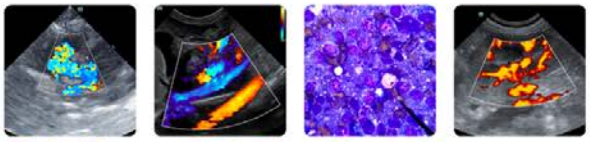


PATIENT

Freya Davidson

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed Female

AGE

9 Years

WEIGHT

22 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Gwenna Johnson, VMD

HOSPITAL NAME

Willow Run Veterinary Clinic

REFERRING VET

Gwenna Johnson, VMD

INVOICE

74288

DATE

4/8/26

PRESENTING CLINICAL SIGNS

Patient presented 3/27/26 for decreased appetite and has returned for several follow-ups for suspected cholecystitis. Hepatic enzyme elevation has been documented at each of her appointments and is not improving with supportive care (Amoxicillin, Metronidazole, Ursodiol). Gall bladder dilation noted on AFAST.

Abnormal PE/Chem/CBC/UA Results: Normal PE, patient is nonpainful with abdominal palpation. Appetite and behavior have been great since starting antibiotics and ursodiol. Blood work from 4/3/26 - ALT 1961, ALP 1455, GGT 103, TBili 0.60 and 4/8/26 - ALT 2022 , ALP 1741, GGT 117, TBILI 0.40. Urinalysis from 3/27/26 wnl.

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.

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 measured 4.9 cm. Right kidney measured 5.0 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.90 cm at cranial pole and 0.80 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.60 cm at cranial pole and 0.60 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

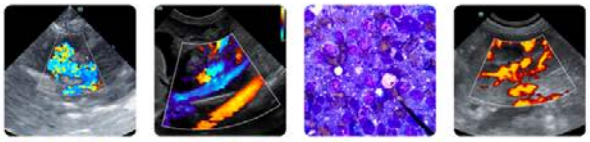
Spleen

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 sludge and luminal wall. The wall is otherwise smooth without visible thickening. In several views there appears to be a mildly dilated tubular structure adjacent to the duodenum without blood flow, which could represent a mildly dilated common bile duct measuring 0.49 cm dilated. There is no evidence of effusion.



PATIENT

Freya Davidson

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed Female

AGE

9 Years

WEIGHT

22 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Gwenna Johnson, VMD

HOSPITAL NAME

Willow Run Veterinary Clinic

REFERRING VET

Gwenna Johnson, VMD

INVOICE

74288

DATE

4/8/26

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.

If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is 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.

SECONDARY FINDINGS

- Mild age related kidney changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the gallbladder is likely at least partially contributing to patient's reported liver enzyme changes. Having said that, however, other contributing primary hepatopathies, endocrinopathies, etc. also contributing can't be definitively ruled out.

Given patient's reported marked clinical improvement on supportive empirical management of cholangitis, continued medical management could be considered while closely monitoring liver enzymes for improvement, with planned recheck labs in a week or two as long as patient continues to clinically do well.

