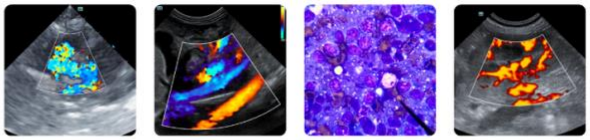


PATIENT

Lucy Bendorf

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

7 Years 10 Months

WEIGHT

44

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Ashley Whitesell DVM

HOSPITAL NAME

Dickson Animal Clinic

REFERRING VET

Ashley Whitesell DVM

INVOICE

15972

DATE

05/08/26

PRESENTING CLINICAL SIGNS

The patient came in for a routine visit and wanted to get checked out. Non-symptomatic and wanted to do bloodwork and found out Liver enzymes were elevated on 2/28/26, started Denamarin, and were rechecked again on 4/3/26 and were more elevated. Values for 2/28/26 ALK PHOS:197 and ALT:191. Values on 4/3/26 ALK PHOS: 294 and ALT: 203.

Abnormal PE/Chem/CBC/UA Results: Values for 2/28/26 ALK PHOS:197 and ALT:191. Values on 4/3/26 ALK PHOS: 294 and ALT: 203.

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 kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis. The left kidney measured 5.39 cm in length. The right kidney measured 6.15 cm in length.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. The left adrenal gland measured 2.49 cm in length and 0.48 cm at the caudal pole and 0.55 cm at the cranial pole. The right adrenal gland measured 2.41 cm in length and 0.47 cm at the caudal pole and 0.62 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.

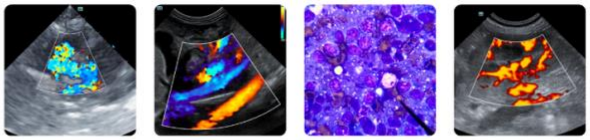
Liver

The liver is subjectively enlarged in size with slight rounding of lobes and homogenous hyperechoic parenchyma with no specific nodules or masses. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder contains organized, hyperechoic, non-gravity dependent, non-shadowing debris with a stellate appearance in some areas most consistent with a developing mucocele.

Gastrointestinal

The stomach contains minimal luminal contents. 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.



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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis: mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was not visualized. 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.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Organized gallbladder debris consistent with developing mucocele.
- Hyperechoic hepatomegaly.
- Mild nephrocalcinosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gall bladder debris is most consistent with a developing mucocele. It does not appear to be causing an active problem but can contribute to elevated liver values.

The hyperechoic hepatomegaly is of uncertain clinical significance, but given the progressive liver value elevations, liver FNA is recommended.

Surgical removal could be considered to prevent gall bladder rupture and subsequent bile peritonitis. Cholecystectomy surgery is not without risk, and an alternative reasonable strategy is medical management and monitoring.

Medical management includes ursodiol, routine bloodwork and ultrasound monitoring (every 3-6 months). Mucocele is a common finding in dogs with endocrine disease such as hyperadrenocorticism and hypothyroidism and investigation for underlying endocrine disease should be considered.

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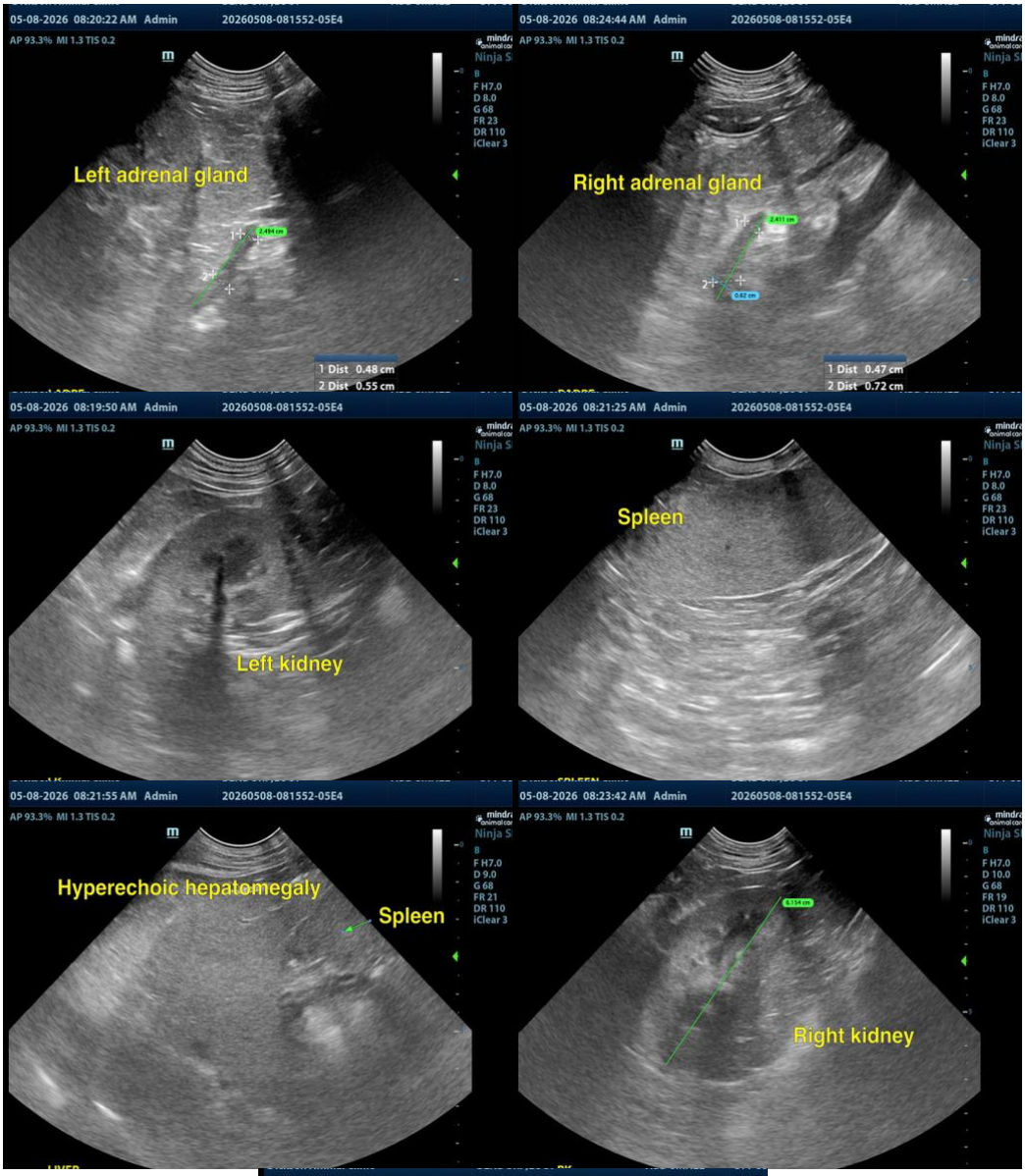

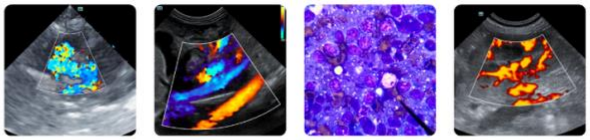

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com