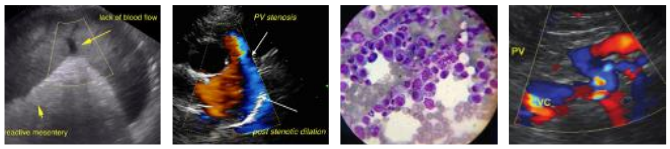
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Aussie Gregory

SPECIES

Canine

BREED

Japanese Chin

SEX

Spayed Female

AGE

7 Years

WEIGHT

5 Pounds 2 Ounces

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Annette Anleu

HOSPITAL NAME

Ellwood AH

REFERRING VET

Dr. Cindy Maro

INVOICE

16449

DATE

7/1/22

PRESENTING CLINICAL SIGNS

History: Pet presented on 6/13/22 with symptoms of vomiting, decreased appetence. A urinalysis was done which showed high levels of bilirubin. Chemistry showed elevated liver values. Pet also developed pancreatitis. An ultrasound done on 6/15/22 showed polyps/masses on the gallbladder. Pet is currently being treated for gallbladder disease. A repeat ultrasound done on 6/29/22 showed no changes in gallbladder since original presentation.

Abnormal PE/Chem/CBC/UA Results: ALP= 1218 (3x dilution) 0-140 GGT=53 (3x dilution) 0-14 Total Bilirubin=2.8 (0.0-0.5)

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 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. The left kidney measured 3.07 cm. The right kidney measured 3.61 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 1.22 cm x 0.28 cm. The right adrenal gland measured 0.5 cm.

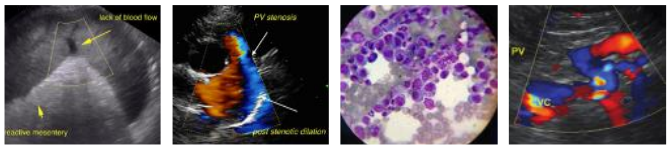
Spleen

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** was coarse in architecture with increased portal markings, consistent with a history of remodeling. The gallbladder wall revealed tissue proliferation, measuring 1.8 cm, without over distention of the gallbladder. The gallbladder tissue thickening revealed color flow positive, confirming tissue proliferation as opposed to coalesced debris. The cystic duct, as well as the common bile duct appeared to be free of evident pathology and not obstructed, and therefore the cause of bilirubin elevation does not appear to be posthepatic obstruction despite the presence of the gallbladder mass.

Gastrointestinal



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Some retention of ingesta was noted in the **stomach**. The small intestine and colon were unremarkable.

Pancreas

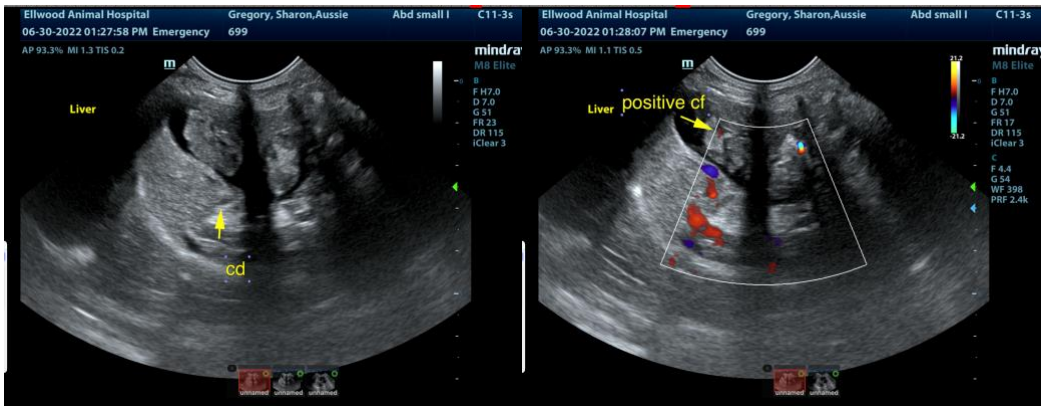
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

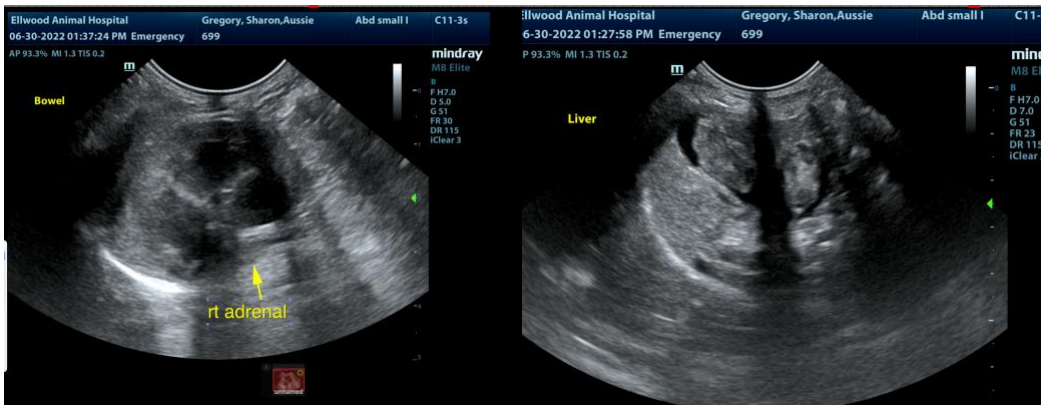
ULTRASONOGRAPHIC FINDINGS

- Moderate hepatic remodeling with gallbladder mass
- Retention of ingesta in the stomach
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hepatic remodeling and early hepatic failure are possible. Complicating factors such as leptospirosis, toxin exposure or other should also be considered. The gallbladder mass appears to be isolated and nonobstructive. Exploratory surgery could be considered with cholecystectomy and liver biopsy and GI biopsies given the clinical history of the patient. The remainder of the abdomen appears benign.





