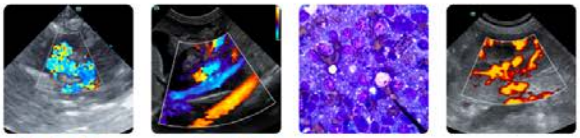

SonoPath www.carolinavetmobile.com
info@carolinavetmobile.com 800.808.5948

PATIENT

Wrangler Kidd

SPECIES

Canine

BREED

German Shepherd x

SEX

Neutered Male

AGE

10 Years

WEIGHT

82 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Chatham Veterinary Services

REFERRING VET

Dr. Scott

INVOICE

72754

DATE

2/5/26

PRESENTING CLINICAL SIGNS

P presented for US due to chronic non regenerative anemia. P vomits once per week. history of seizures controlled with potassium bromide. On meloxicam and Denamarin.

Abnormal PE/Chem/CBC/UA Results: CBC HCT 37.4%, non regenerative. Albumin 2.5 ALT 133. no major changes from labs one month ago.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses or inflammatory changes are observed. One larger cystolith measuring 1.1 cm in diameter is noted, surrounded by multiple much smaller cystoliths and some mineral/sand debris. No evidence of obstruction is noted. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measures 6.98 cm. Right kidney measures 7.34 cm.

Adrenal Glands

The right adrenal gland is normal in size (1.4 cm at cranial pole and 0.71 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.64 cm at cranial pole and 0.70 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

Liver is normal to subjectively small in size with slightly undulating or scalloped capsular contour or margins. Parenchyma is diffusely heterogenous with increased portal markings and coarse architecture. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall of the gallbladder appears as a thin hyperechoic/calcified rim casting a distinct distal acoustic shadow. A large amount of mineral/sand debris is present. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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Gastrointestinal

Fundic mucosal hypertrophy with hyperechoic mucosa and some mucosal remodeling is noted. There is no loss of mural detail. Layering is normal. There is mild luminal fluid accumulation. No evidence of masses/nodules or foreign material present.

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

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

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.

PRIMARY FINDINGS

- Gastritis – Consistent with irritation secondary to dietary indiscretion or intolerance, infection (bacterial, viral, other), parasitic or protozoal disease, toxin, other metabolic disease such as pancreatitis, other. Microulceration cannot be ruled out.

- An obvious cause for the liver changes is not identified in these images. Microscopic disease such as Leptospirosis, bacterial cholangiohepatitis, chronic active hepatitis, copper-associated hepatotoxicity, other hepatotoxicity, other reactive hepatopathy, infiltrative neoplasia, etc. cannot be definitively ruled out.

- Moderate gallbladder debris - 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. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

- Porcelain gallbladder – Porcelain (calcified) gallbladder is an uncommon finding in companion animals and has been observed as both an incidental finding and associated with biliary neoplasia. In humans, porcelain gallbladder can be a manifestation of chronic gallbladder disease, chronic cholecystitis, intramural hemorrhage with subsequent calcification, imbalances in calcium metabolism, and even giardiasis. This finding should be interpretated in combination with any clinical signs and/or laboratory changes suggestive of biliary disease and/or calcium dysregulation, etc.

