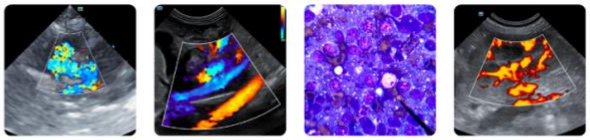


PATIENT

Maggie Candee

SPECIES

Canine

BREED

Shih Tzu Maltese

SEX

Spayed Female

AGE

14 Years 1 Month

WEIGHT

13.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessie Evoniuk

HOSPITAL NAME

State Avenue VC

REFERRING VET

Dr. Jessie Evoniuk

INVOICE

35144

DATE

12/30/25

PRESENTING CLINICAL SIGNS

History: Presented for recent episode of vomiting after ingesting peanuts; ongoing GI signs. Patient History: - Vomiting: Three episodes this morning, none this afternoon; occurred after prednisone administration. - Energy: Appropriate for age; slowing down with age. - Abdominal pain: Noted on 2025-12-24; improved since. - Past diagnostics: Previous abdominal ultrasounds; persistent mild liver enzyme elevation. - Ocular discharge: Client attempted to clean eyes; patient resists. - Oral health: Halitosis noted; dental disease discussed previously; no dysphagia or food dropping. - Behavior: Occasionally acts painful when picked up; no overt aggression. Current medications: - Prednisone; tapering, today was last full dose, will start half dose next.

Abnormal PE/Chem/CBC/UA Results: Halitosis, dental disease, tense abdomen on palpation, mild sensitivity on handling back; acts defensive but does not bite 12/24/25 Bloodworks: ALP 194, ALT 374, GLU 115, LYM 0.54, PLT 573.

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 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 this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. Mineralization was noted in the kidneys. The left kidney measured 3.5 cm. The right kidney measured 3.9 cm.

Adrenal Glands

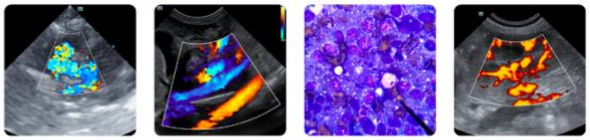
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.4 cm. The right adrenal gland measured 0.6 cm at the caudal pole and 0.57 cm at the cranial pole.

Spleen

The **spleen** revealed hyperechoic lipid plaques, not pathologic. Parenchyma was uniform otherwise.

Liver

The **liver** was uniformly swollen. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is a mild change, consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. The gallbladder wall was mildly echogenic with suspended debris, consistent with emerging mucocele formation given the biliary striation.



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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

- Emerging gallbladder mucocele/cholecystitis pattern
- Subjectively benign hepatopathy with remodeling
- Structurally the GI tract was unremarkable.
- Age-related renal changes with mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Strong potential that the gallbladder presentation is adding to the clinical signs. Ursodiol therapy/enrofloxacin combination to treat the gallbladder, supportive care for GI upset with GI protectants, and FNA of the liver are all indicated, however, gallbladder motility study is warranted. Eventual cholecystectomy may be the best option in this patient.

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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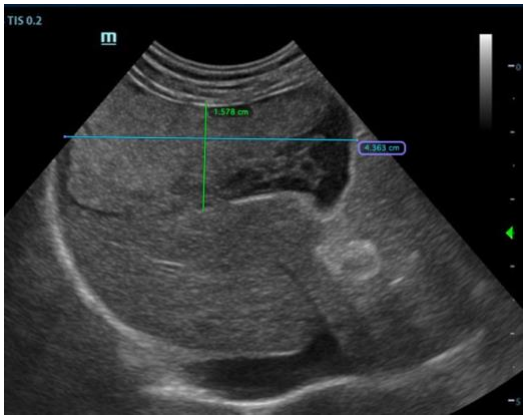


EXAMPLE IMAGE ONLY.

Meal Administration

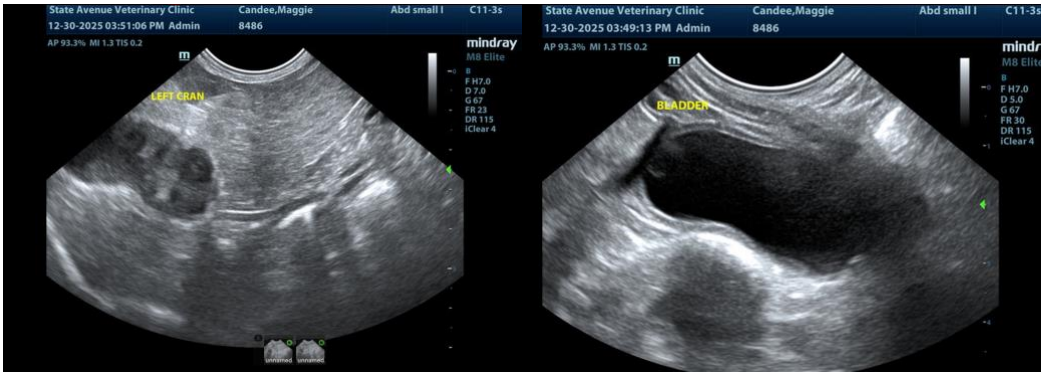
- Feed a high-fat test meal A/D diet (Hills) (*High Fat/ High Protein*)

