

**DATE PRESENTING CLINICAL SIGNS**

3/24/26 **Patient History:** O states P has been having a mild intermittent single cough- P lives in a house with smokers. CV: Normal rhythm, no murmurs noted. THROAT: Goose Honking cough elicited on tracheal palpation (Confirmed tracheal collapse on radiographs).

PATIENT

Gigi Aylward

Current Medications: Denamarin; pimobendan 1.25 mg; enalapril 2.5 mg**SPECIES**

Canine

Labwork Results: Labwork not attached, reported as: CBC/Chem/Lytes: ALKP 367 (H) otherwise NSF. SNAP 4Dx: Negative. Cardiopet proBNP (0 - 900) pmol/L (Canine) a 914 (H). Canine Total T4 (TT4 Thyroid screen): 1.3ug/dL (WNL) (Ref 1.0 - 4.0)**Date of Previous IntraPet Ultrasound:** No previous.**Sedation:** Torbugesic.**Stat Report:** Not requested.**BREED**

Yorkie x

Imaging Performed by: Stephanie Warga RDCS, RVT.**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Spayed Female

Urinary System**AGE**

10/8/11

The urinary bladder is adequately distended with anechoic contents. No masses or inflammatory changes. Tiny pinpoint mineral densities are noted at the level of the trigone consistent with a possible mild amount of urinary bladder mineral/sand or tiny cystoliths with no evidence of obstruction noted in these images at this time. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

WEIGHT

15 lbs

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 infarcts. Left kidney measures 4.17 cm. Right kidney measures 4.37 cm. Pinpoint non-obstructive nephroliths and trace pyelectasia are noted bilaterally.

INTERPRETED BYBeth Johnson, DVM
DACVIM**Adrenal Glands****HOSPITAL NAME**

Banfield Abingdon

The right adrenal gland is normal in size (0.45 cm at cranial pole and 0.37 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

REFERRING VET

Dr. Aylward

The left adrenal gland is normal in size (0.35 cm at cranial pole and 0.57 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen**INVOICE**

73977

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), except for an approximately 1.4 cm x 2.1 cm mixed, largely cystic, non-capsule disrupting density near the mid to caudal aspect of the spleen. 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 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. 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 colon appears normal at the ileocecolic junction and in the distal descending area, but in the mid to cranial abdomen, potentially transverse or proximal descending colon it is mildly thick, measuring 0.29 cm thick with normal intact layering. The lumen is empty.

Pancreas

Pancreas is prominent (enlarged) in size and mildly irregular in shape with a slightly undulating contour. Parenchyma is coarse in echotexture and heterogenous to hypoechoic in echogenicity.

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

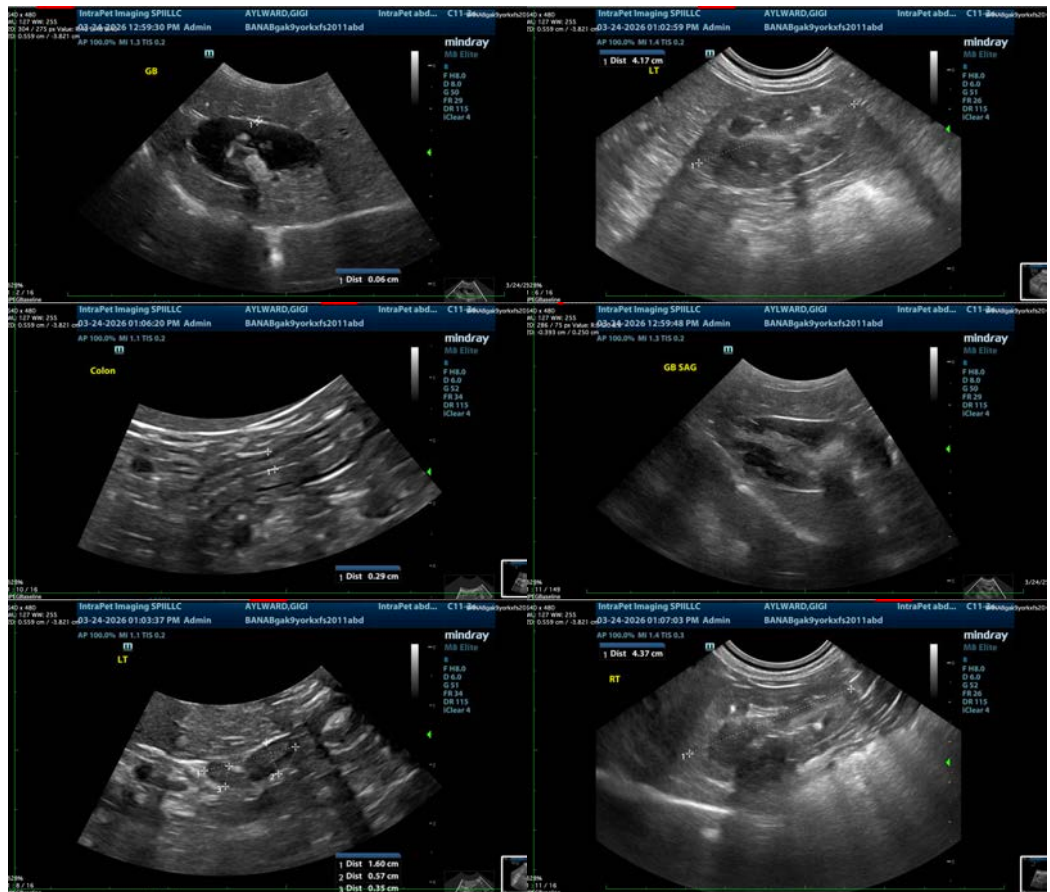
- Emerging mucocele – Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. The non-dependent nature of this sludge combined with the cystic areas are suggestive, however, of possible emerging cystic mucosal hyperplasia or early gallbladder mucocele.
- Cystic splenic nodule – likely represents a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions and cannot be ruled out.
- The mildly thick colon may represent normal patient variant. There are no characteristics of malignancy present. A benign inflammatory, infectious, parasitic disease can't be ruled out, nor can infiltrative neoplasia, although infiltrative neoplasia is considered much less likely.
- Chronic low-grade smoldering pancreatitis can't be ruled out and should be suspected in the face of appropriate clinical signs.

