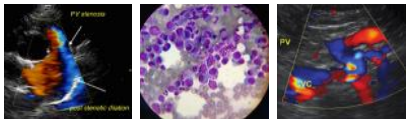
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

11/12/21

PATIENT

Grady Morris

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

2011

WEIGHT

87.25 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Haskins

INVOICE

12509

PRESENTING CLINICAL SIGNS

History: Presented for annual PE. BW done due to age. Elevated ALT noted (292). No clinical signs.

Current Medications: Apoquel
Lab Results: Elevated ALT noted (292).
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required for scan.
Stat Report: Not requested.

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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 6.94 cm. The left kidney measured 6.83 cm.

Adrenal Glands

Both **adrenal glands** were 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 right adrenal gland measured 4.15 cm x 0.54 cm at the caudal pole and 0.63 cm at the cranial pole. The left adrenal gland measured 3.24 cm x 0.78 cm at the caudal pole and 0.64 cm at the cranial 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** parenchyma itself was unremarkable. The **gallbladder** wall was echogenic fibrosed and mineralized with suspended and dependent debris consistent with porcelain gallbladder.

Gastrointestinal

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

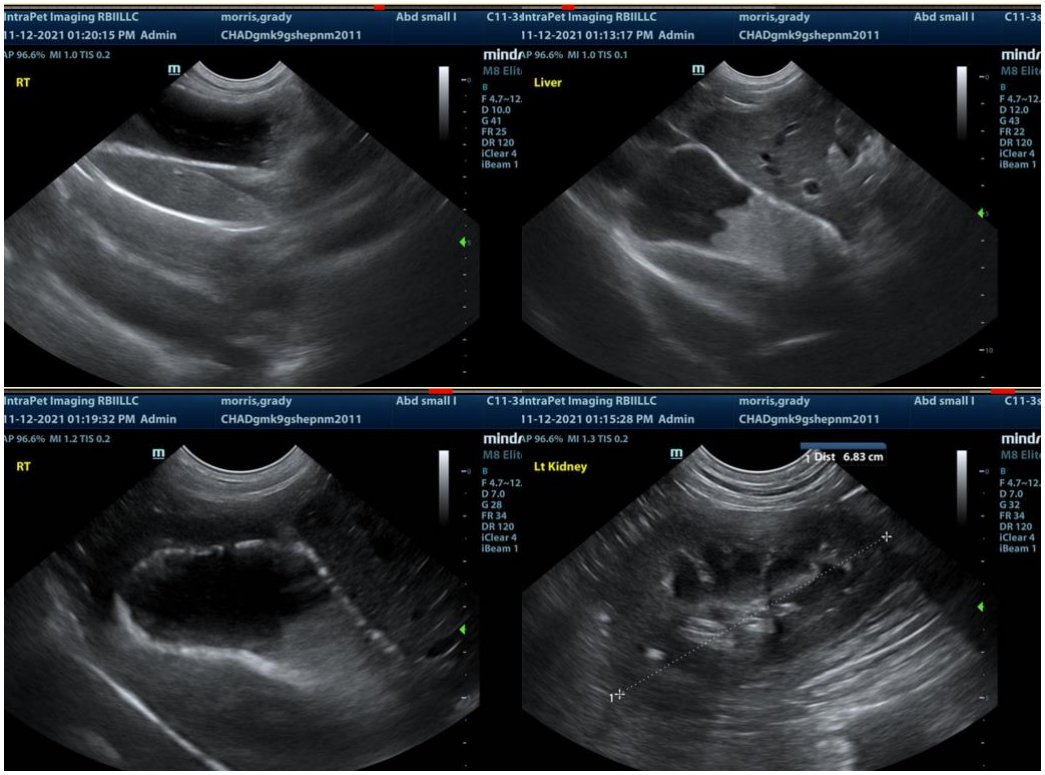
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

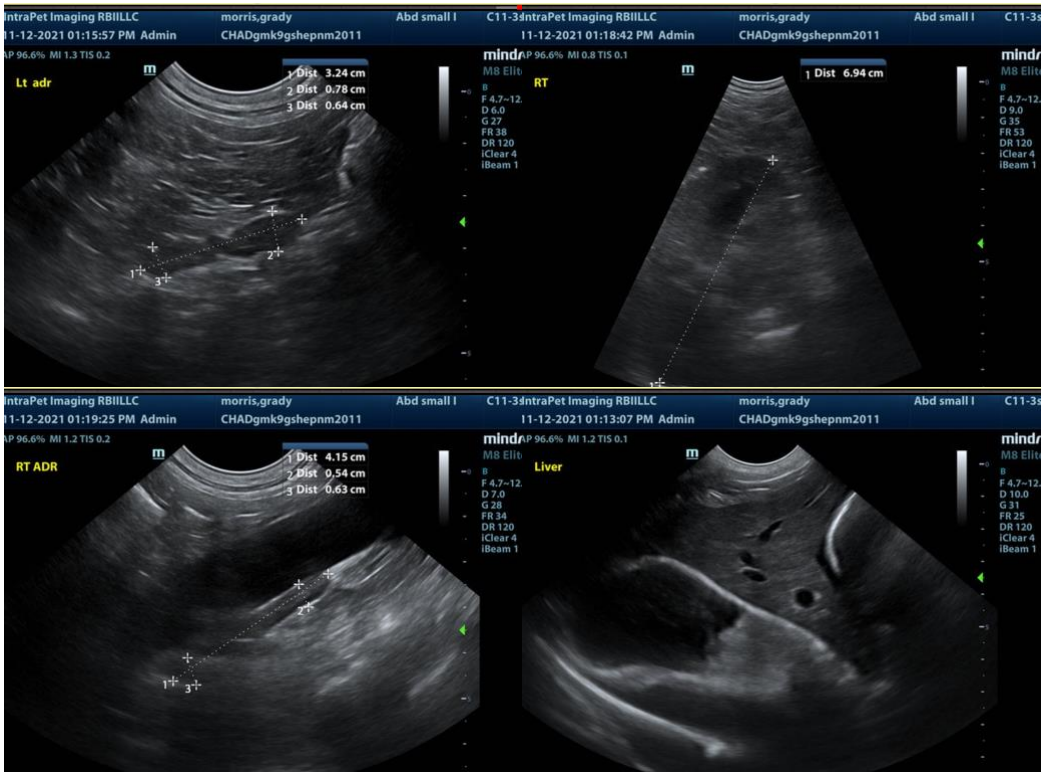
ULTRASONOGRAPHIC FINDINGS

- Porcelain gallbladder
- Chronic cholangitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical removal of the gallbladder is likely in this patients' best interest with culture. No evidence of neoplasia. Cholecystocentesis with culture may be appropriate. An empirical trial of enrofloxacin/metronidazole over a 3-week period with 6-8 weeks of ursodiol could be considered. However, gallbladder removal should be considered in this patient especially if gallbladder motility study demonstrates dysfunction.





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.

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