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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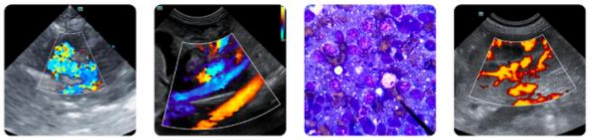

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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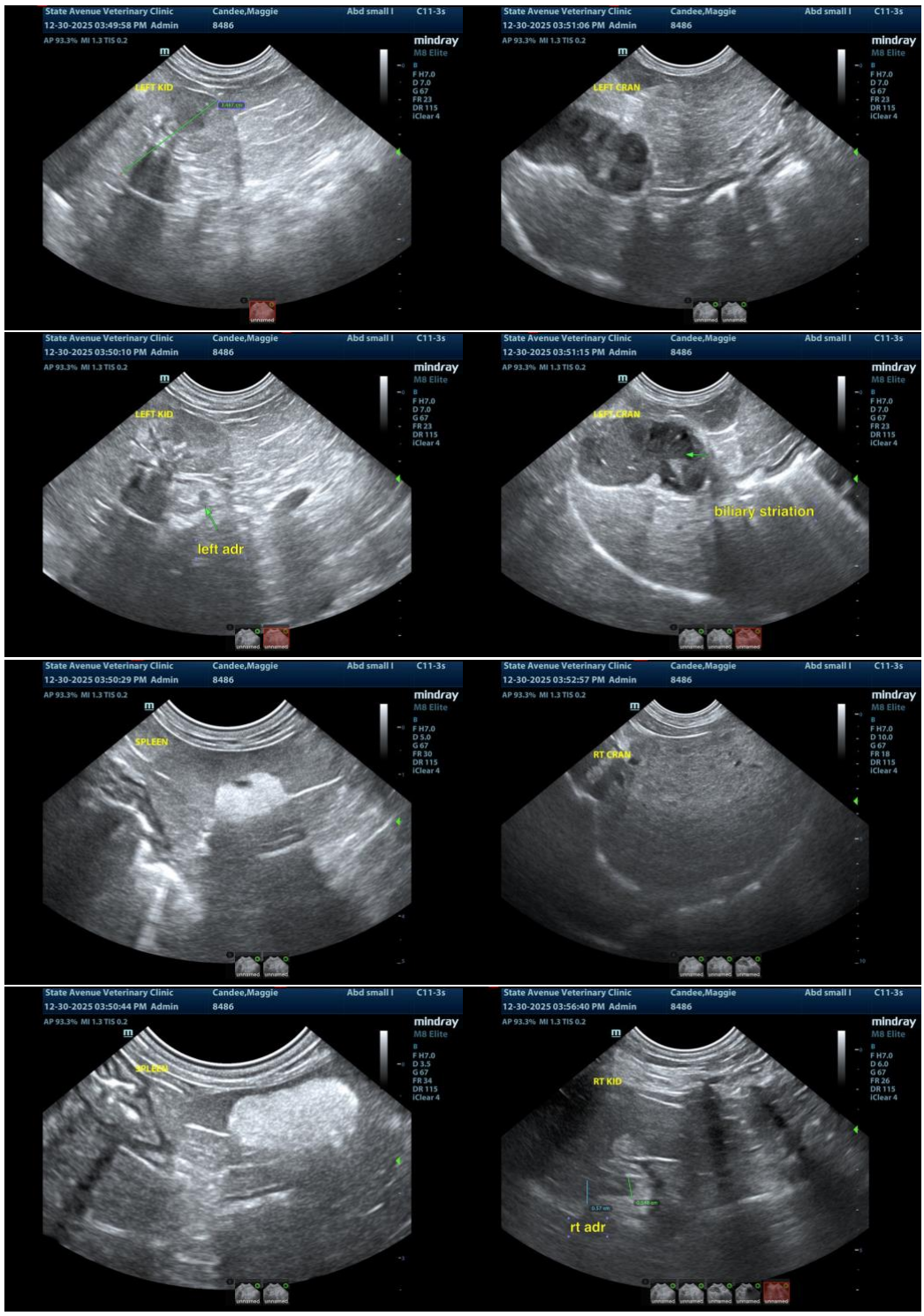
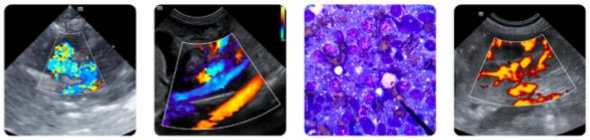


The information and recommendations provided are based on the images presented by the



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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