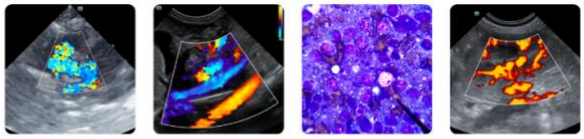

PATIENT

Cooper Gibiser

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

16 Years 3 Months

WEIGHT

13.3 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

VCA Northside Animal Hospital

REFERRING VET

Dr. Fusselman

INVOICE

15424

DATE

04/23/26

PRESENTING CLINICAL SIGNS

Diarrhea elevated LEs. On exam-DDz, heart murmur. Current Medications: Probiotic (Gaba/Traz sed for scan)

Abnormal PE/Chem/CBC/UA Results: ALT-260; ALKP-134; Trigs-498; USG: 1.031

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 3.0 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 residual prostate measured 0.60 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild to moderate 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. Slight pinpoint mineralizations were noted. The left kidney measured 3.62 cm in length. The right kidney measured 3.82 cm in length.

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 1.86 cm x 0.45 cm width at the cranial pole and 0.58 cm width at the caudal pole. The right adrenal gland measured 2.13 cm x 0.74 cm width at the cranial pole and 0.53 cm width at the caudal pole.

Spleen

The **spleen** revealed multifocal hyperechoic lipid plaques that do not appear pathological.

Liver

The **liver** revealed an isoechoic left lateral 2.0 cm nondisruptive nodule. The liver presented uniform with mild vacuolar hepatopathy pattern. Variable nodular changes were present with the largest nodule measuring 1.8 cm. Mild increased portal markings and gallbladder polyps were visualized. The polyps did not appear pathological. Minor gallbladder over distention was present consistent with emerging mucocele formation.

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.

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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.

Free Abdomen

The mesenteric **lymph nodes** were slightly enlarged, rounded and hypoechoic.

Rapid view of the heart revealed no evident pathology in the right auricle or pericardium.

ULTRASONOGRAPHIC FINDINGS

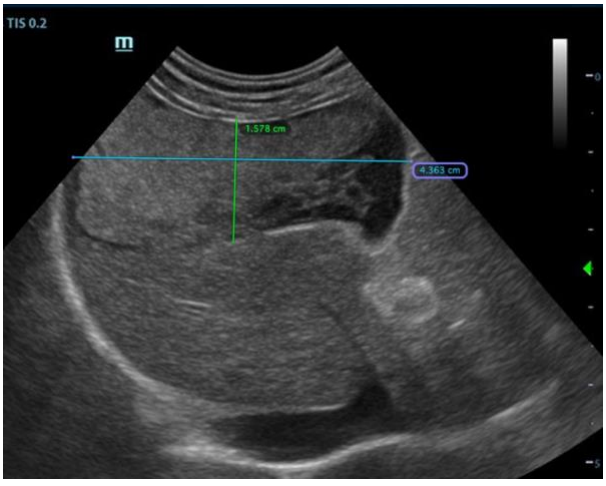
- Emerging gallbladder mucocele.
- Nodular hyperplasia liver pattern.
- Age-related renal changes with mineralizations.
- Mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA, cytology and culture of the lymph nodes is indicated along with FNA of the liver nodules. Mild potential for underlying round cell neoplasia. Gallbladder motility study would be ideal in this patient. Ursodiol trial over a 6-8 week period is warranted as well.

Gallbladder 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*)

