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Clinical Sonography & Telecytology
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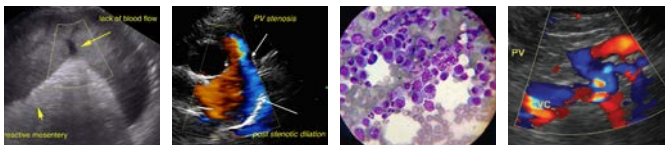

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1-800-838-4268 info@sonopath.com

PATIENT
Bentley Redmon

SPECIES
Canine

BREED
Toy Poodle

SEX
Neutered Male

AGE
13 Years

WEIGHT
12.6

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Gallick

HOSPITAL NAME
Magnolia Springs Vet

REFERRING VET
Dr. Gallick

INVOICE
26036

DATE
10/1/21

PRESENTING CLINICAL SIGNS

Pt presented yesterday for inappetence and vomiting. Planned to treat symptomatically with famotidine and cerenia, however pt returned today as O could not get meds in him, was concerned something more is going on.
Abnormal PE/Chem/CBC/UA Results: normal cPL, neg 4dx, u/a unremarkable, CBC/chem WNL.

Radiographs: Minor excessive GI gas, biliary mineralization.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. Some striating bile noted, consistent with emerging mucocele. The gallbladder was overdistended at approximately 4.0 cm at maximum width. The gallbladder is rounded. Minor biliary sand noted. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

Gastrointestinal

Minor retention of ingesta noted in the **stomach**. The small intestine and colon were unremarkable.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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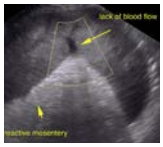
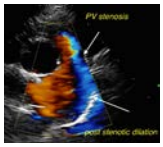
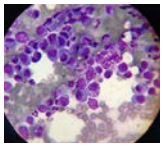
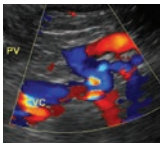

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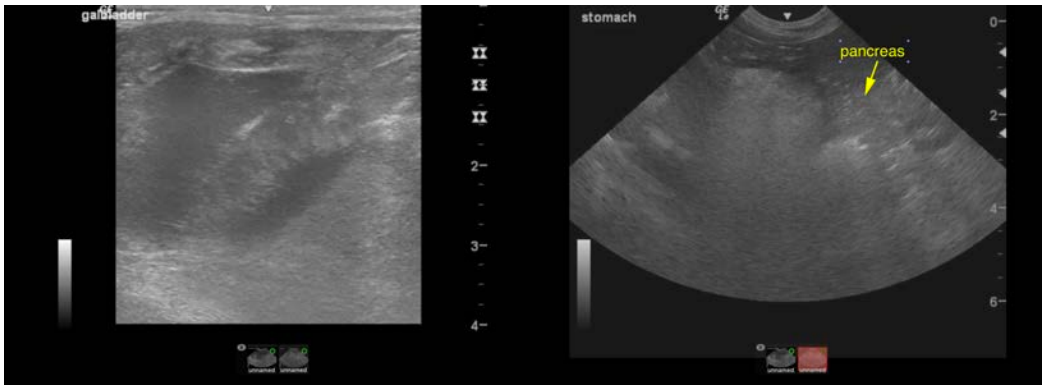
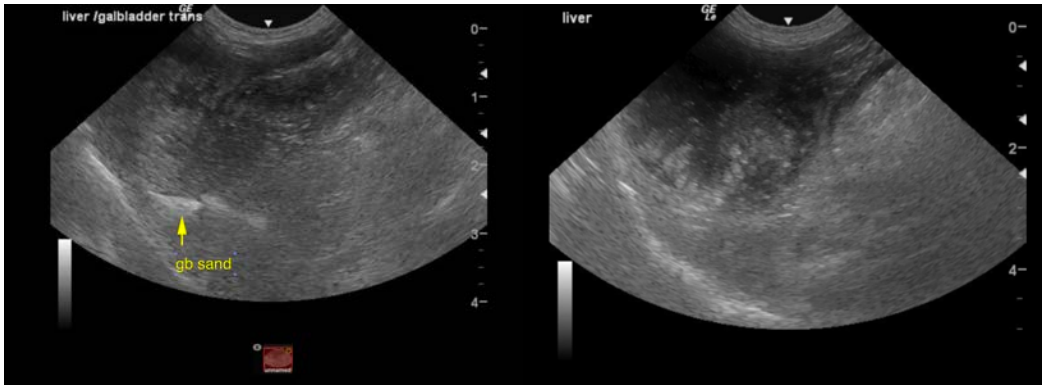
ULTRASONOGRAPHIC FINDINGS

