



PATIENT	PRESENTING CLINICAL SIGNS
Colby Miller	History: elevated ALP R/O additional underlying dz prior to starting NSAID for CCL rupture
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	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.
Mix	The prostate is normal for a neutered dog.
SEX	Left kidney is normal is size (6.02 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.
Lab Mix	Right kidney is normal is size (6.75 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.
AGE	
10 years	
WEIGHT	Adrenal Glands
81 lbs	Left adrenal gland is normal in size (2.1 cm long, 0.98 cm at cranial pole and 0.86 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.
INTERPRETED BY	The area of the right adrenal gland is examined without evidence of pathology.
Beth Johnson, DVM DACVIM	
IMAGING PERFORMED BY	Spleen
Jenn	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.
HOSPITAL NAME	Liver
Rockaway AH	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.
REFERRING VET	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. The gallbladder measured 5.4 x 9.0 cm.
Dr. Ascot	
INVOICE	
31255	
DATE	
6/28/22	



PATIENT

Gastrointestinal

Colby Miller

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.

SPECIES

Canine

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.

BREED

Mix

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

SEX

Lab Mix

Pancreas

The observed pancreas 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.

AGE

10 years

Free Abdomen

There is no evidence of peritoneal effusion or apparent lymphadenopathy noted in these images.

WEIGHT

81 lbs

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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.

IMAGING PERFORMED BY

Jenn

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Rockaway AH

It is likely given these images that the cause of the patient's reportedly increased ALKP is the emerging mucocele. If clinical signs such as nausea, vomiting, inappetence and/or cranial abdominal pain are present a cholecystectomy may be warranted. However, without clinical signs, medical management with Ursodiol +/- broad spectrum antibiotics (if the ALKP improves while on antibiotics (could be tried first as a medical management approach.

REFERRING VET

Dr. Ascot

There does not appear to be a primary hepatic pathology which would cause non-steroidals to be contraindicated, however, close monitoring of the liver values after starting non-steroidals should be considered.

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PATIENT

Colby Miller

SPECIES

Canine

BREED

Mix

SEX

Lab Mix

AGE

10 years

WEIGHT

81 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

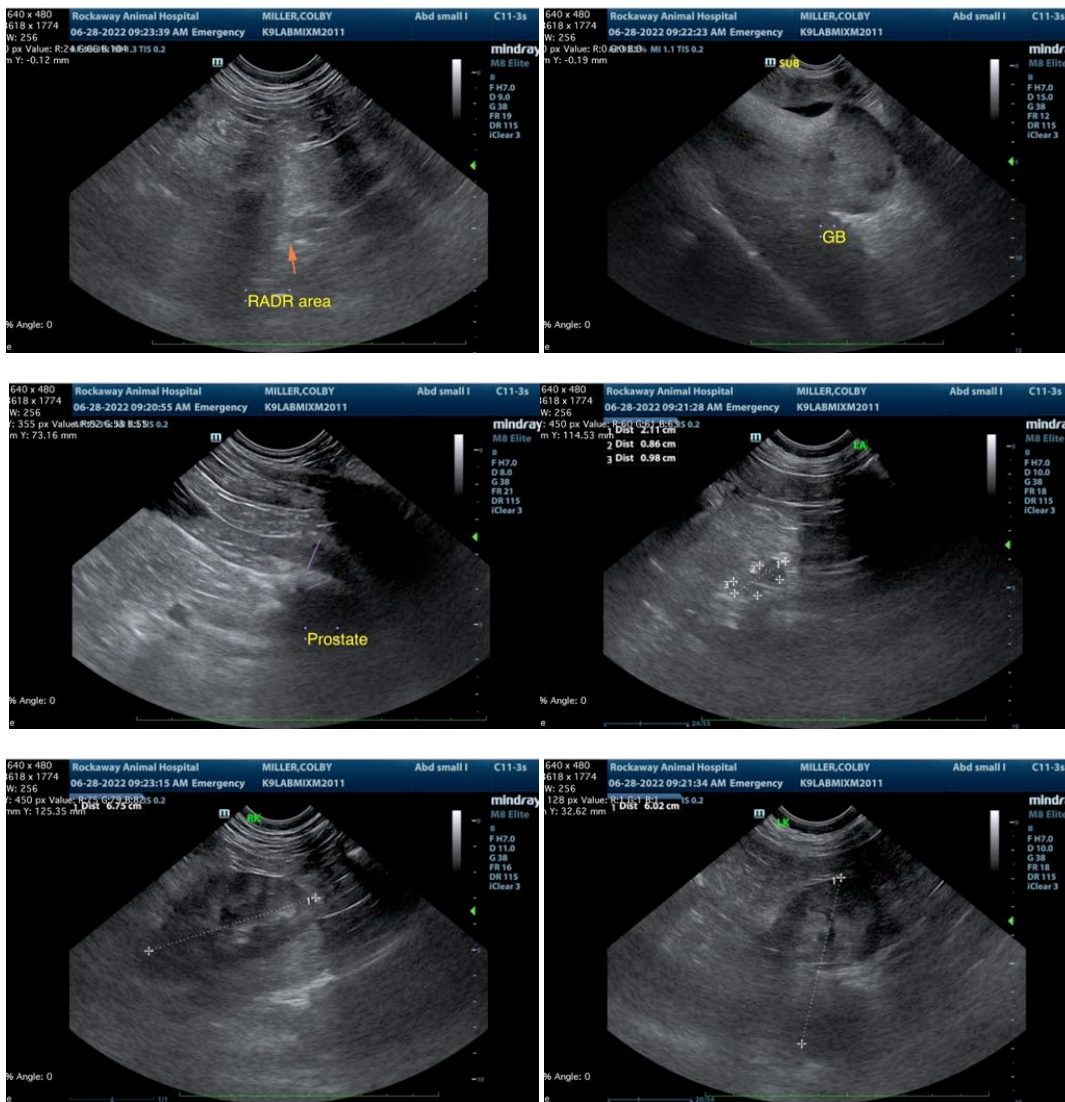
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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