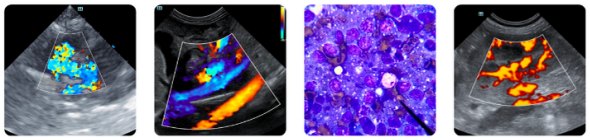


PATIENT

Tiny Bird

SPECIES

Canine

BREED

Shetland Sheepdog

SEX

Intact Female

AGE

4 years 11 months

WEIGHT

12.3 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Mariusz Chmielinski

HOSPITAL NAME

Apex Veterinary Services

REFERRING VET

SAVE Emergency / ER Doctor

INVOICE

10851

DATE

12/3/2025

PRESENTING CLINICAL SIGNS

Recheck of fever (40.5°C) from yesterday. Upon presentation, Tiny's still had a fever of 40.8° C. Tiny has not vomited or had any diarrhea since her appointment yesterday. Owners report that she seems to be mildly improved from yesterday and ate a small amount of wet food offered this morning. Her energy levels are still low, however. No other changes as per history recieved yesterday.

Abnormal PE/Chem/CBC/UA Results: Attitude: Quiet but alert and responsive T: 40.8 °C P: 100, R: Panting, MM: Tacky, Red CRT: 2 seconds Hydration: Estimated 5-7% dehydrated. Prolonged skin tent noted. Showed signs of pain when ultrasounding gallbladder. CBC: Reticulocytes 9.2 (10-110 K/uL), Reticulocyte hemoglobin 20.1 (22.3-29.6), Neutrophils 12.83 (2.95-11.64), Eosinophils 0.04 (0.06 - 1.23), Platelets 145 (148-484) CHEM: ALT 635 (10-125), ALP 528 (23-212), GGT 12 (0-11), Bilirubin 22 (0-15). UA: USG 1.044, pH 6.5, UBG 4 mg/gL, BIL 1 mg/dL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal is size (4.59 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (4.42 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (0.63 cm at cranial pole and 0.48 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.41 cm at cranial pole and 0.59 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

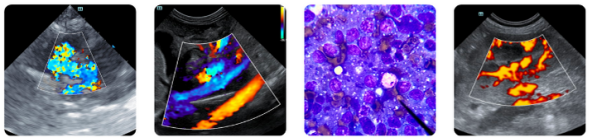
Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is mildly overdistended with a moderate amount of non-dependent, mildly aggregated/inspissated sludge. Hypo to anechoic cystic areas are noted between the gallbladder



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sludge and luminal wall. The wall is otherwise smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Hyperechoic mucosal fogging or speckling is noted. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

The visible colon is normal but the lumen is diffusely, mildly distended with soft stool.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Emerging mucocele – Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. The non-dependent nature of this sludge combined with the cystic areas are suggestive, however, of possible emerging cystic mucosal hyperplasia or early gallbladder mucocele.

- Subtle/mild mucosal speckling – Mucosal speckling is often present with inflammatory bowel disease (IBD). It is not specific for type or severity of disease. Mild speckling change can occur as a normal patient variant in the post-prandial state.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no definitive ultrasonographically visible evidence of an acute pancreatitis. Although, emerging pancreatitis or certainly chronic low grade smoldering pancreatitis can't be ruled out in conjunction with the emerging gallbladder mucocele. The emerging mucocele, while likely at least in part contributing to patient's reported liver enzyme changes, is of unknown contribution to patient's reported clinical history, fever, etc. Therefore a further workup is recommended including:

- A quantitative PLI if not already evaluated.
- Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.
- Infectious disease testing could be considered including testing for leptospirosis.

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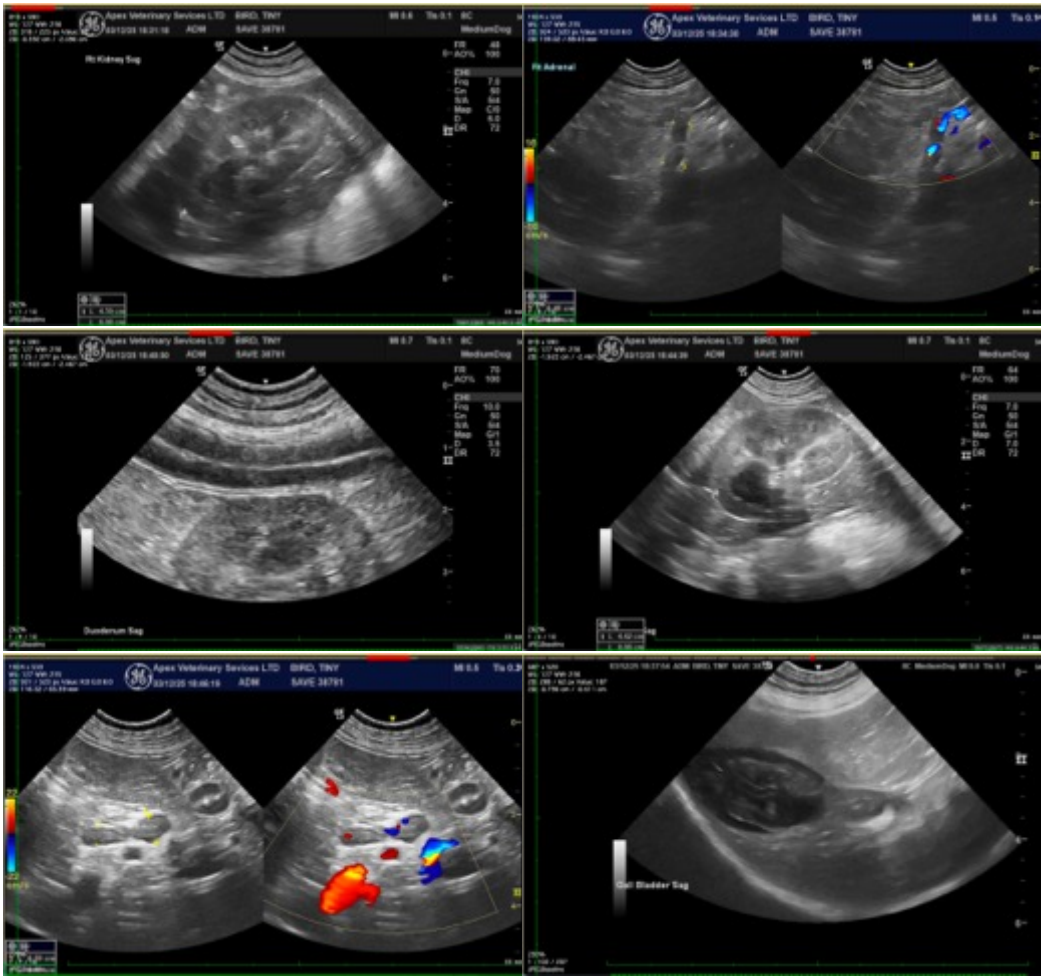
- If supportive/symptomatic medical management of clinical signs, supportive/symptomatic medical management of the fever, the suspected non-specific hepatopathy, etc. does not result in improvement, and another cause for the fever is not diagnosed. Ultimately, an exploratory laparotomy for a planned cholecystectomy may be warranted.



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
info@sonopath.com