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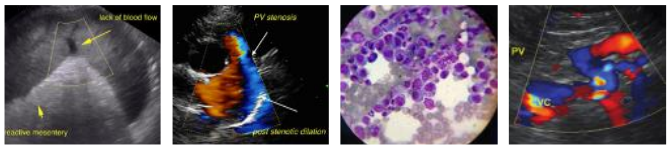

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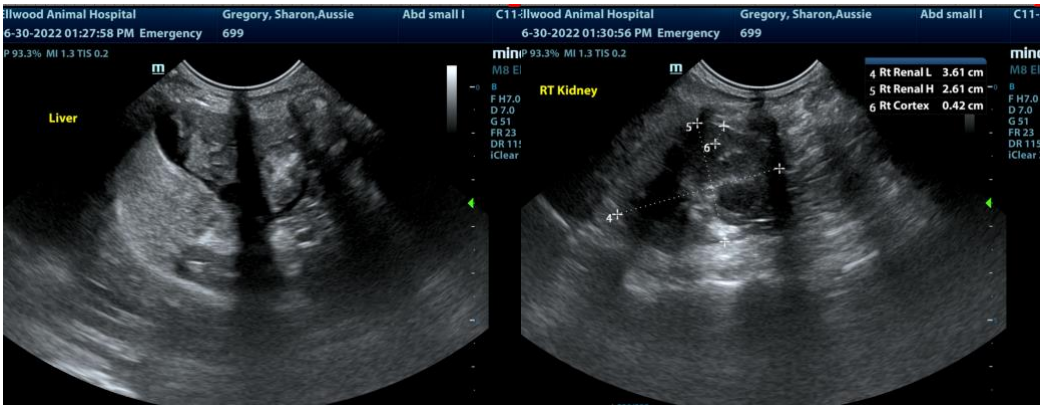

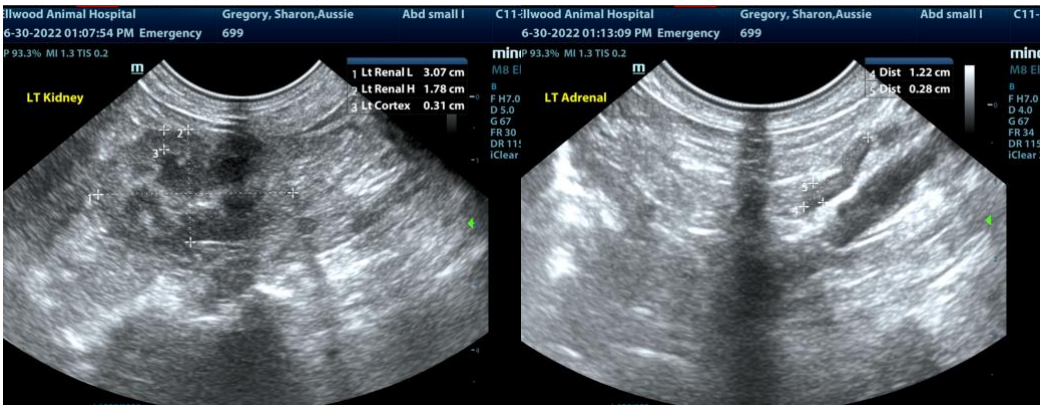

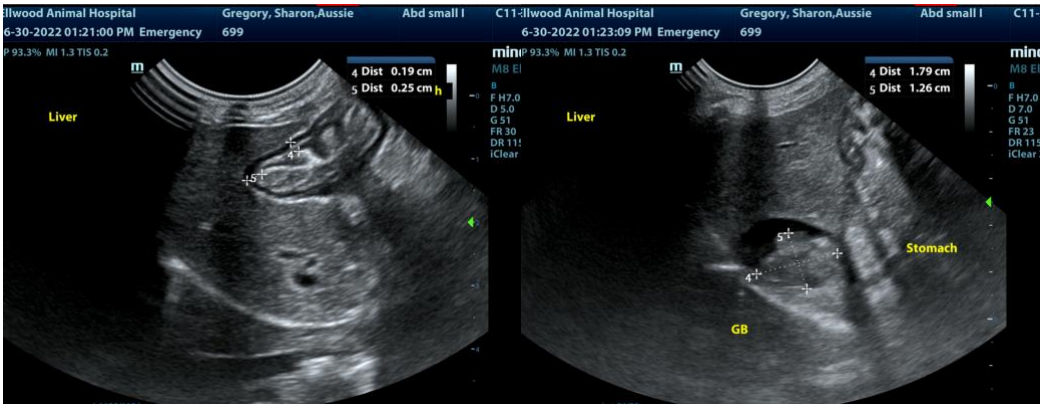

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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