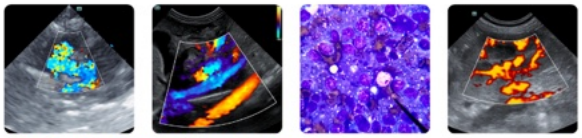

PATIENT

Storm Bzik

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed female

AGE

11 years

WEIGHT

73 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Greenwood Lake AH

REFERRING VET

Dr. Lauer

INVOICE

70299

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PRESENTING CLINICAL SIGNS

Prominent spleen. History of seizures, controlled.

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. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared 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 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 left kidney measured 9.0 cm. The right kidney measured 6.79 cm.

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 3.01 x 0.78 cm. The **right adrenal gland** was not visualized owing to the patient's tension and would necessitate sedation.

Spleen

The **spleen** revealed mild uniform enlargement and folded upon itself cranially and caudally. This is not pathological.

Liver

The **liver** revealed mild, heterogenous, hypoechoic nodular changes with an echogenic, mineralized gallbladder wall with suspended debris and over distension at 9 x 5.0 cm. The gallbladder presentation is most consistent with "porcelain gallbladder" owing to mineralization and fibrosis of the wall.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. Transit of chyme into the small intestine was normal.

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Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.
- Nodular hyperplasia liver pattern, benign hepatopathy.

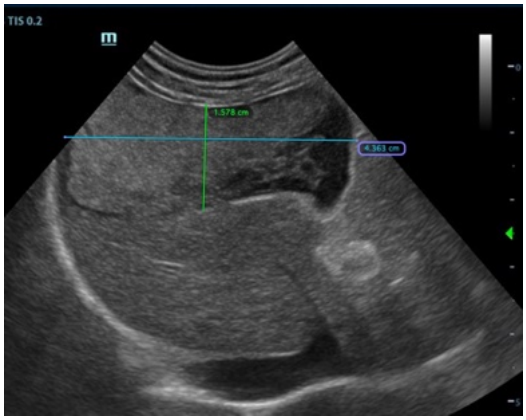
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gallbladder motility study or direct cholecystectomy with gallbladder culture and liver biopsy would be warranted at that time. This appears to be stable at this time. However, the clinical significance of this is unclear and may be causing low-grade clinical signs of anorexia. ALKP and other liver enzyme values should be monitored carefully. Cholecystectomy may be in this patient's best interest long term.

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.



EXAMPLE IMAGE ONLY.

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Meal Administration

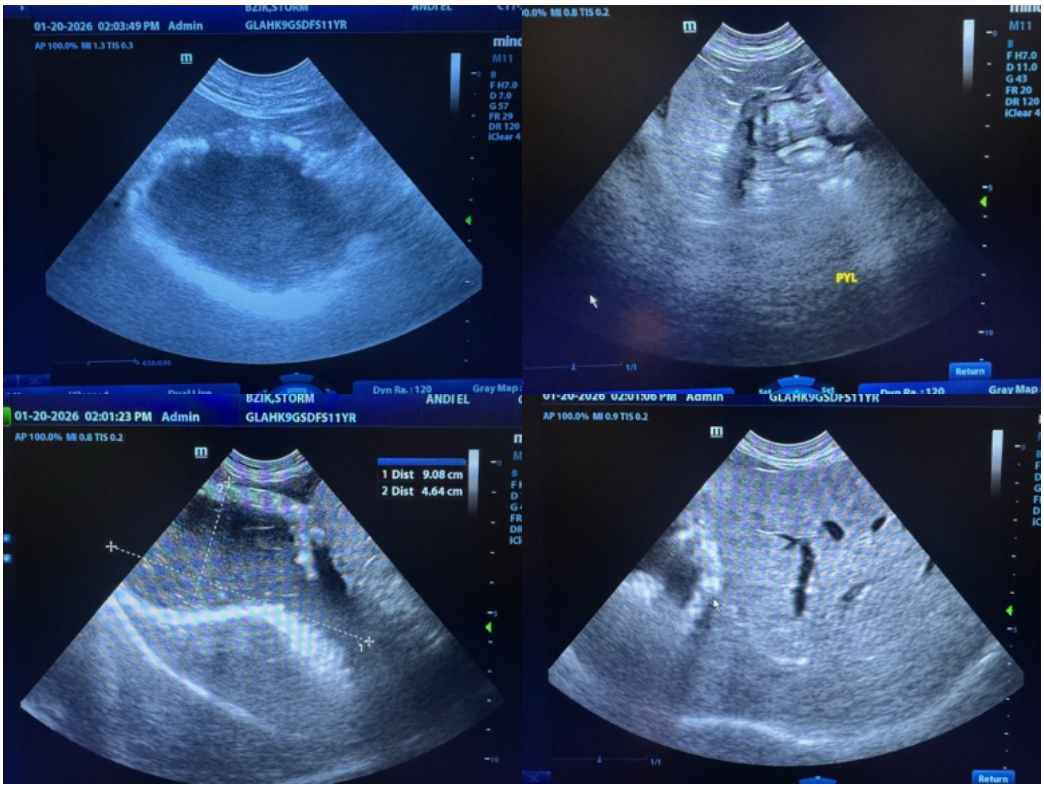
- Feed a high-fat test meal A/D diet (Hills) (*High Fat/ High Protein*)

