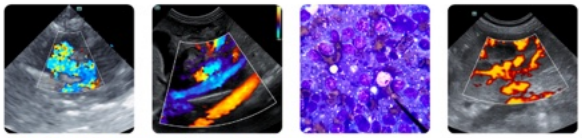

PATIENT

Snoopy D'Aquila

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed female

AGE

10 years

WEIGHT

21 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho

HOSPITAL NAME

Harmony AH

REFERRING VET

Dr. Gruber

INVOICE

69796

DATE

1/5/26

PRESENTING CLINICAL SIGNS

Patient seems confused/intermittent appetite/elevated liver enzymes. Clinical findings: corneal endothelial degeneration vs other, brain neoplasia or possible canine cognitive dysfunction (blueish discoloration to both corneas/patient standing and staring blankly into space/depressed. Current medications: Denamarin 1/2 tab PO SID. Amoxicillan 100mg 2 tab PO BID (Jan 02 started Abnormal PE/Chem/CBC/UA Results: CBC = Plt 522 CHEM = ALT 1225/ ALKP 2709, GGT 70, Chol 548 T4 WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction and appeared normal. 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 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. The right kidney measured 4.58 cm. The left kidney measured 4.82 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 1.92 x 0.55 cm at the cranial pole and 0.59 cm at the caudal pole. The right adrenal gland measured 2.5 x 1.0 cm at the cranial pole and 0.65 cm at the caudal 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 was noted.

Liver

The **liver** revealed uniform parenchyma with minor, echogenic remodeling. The gallbladder was slightly rounded with echogenic striating bile. Mild over distension of the cystic duct was noted. Regional inflammation was noted around the gallbladder. There was no overt evidence of gallbladder leakage at

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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

Mild, slightly inflamed immature gallbladder mucocele.

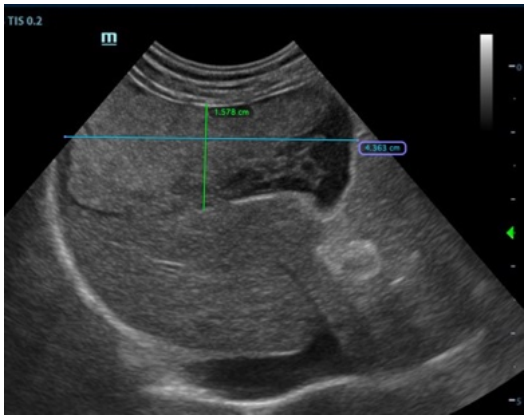
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gallbladder motility study and FNA of the liver is indicated. Ursodiol, broad spectrum antibiotics such as Enrofloxacin, and Metronidazole can be considered. Recheck sonogram is recommended in 10-14 days or earlier if clinical persist.

