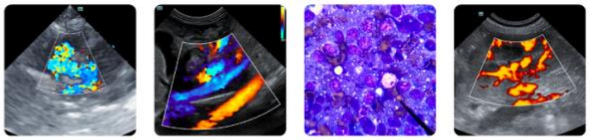


PATIENT

Bentley Dressel

SPECIES

Canine

BREED

Beagle Mix

SEX

Neutered Male

AGE

10

WEIGHT

40

INTERPRETED BY

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr. Maniar

INVOICE

12171

DATE

11/10/25

PRESENTING CLINICAL SIGNS

Addisonian episode anorexia vomiting

Abnormal PE/Chem/CBC/UA Results: Creat 5.0 BUN >130 Phos 9.4 ALT 833 ALP 1790 GGT 18 Lipase 522

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra (to a depth of 2.0 cm) 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 mild 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. Power doppler assessment appeared to be adequate. The left kidney measured 5.0 cm in length. The right kidney measured 5.0 cm in length.

Adrenal Glands

The **left adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.42 cm x 0.57 cm width at the caudal pole and 0.46 cm width at the cranial pole.

The **right adrenal gland** presented isoechoic and somewhat flattened. The right adrenal gland measured 1.82 cm x 0.92 cm width at the cranial pole and 0.62 cm width at the caudal pole.

Spleen

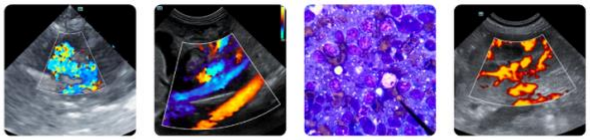
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or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

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. 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. Increased portal markings were noted.

The gallbladder was overdistended. Mildly echogenic wall with multiple calculi and suspended coalesced bile.

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.

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.

ULTRASONOGRAPHIC FINDINGS

- Cholelithiasis with hepatic remodeling.
- Age-related renal changes.
- Flattened right adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A gallbladder motility study would be ideal for this patient, however, the immediate renal failure is likely Addisonian crisis or acute renal insult, leptospirosis, toxin exposure or similar. FNA of the liver and eventual cholecystectomy may be appropriate. Ursodiol therapy could be attempted over an 8 week period and a recheck of the gallbladder at that time.

Internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services

Gall Bladder Motility Study

Preparation

- Fast the dog for 12 hours before the test to ensure gallbladder is full.
- Obtain baseline ultrasonographic long axis measurements of gallbladder size in SDEP 11 & SDEP 12 positions. Long axis apex to neck, short axis at widest point.

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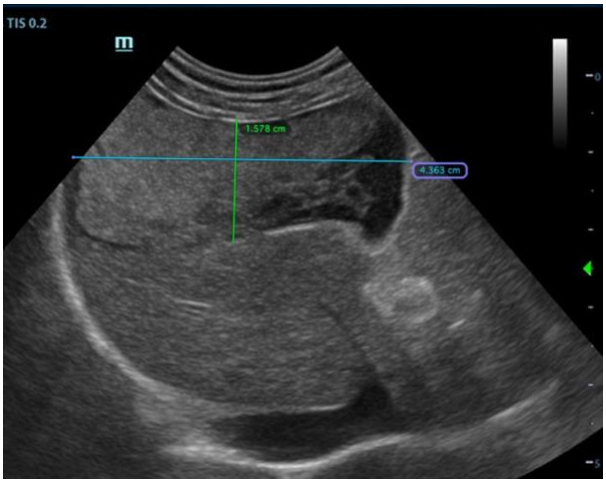

Meal Administration

- Feed a high-fat test meal A/D diet (Hills) (*High Fat/ High Protein*)

Post-Prandial Imaging

- Perform repeat ultrasound prior to feeding (Time 0) and then at 15 & 30 minutes post-meal.
- Re-measure gallbladder volume and assess for contraction.

No change or enlargement: Possible stasis, dyskinesia, mucocele risk, or obstruction.

SonoPath is currently conducting a study for publication on this subject and contributions of image sets following this protocol are appreciated. Info@sonopath.com for more information.

