



PATIENT PRESENTING CLINICAL SIGNS

Lolita Preston Weight loss, anorexia.

SPECIES Abnormal PE/Chem/CBC/UA Results: MCV 61.8 (62.0 - 76.0 fL) Eosinophils 0.03 (0.14 - 1.93 x10⁹/L)
 Urea (BUN) 2.2 (3.2 - 11.0 mmol/L) Chloride 107 (108 - 119 mmol/L) ALT 3,951 (18 - 121 U/L) ALP 2,049 (5 - 160 U/L)
Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Beagle *Urinary System*

SEX Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots, as well as dependent mineral “sand” (crystals) debris. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses are observed. No definitively distinct or sizable cystoliths are observed, but piles of small cystoliths can’t be definitively ruled out. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.
Spayed Female

AGE 13 Years

WEIGHT 45 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 pyelectasia or infarcts observed. Left kidney measured 5.32 cm. Right kidney measured 5.62 cm. Punctate non-obstructive nephroliths are noted bilaterally.

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

Adrenal Glands

The right adrenal gland is normal in size (1.4 cm at cranial pole and 0.80 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Kelly Reschny

The left adrenal gland is normal in size (0.49 cm at cranial pole and 0.64 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

HOSPITAL NAME

Hillview Vet Clinic

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.

REFERRING VET

Dr. P. Stevenson

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.

INVOICE

74678

DATE

4/22/26

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 subjectively mildly hyperechoic and subtly mildly thick appearing. The neck of the gallbladder into the cystic bile duct is dilated measuring 0.94 cm. There is no evidence of effusion.



PATIENT

Lolita Preston

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

13 Years

WEIGHT

45 lbs

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hillview Vet Clinic

REFERRING VET

Dr. P. Stevenson

INVOICE

74678

DATE

4/22/26

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 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

- 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.
- Otherwise, an obvious cause for the reported increased liver enzymes 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 (considered unlikely), etc. cannot be definitively ruled out.

SECONDARY FINDINGS

- Moderate age related kidney changes with punctate non-obstructive nephroliths bilaterally and a moderate amount of echogenic urinary bladder mineral/sand debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

While patient's suspected emerging gallbladder mucocele could be contributing to the increased liver enzymes as well as the reported anorexia, the pattern of liver enzymes reported combined with low BUN, etc. are concerning for concurrent or potentially primary hepatopathy versus gallbladder disease and potentially decreased liver function. Therefore, if not recently evaluated, and if patient's total bilirubin is not increased, bile acids are recommended.

Testing for Leptospirosis could be considered.



PATIENT

Lolita Preston

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

13 Years

WEIGHT

45 lbs

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hillview Vet Clinic

REFERRING VET

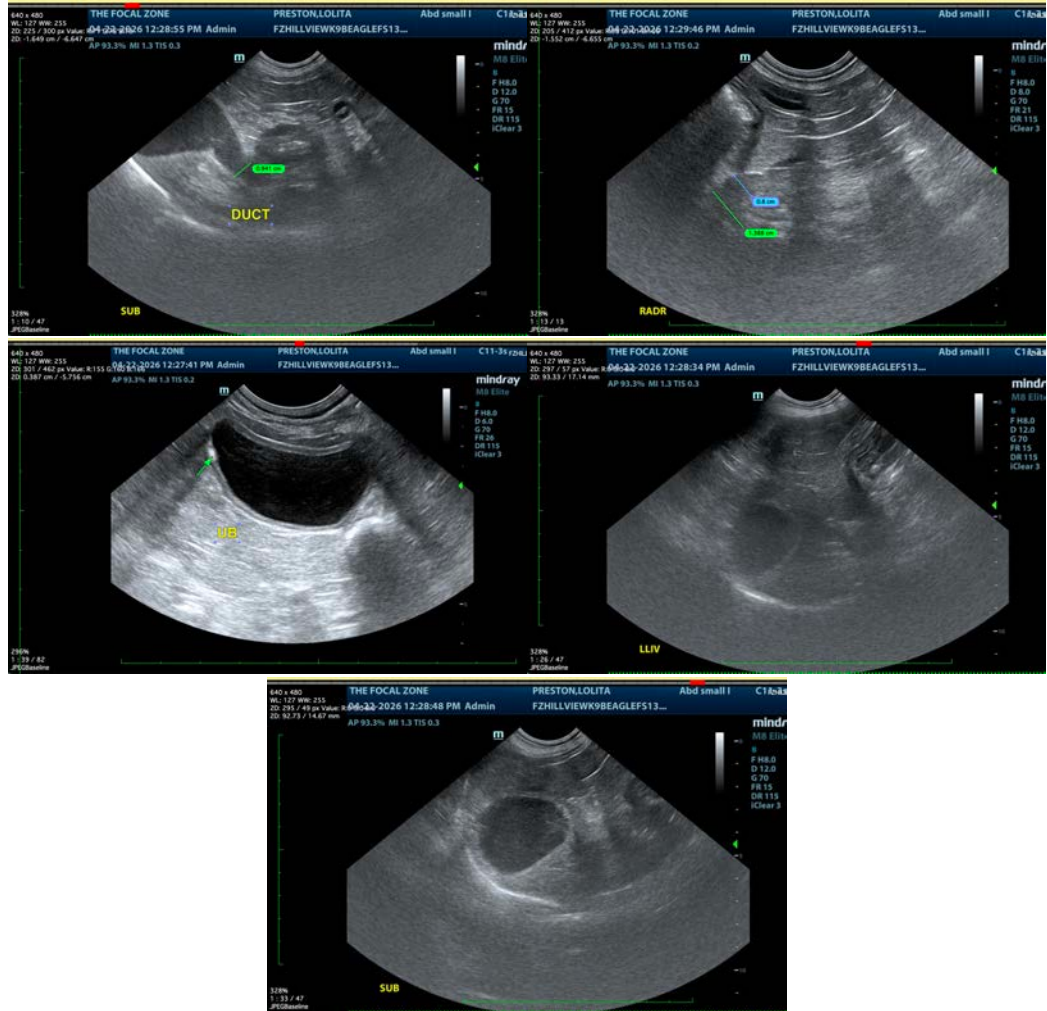
Dr. P. Stevenson

INVOICE

74678

DATE

4/22/26



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