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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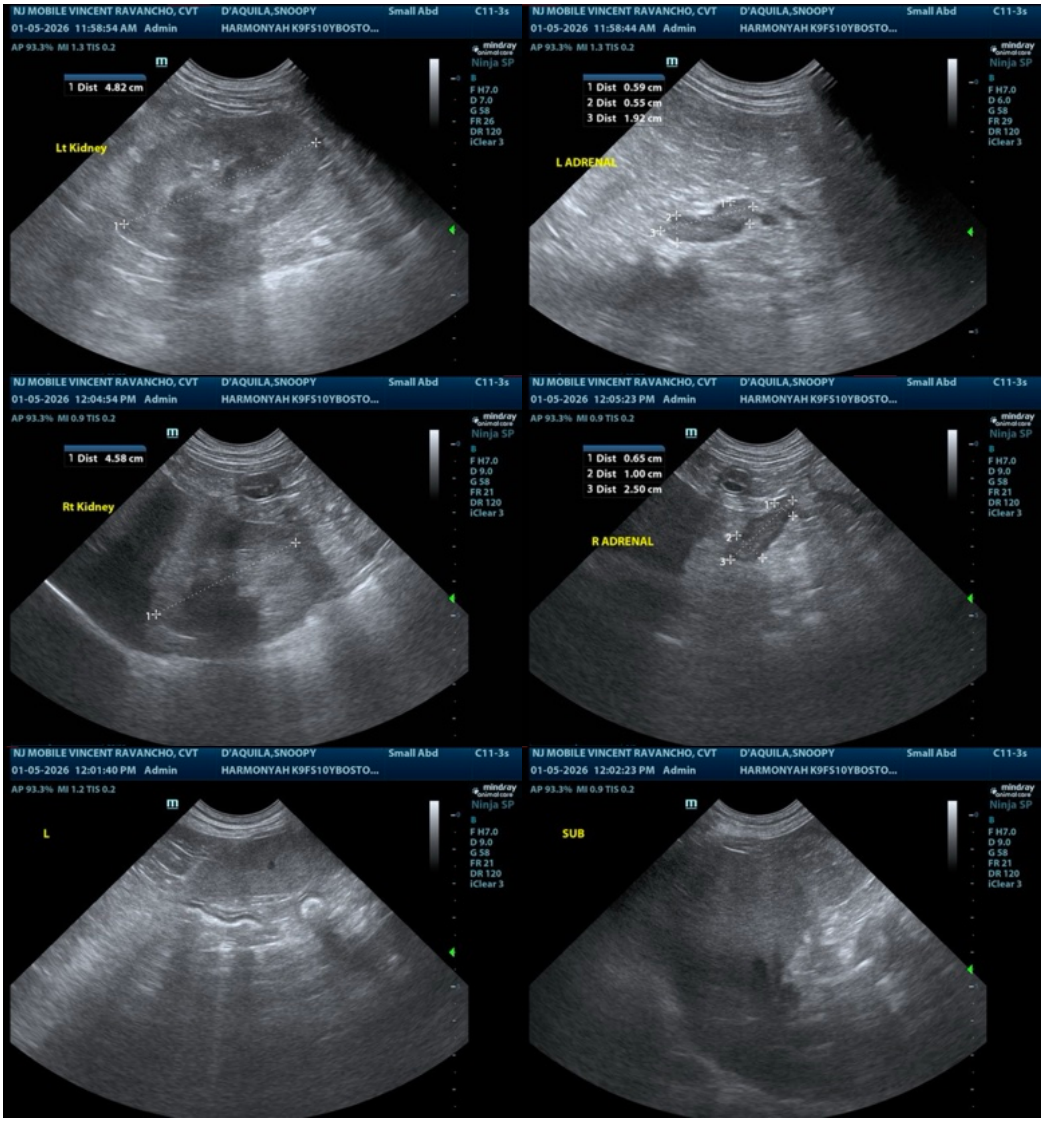
Meal Administration

- 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.



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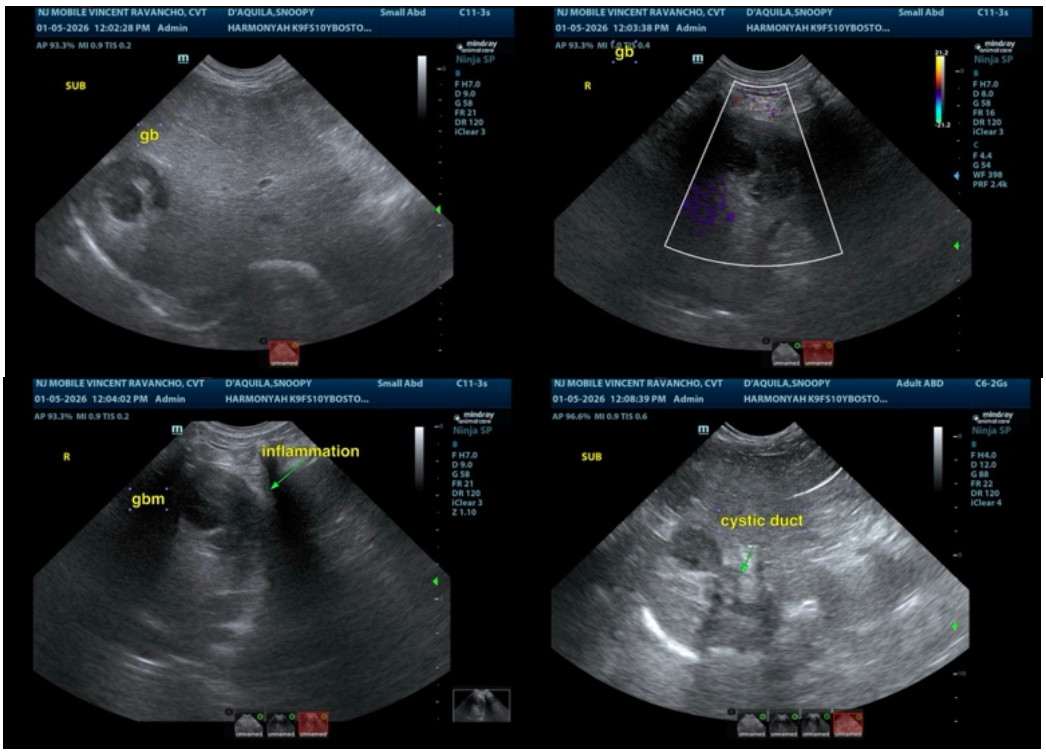

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

Info@SonoPath.com