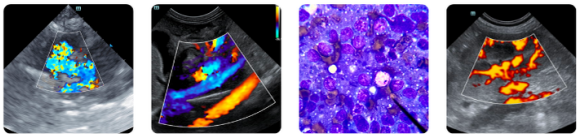

SonoPath www.thefocalzone.com
info@thefocalzone.com 289.808.2608

PATIENT

Dakota Thompson

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

9 years

WEIGHT

3 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Novel Vet Clinic

REFERRING VET

Dr. Gibbs

INVOICE

11137

DATE

1/16/2026

PRESENTING CLINICAL SIGNS

Suspected gallbladder cholelith.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The left kidney was both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. There are hyperechoic striations in renal cortex consistent with mineralization. Left kidney measures 3.62 cm in length, and

Visualization and resolution of the right kidney was severely limited making assessment and possibly measurement inaccurate. The right kidney measures 3.21 cm in length.

Adrenal Glands

Adrenal glands are visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. Left adrenal measures 1.36 cm in length, 0.41 cm at the caudal pole and 0.43 cm at the cranial pole. Right adrenal measures 1.82 cm in length, 0.33 cm at the caudal pole and 1.16 cm at the cranial pole.

Spleen

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The Gall bladder is moderately distended with normal wall thickness and generally anechoic bile. Within the lumen there is a hyperechoic, irregular organized structure which measures approximately 0.9 cm x 0.8 cm. It is non-shadowing. Visible common bile duct does not appear distended.

Gastrointestinal

The stomach contains ingesta gas shadowing. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with ingesta throughout. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering

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maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

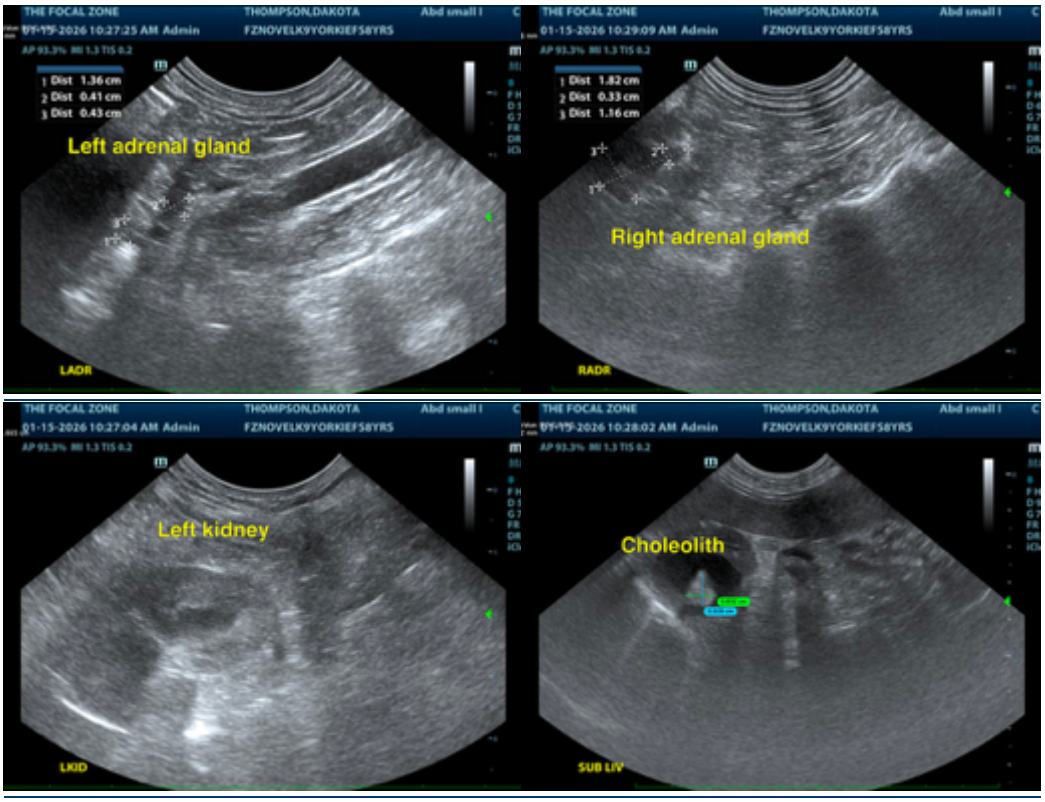
The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

ULTRASONOGRAPHIC FINDINGS

- Gallbladder contents consistent with developing choleolith.
- Mild aging renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Choleolith is often an incidental finding. Their presence can cause inflammation and may cause subclinical or clinical cholangitis which can cause elevations in liver values. GI signs of inappetence or vomiting may be seen as their presence can cause intermittent abdominal pain and nausea. Their presence may act as a nidus of infection and predispose to cholangiohepatitis. They have the potential to move into the common bile duct causing obstructive cholangitis. Abdominal radiographs may be of use to further visualize choleolith.



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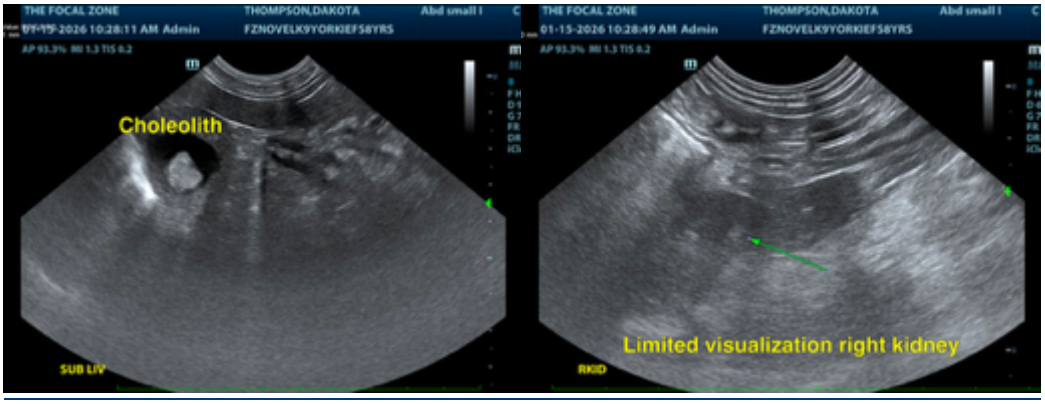

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com