



PATIENT

Aydan O'Bray

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered male

AGE

13 years

WEIGHT

4.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Resolution Veterinary
Ultrasound

REFERRING VET

Dr. Gira Sabadilla
Animal Clinic

INVOICE

40175

DATE

10/19/22

PRESENTING CLINICAL SIGNS

History: Previous history of emerging gall bladder mucocele, elevation of liver enzymes . Currently on Ursodiol 250 mg 1/4 SID and Zentonil Advanced 100 mg , 1 tbl EOD both long term

Abnormal PE/Chem/CBC/UA Results: Elevation ALT 280 10 - 125 U/L ALP 359 23 - 212 U/L

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 was 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. The left kidney measured 3.73 cm. The right kidney measured 3.74 cm with trace pyelectasia and occasional cortical cyst measuring up to 0.5 cm.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 0.71 cm at the caudal pole and 0.62 cm at the cranial pole. The right adrenal gland measured 0.47 cm at the cranial pole and 0.53 cm at the caudal pole.

Spleen

The **spleen** was folded upon itself caudally. The spleen was heterogenous and appears stable.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Multi-focal nodular changes were noted in the liver, not likely to be neoplastic. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder was significantly over distended with striating mobile bile and measured 6.0 cm in long axis. Mild inflammatory pattern was noted around the gallbladder itself. The common bile duct was normal and measured 0.25 cm.



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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

AGE

13 years

ULTRASONOGRAPHIC FINDINGS

Gallbladder mucocele.

Geriatric abdomen with pancreatic remodeling.

WEIGHT

4.3 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend cholecystectomy in this patient. Gallbladder motility study can be considered to confirm the suspected dysfunction. Concurrent inflammatory hepatopathy and nodular hyperplasia pattern. Bile acid profile is also indicated and if elevated this would further support the necessity for cholecystectomy and liver biopsy.