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SECONDARY FINDINGS

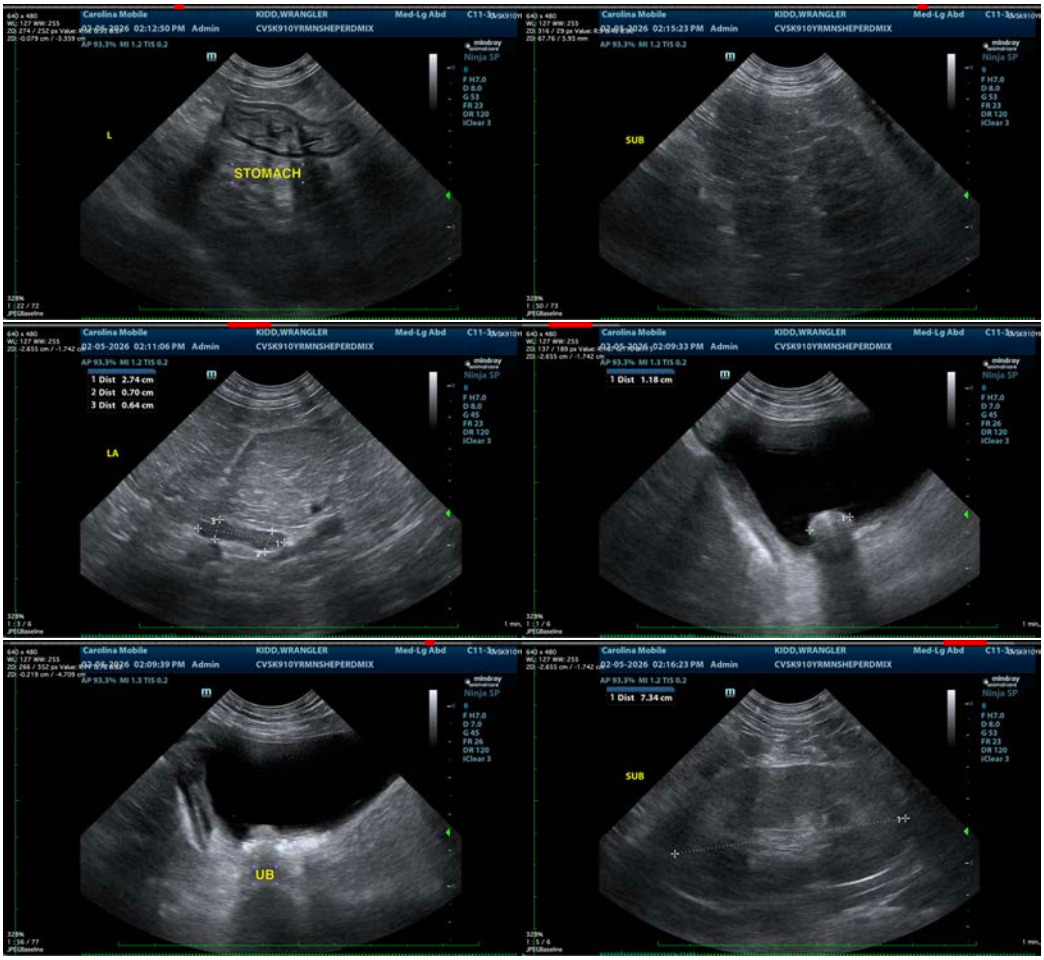
- Age related kidney changes.
- Urinary bladder cystoliths.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the liver changes, bile acids are recommended if patient's total bilirubin is not increased.

Liver sampling could also be considered, beginning with a fine needle aspirate of the liver if patient's coagulation status is appropriate to rule in/out round cell neoplasia, assess inflammatory cell type, etc., although ultimately if a cytologic diagnosis is unable to be obtained, a liver biopsy, being sure to include copper level assessment, may be warranted.

In the meantime, given patient's reported anemia, empirical antacid therapy +/- sucralfate and empirical deworming with a 5-day course of Panacur could be considered to empirically address any possible micro ulceration. Additionally, if quality of life can be maintained without a nonsteroidal, transition to an alternative pain management could be considered.



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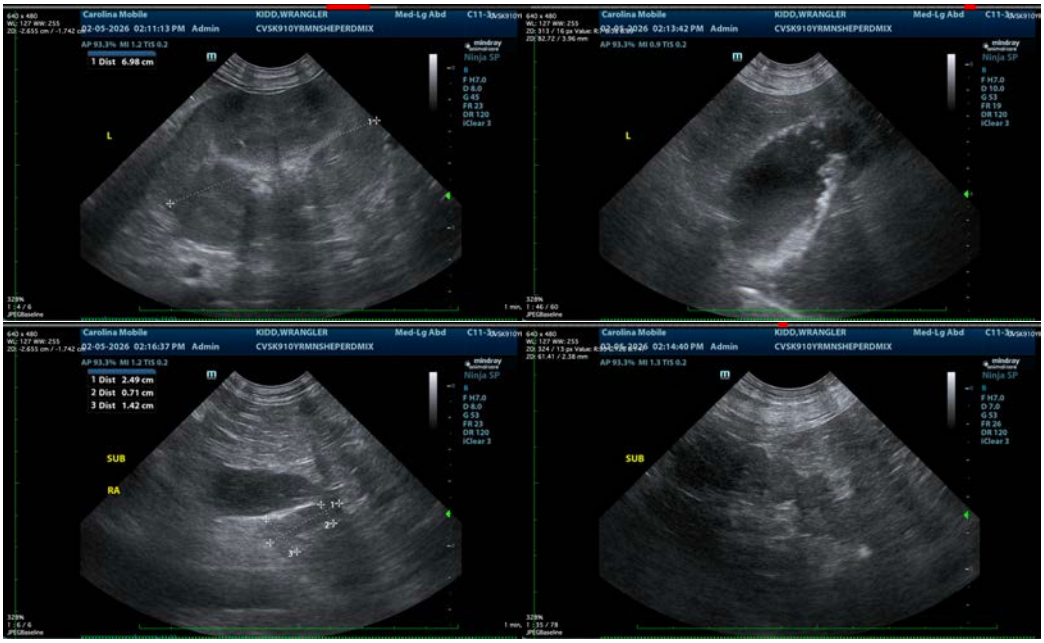

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
info@sonopath.com