PATIENT

Freya Davidson

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed Female

AGE

9 Years

WEIGHT

22 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Gwenna Johnson, VMD

HOSPITAL NAME

Willow Run Veterinary Clinic

REFERRING VET

Gwenna Johnson, VMD

INVOICE

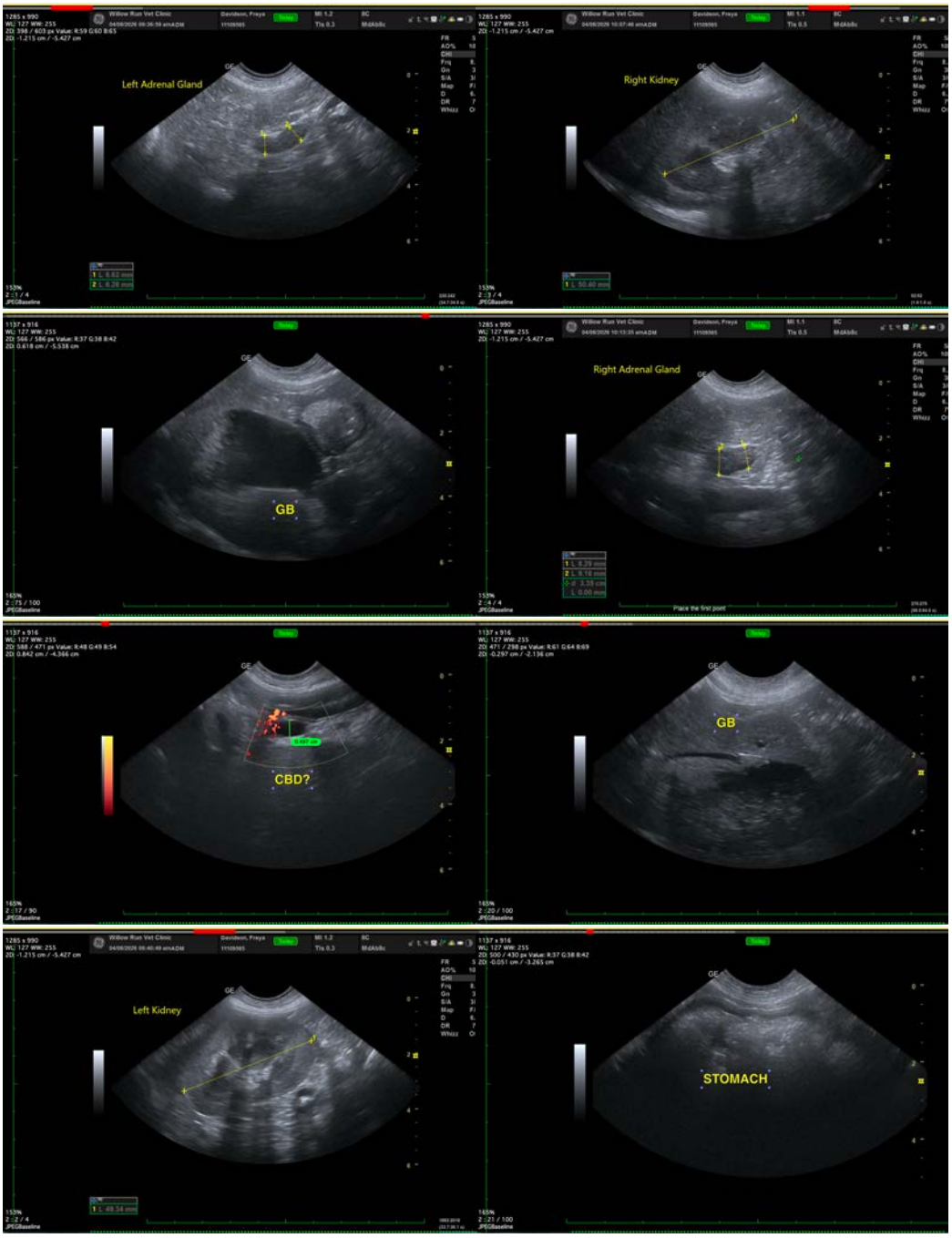
74288

DATE

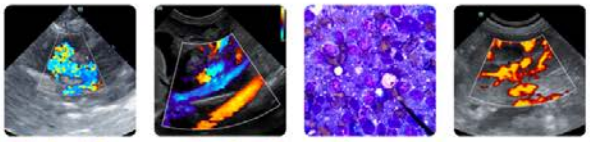
4/8/26

If, however, patient does not clinically do well and/or declines, or more aggressive intervention is elected, an exploratory laparotomy for further evaluation of the gallbladder, possible cholecystectomy and liver biopsy could be considered.

In the meantime, additional workup of concurrent hepatopathy could be considered, including infectious disease testing such as Leptospirosis and potentially fine needle aspirates of the liver if patient's coagulation status is appropriate.



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Freya Davidson

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed Female

AGE

9 Years

WEIGHT

22 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Gwenna Johnson, VMD

HOSPITAL NAME

Willow Run Veterinary Clinic

REFERRING VET

Gwenna Johnson, VMD

INVOICE

74288

DATE

4/8/26

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