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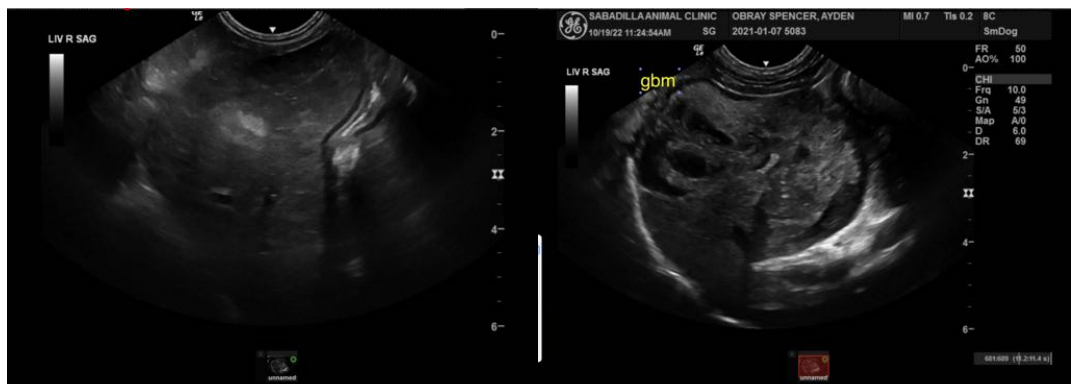
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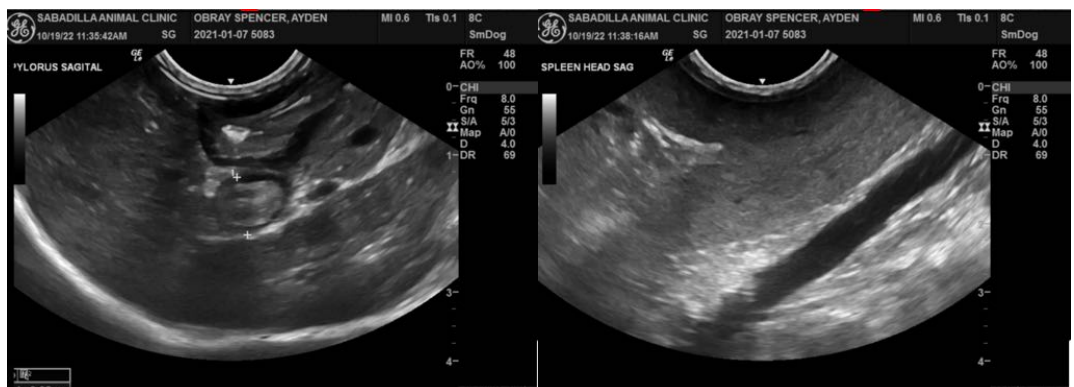
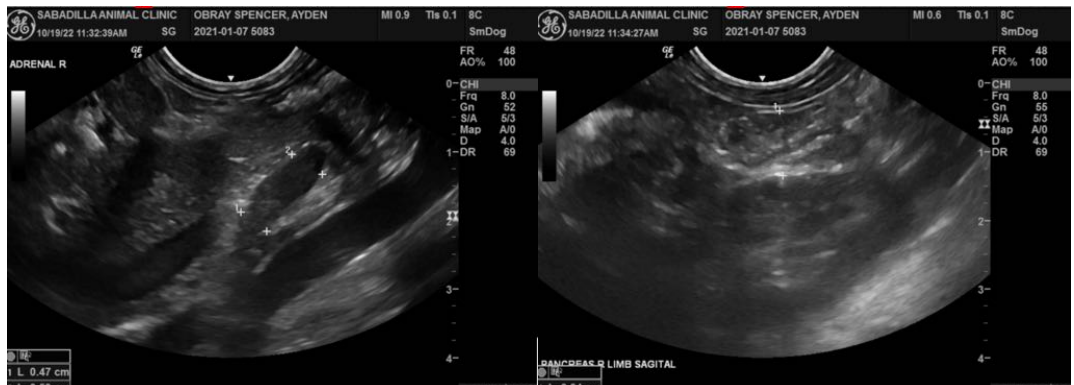
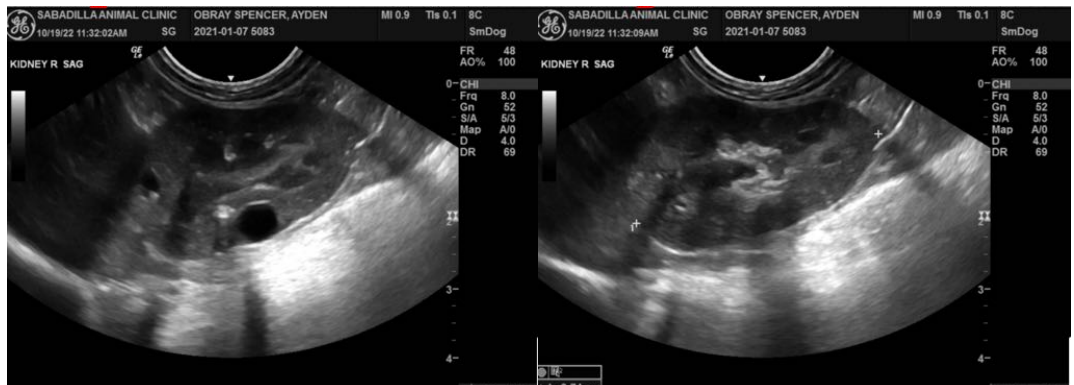
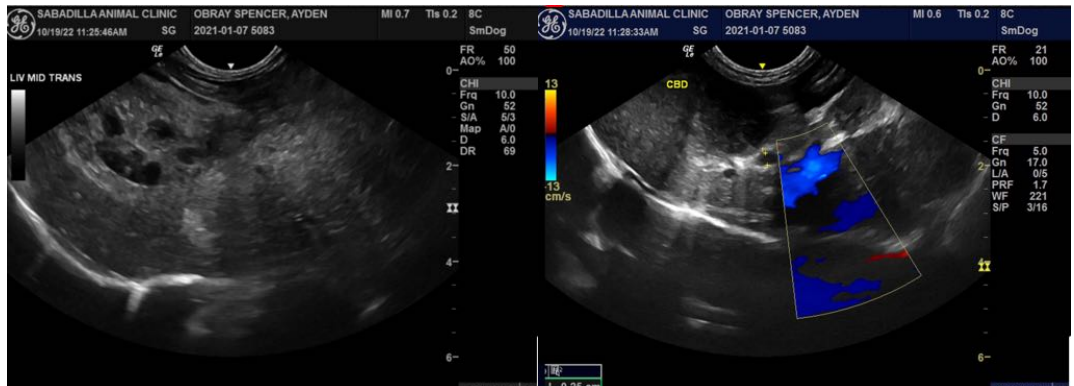
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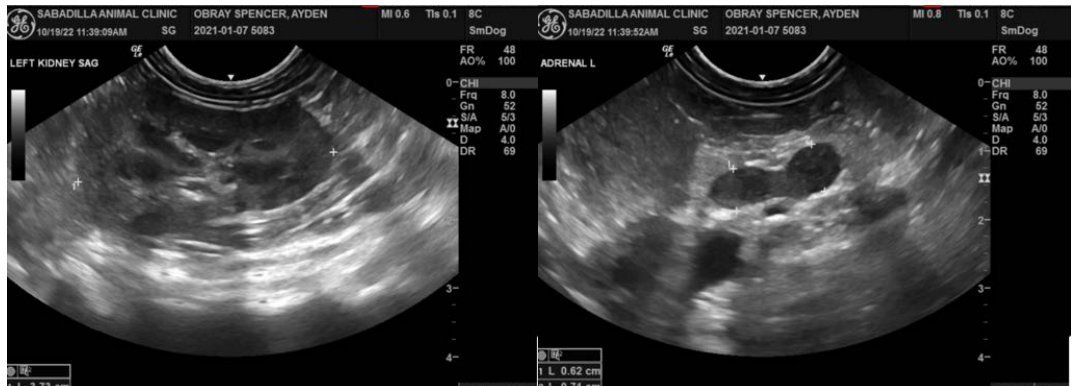
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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