholecystectomy is being considered. Often times C reactive protein is useful to aid in decision on when to pursue surgical cholecystectomy as values >6.3 mg/dL may indicate cases of gallbladder mucoceles that have an increased likelihood of rupture.

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If surgery is not pursued persistent or serial imaging every 3-6 month with monitoring of liver enzymes on biochemistry panel is recommended.



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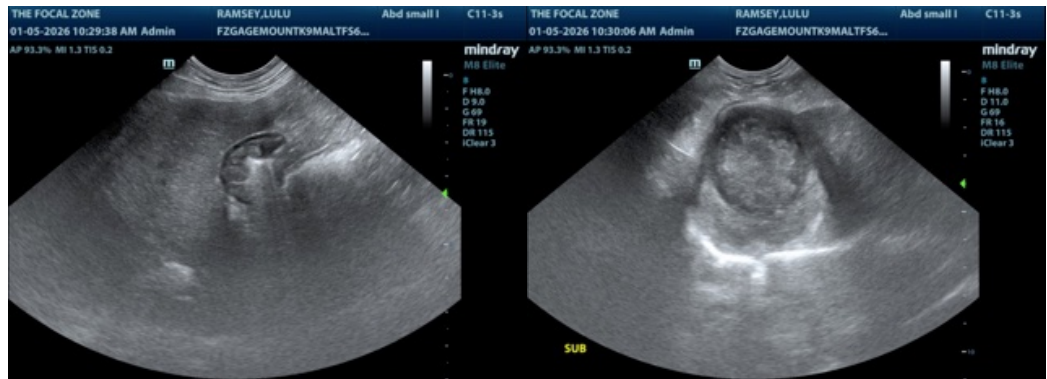
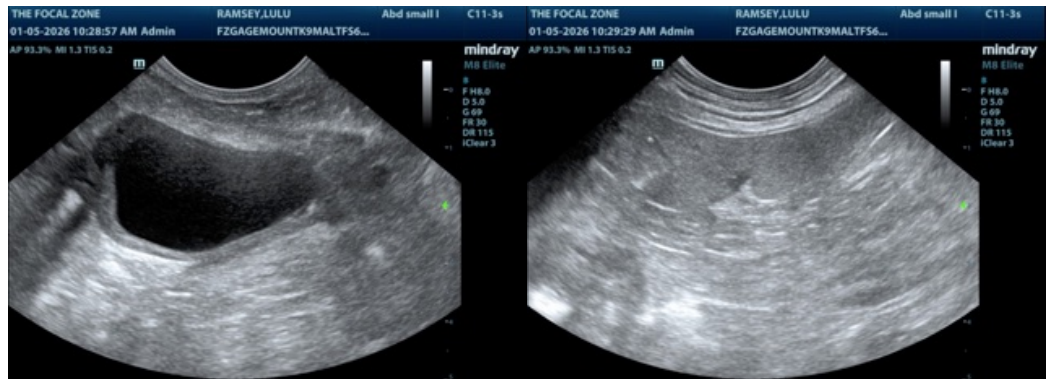
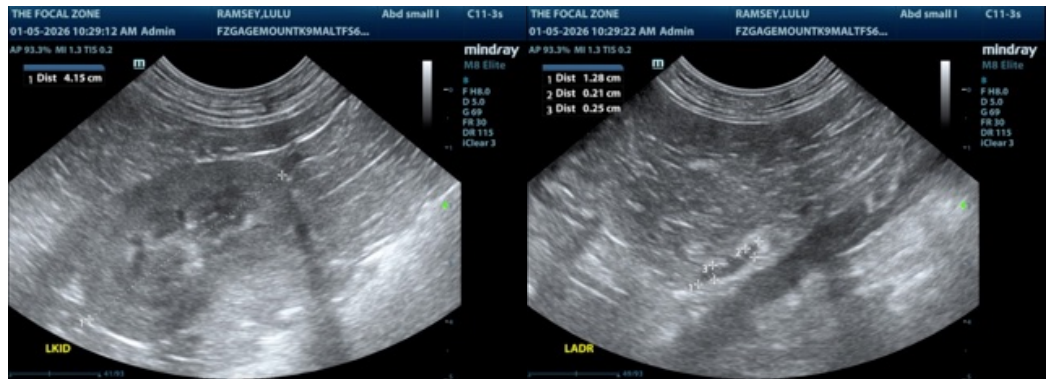
Dr. Worrell

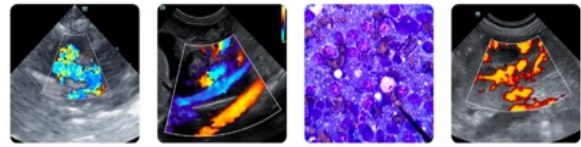
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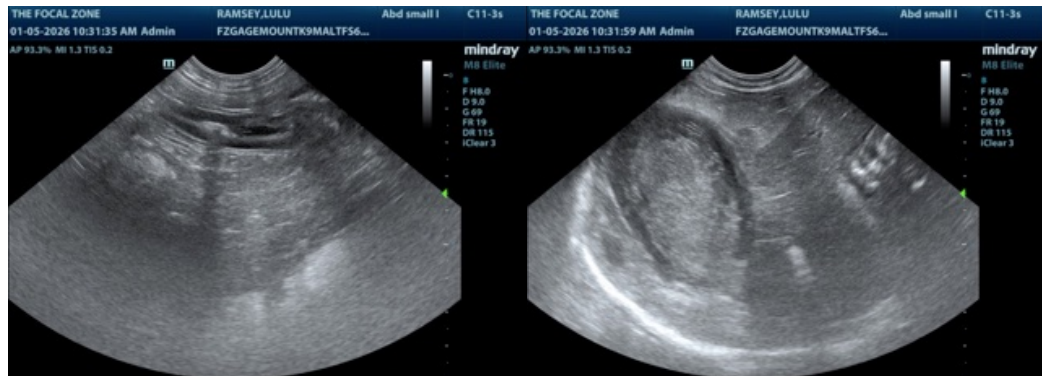
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

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