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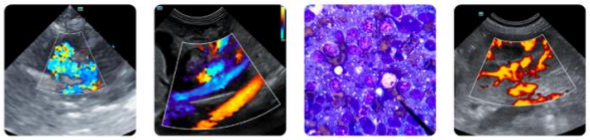

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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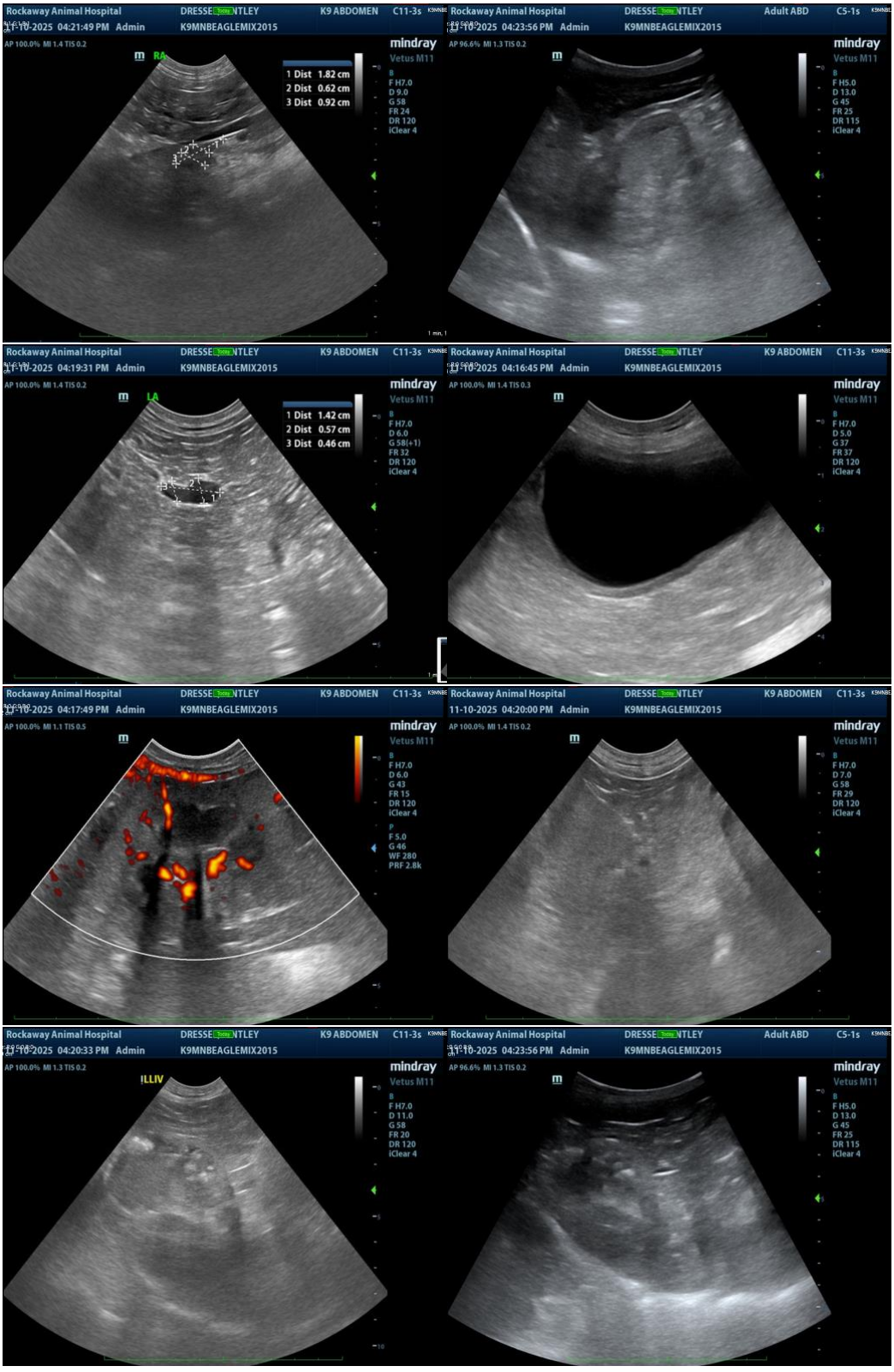

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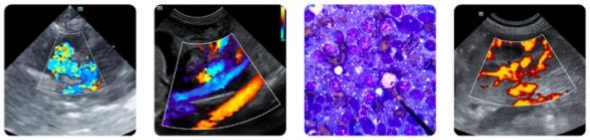

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,

CEO, Owner, Founder -- SonoPath.com

info@SonoPath.com