Post-Prandial Imaging

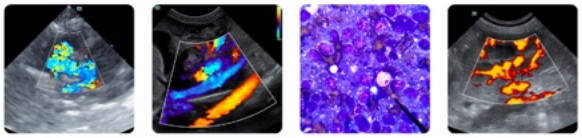
- Perform repeat ultrasound prior to feeding (Time 0) and then at 15 & 30 minutes post-meal.
- Re-measure gallbladder volume and assess for contraction.

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



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath www.SonoPath.com info@sonopath.com 800.838.4268

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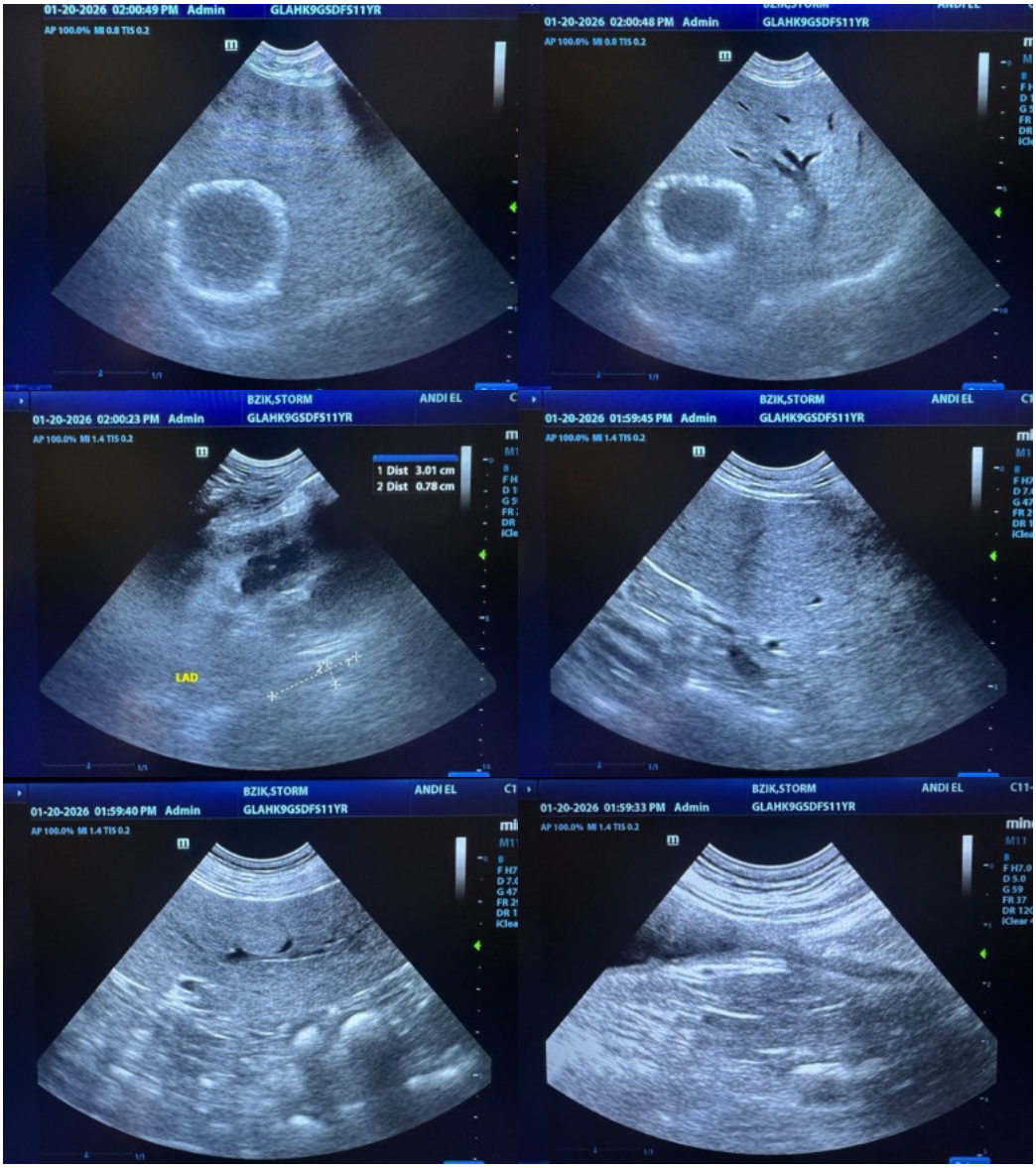

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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