

**PATIENT**

Red DeNicola

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed female

**AGE**

11 years

**WEIGHT**

10.8 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

M Kermendy CVT

**HOSPITAL NAME**

Wauwatosa Vet

**REFERRING VET**

Ericka Haynes, DVM

**INVOICE**

39934

**DATE**

10/4/22

**PRESENTING CLINICAL SIGNS**

History: Moderate amount of gallbladder debris present on abdominal ultrasound done 9-7-22. Patient receiving ursodiol 10mg/kg PO daily. Screening for resolution/progression of gallbladder debris.

**ULTRASONOGRAPHIC EXAMINATION**

The gallbladder is mildly distended with anechoic bile as well as suspended and gravity dependent echogenic debris. There is a cholecystolith noted within the lumen of the gallbladder with acoustic shadow. The wall of the gallbladder is smooth without visible thickening. There is no evidence of cystic or common bile duct dilation. There is no evidence of effusion or inflammation. Non-obstructive, lobar, biliary mineral is also noted.

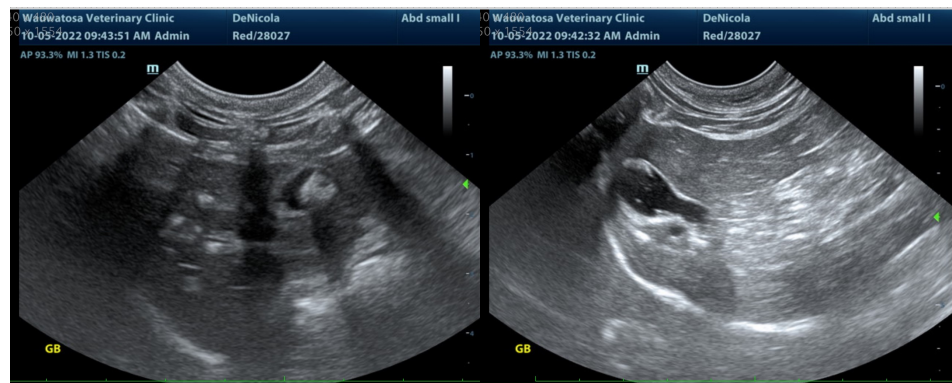
**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

Cholecystic debris and mineral with a cholecystolith noted and lobar biliary mineralization, none of which appear obstructive.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The lobar biliary mineral (non-obstructive) appears relatively similar/static to the previous exam. There was no evidence of a gallbladder intraluminal cholecystolith on the last exam so that finding may be new/progressive. However, there is no evidence of obstruction. Therefore, change in therapy is not necessarily indicated unless the patient's clinical status in the form of decreased appetite, nausea, cranial abdominal pain, etc. is progressing and/or liver enzymes, bilirubin etc. are increasing. Therefore, recommendations are to continue Ursodiol therapy and monitor as is reportedly in place.



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.

**Beth Johnson, DVM DACVIM**

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