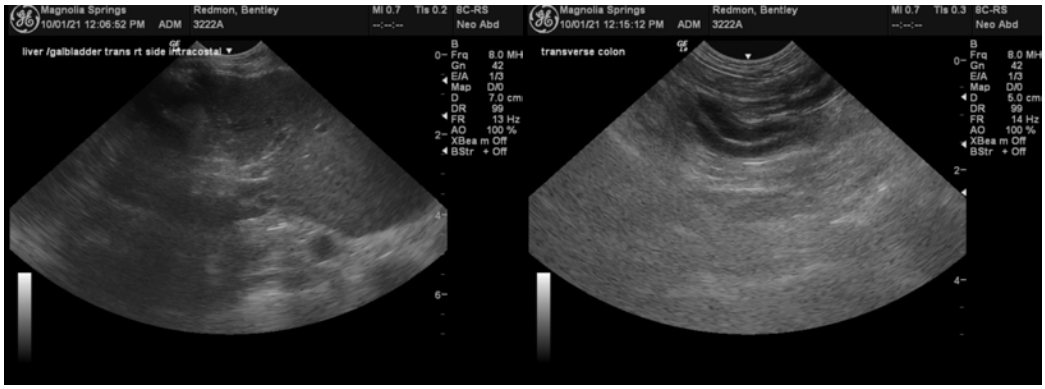
- Emerging gallbladder mucocele, benign hepatopathy otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gallbladder motility study would be ideal in this patient. 6-8 weeks Ursodiol therapy warranted with recheck sonogram. The gallbladder may become a surgical issue, as many aspect of mucocele formation are present. However, there is still mobility to some portions of bile. Proactive cholecystectomy would also be an appropriate approach in this patient.







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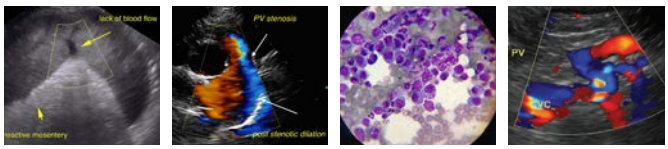

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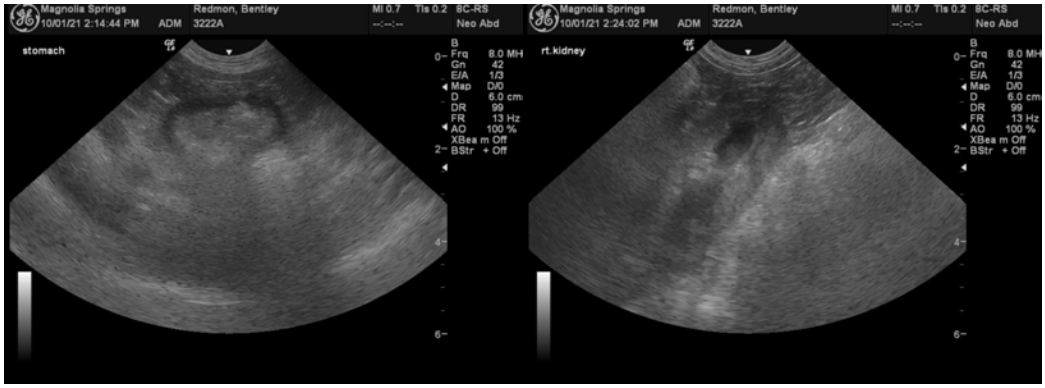

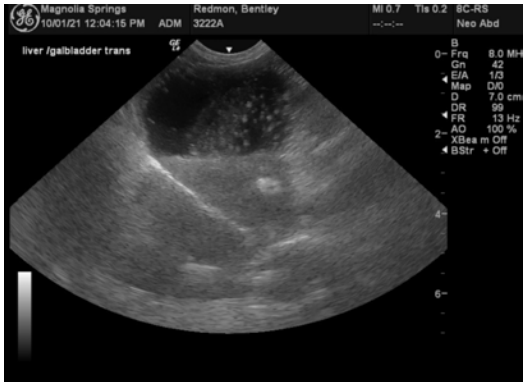

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com