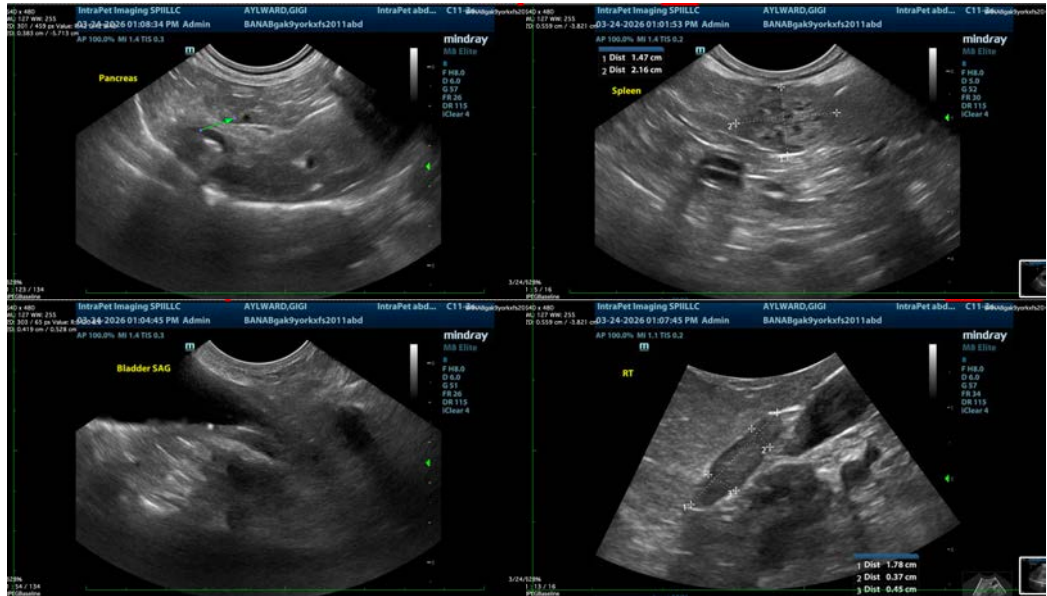
SECONDARY FINDINGS

- Age related kidney changes with pinpoint non-obstructive nephroliths and trace pyelectasia bilaterally.
- Small amount of urinary bladder mineral/sand debris with no visible evidence of obstruction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further evaluation of the mildly thickened colon wall should be made in combination with any clinical history of gastrointestinal signs, diarrhea, etc. that would prompt further workup up to and potentially including sampling. Otherwise, given patient's reported presenting complaint of mildly increased ALP, empirical hepatic nutraceuticals including Ursodiol are recommended, given the visible gallbladder debris, while monitoring for improvement. If clinical signs of gallbladder disease such as cranial abdominal pain, nausea, decreased appetite, etc. develop and aren't explained by another etiology, ultimately a cholecystectomy could be considered. Otherwise, continued workup, treatment, etc. of the cough is recommended.





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.

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