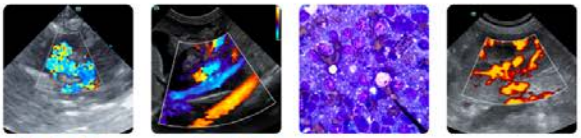

PATIENT

Lilly Magliocca

SPECIES

Canine

BREED

Pug x

SEX

Spayed Female

AGE

15 Years 2 Months

WEIGHT

12.2 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

Animal Paradise Hospital

REFERRING VET

Dr. Elshafie

INVOICE

75118

DATE

5/13/26

PRESENTING CLINICAL SIGNS

Assess Gallbladder and kidneys. X-ray report: Gallbladder Cholecystolith. Hx of renal disease, Hx of OA and IVDD. Current medications - Thyrotabs 0.1 mg 1/2 BID.

Abnormal PE/Chem/CBC/UA Results: BUN 31, Cre 2.0, CBC - WNL, CPL Normal, T4 4.3 High, SDMA 27 High. U/A - Protein 1+ (High)

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 bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. No mineral is observed. Left kidney is small at 2.7 cm. Right kidney is small at 3.28 cm. Mild to moderate pyelectasia is present bilaterally.

Adrenal Glands

The right adrenal gland is normal in size (0.46 cm at cranial pole and 0.50 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.38 cm at cranial pole and 0.38 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 moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation. There is no definitive shadowing or discrete cystolithiasis visible in these images, although there is some difficulty visualizing the gallbladder due to rib artifact. Similarly, there is no evidence of obstruction. There is an approximately 1.0 cm in diameter echogenic density that could be a pile of some mineral/sand debris with a tissue density/polyp or much less likely infiltrative neoplasia unable to be definitively ruled out.

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.

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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.

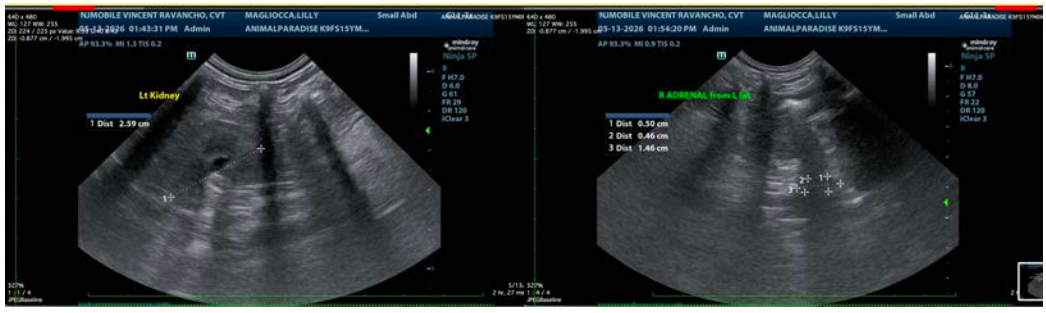
ULTRASONOGRAPHIC FINDINGS

- Gallbladder debris with some suspected mineral/sand debris suspected as described. Tissue such as a polyp or even less likely infiltrative neoplasia can't be definitively ruled out.
- Moderate bilateral chronic kidney disease changes with moderate bilateral pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given patient's reported history of kidney disease, proteinuria, etc., a blood pressure is recommended if not recently evaluated. Additionally, if the proteinuria is persistent in an otherwise quiet sediment, quantification via a UPC is recommended to help determine if medical management is indicated.

The gallbladder debris is likely incidental but should be interpreted in combination with any clinical signs or laboratory changes that may suggest otherwise. Monitoring could be considered to further differentiate debris versus tissue, monitor progression, etc. if elected.



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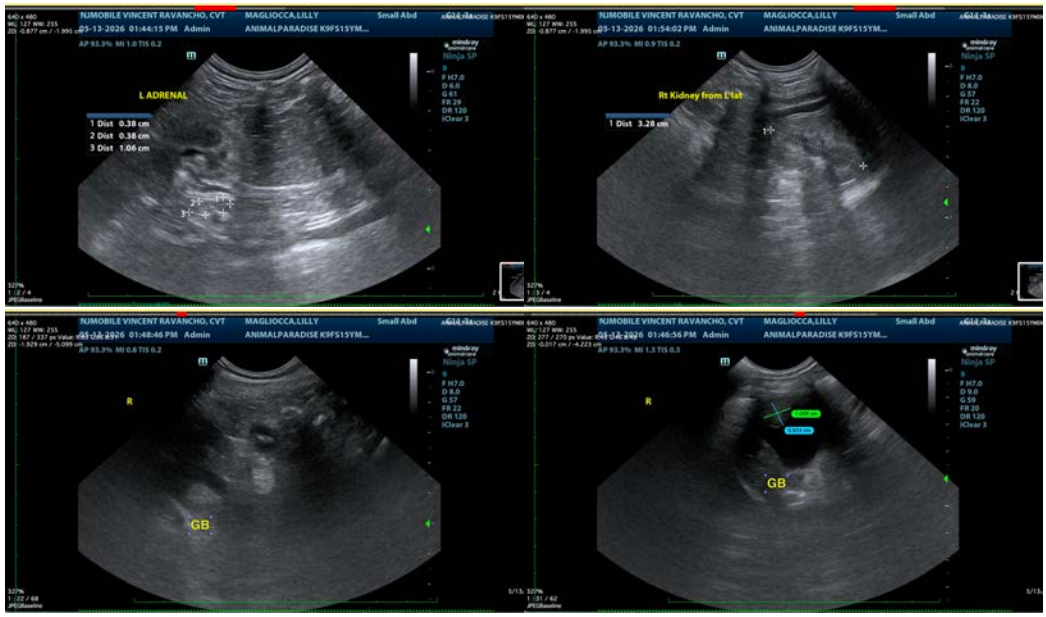

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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