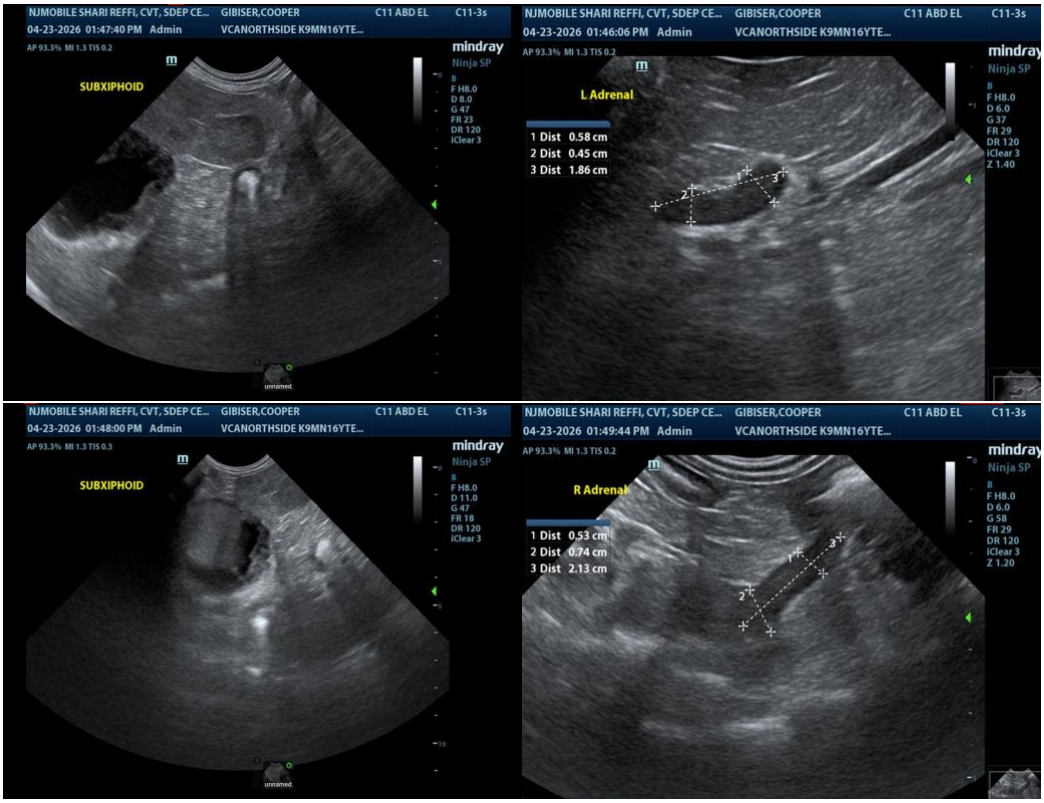
Post-Prandial Imaging

- Perform repeat ultrasound prior to feeding (Time 0) and then at 15 & 30 minutes post-meal.

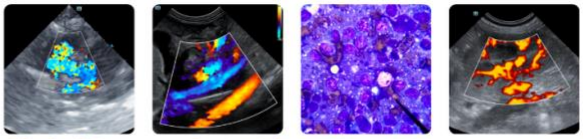
- Re-measure gallbladder volume and assess for contraction.

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.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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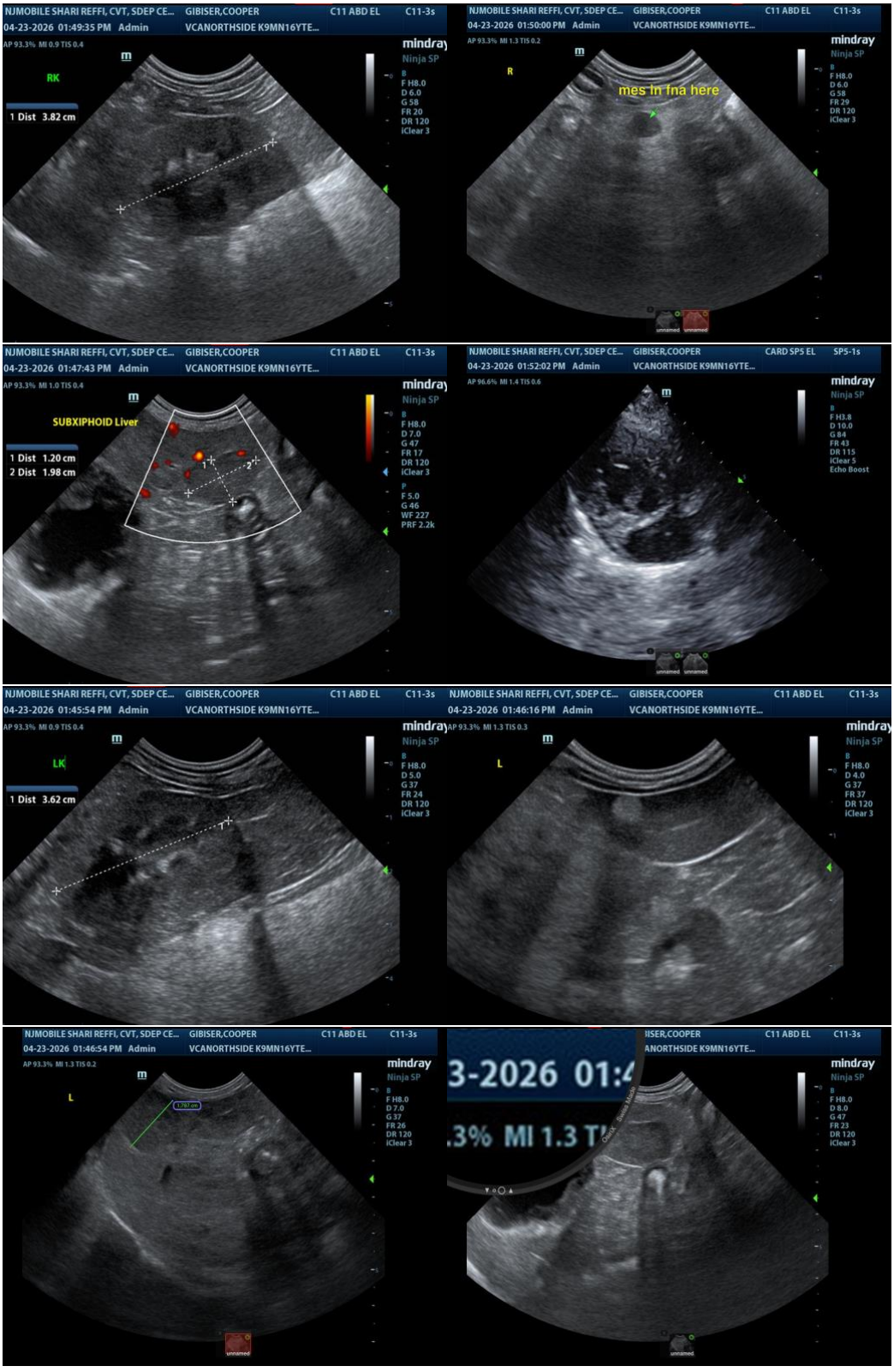

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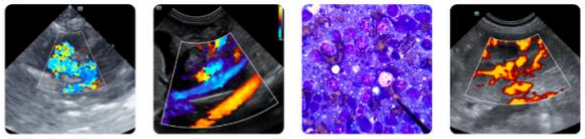

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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