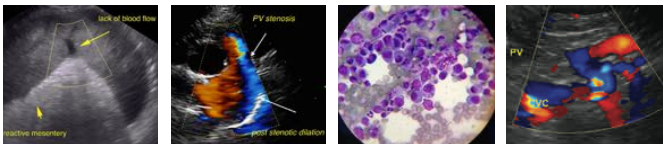
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Cinnamon Latham

SPECIES
Canine

BREED
Chihuahua

SEX
Spayed Female

AGE
13 years

WEIGHT
14.6 lbs

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Griffin

HOSPITAL NAME
Northside VC

REFERRING VET
Dr. Griffin

INVOICE
31473

DATE
7/5/22

PRESENTING CLINICAL SIGNS

Patient presented for abdominal ultrasound after bloodwork and x-rays raised concerns for gallbladder disease
Abnormal PE/Chem/CBC/UA Results: CBC:WNL CHEM: GLOB 4.8, ALT 229, ALKP 246, GGT 19

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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. Small, incidental, cortical cysts are noted bilaterally. The left kidney measured 3.7 cm and the right kidney measured 3.9 cm.

Adrenal Glands

Left adrenal gland is normal in size (0.47 cm at cranial pole and 0.69 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.66 cm at cranial pole and 0.46 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

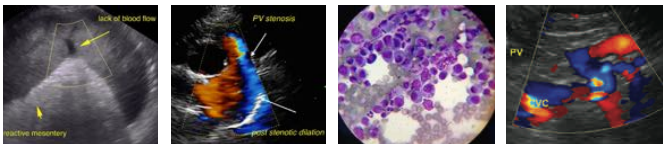
Spleen

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

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.

GB is moderately distended with anechoic bile and gravity dependent echogenic sediment. Mineral density/non-shadowing cholecystoliths are noted along the dependent portion of the wall. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation. The gallbladder measures 2.9 x 3.3 cm.



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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 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.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- **Gallbladder debris (canine) -** 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. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili. Non-shadowing cholecystoliths are noted. There is no overt distension or evidence of obstruction.

Secondary Findings

- **Age related kidney.**

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the gallbladder alone does not warrant cholecystectomy at this time. If clinical signs such as cranial abdominal, vomiting, inappetence, etc. are present then surgical recommendations will be changed based on that. Without clinical signs and empirical course of Ursodiol and broad spectrum antibiotics, with monitoring of liver values for improvement, is recommended. If the liver values improve continue antibiotics until they plateau or normalize. If there is no improvement, antibiotics can be discontinued; however, Ursodiol can be continued long term. Ultrasonographic monitoring of the gallbladder is recommended to help identify progression, evidence of distension, obstruction, etc. in the future.

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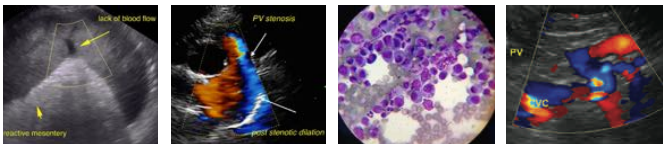

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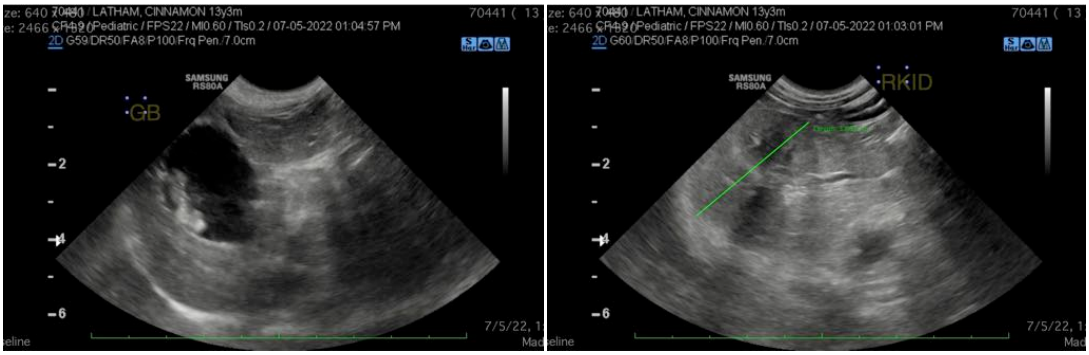

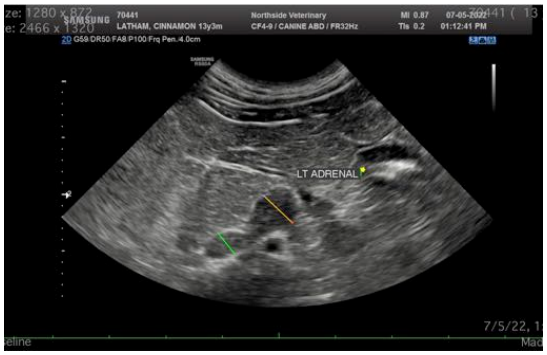

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Beth.Johnson@SonoPath.com