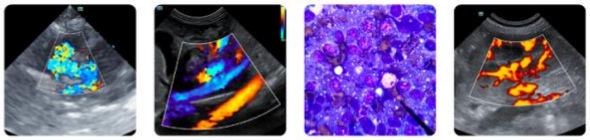


PATIENT

Nala Thomas

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Spayed Female

AGE

13 Years

WEIGHT

28.4

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Reyes

HOSPITAL NAME

Graceful Paws Pet Clinic

REFERRING VET

Dr. Sanchez

INVOICE

16588

DATE

05/29/26

PRESENTING CLINICAL SIGNS

Pt presented for recheck for ER, o went to ER last night at 9pm and stayed there until 2am. Pt has been lethargic for the past 3 days and because pt seemed lethargic o wanted forced "fed" water and pt vomited shortly after this, vomit was food and mucus. O has hx of memory loss and has a hard time remembering to give pt her thyroid medication. O says pt has hx of on and off lethargy and is unsure why

Hct: 34.6% WBC: 19.84 neut: 15.89 Na: 143 Cl: 105 Glob: 4.8 ALT: > 4943 ALP: > 2,000 GGT: 35 T Bil: 4.8 Chol: 453 Amyl: 485

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 4.9 cm. The right kidney measures 6.3 cm.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.5 mm and the caudal pole measures 4.2 mm.

The right adrenal gland was not seen.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

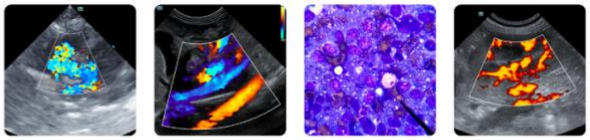
Liver

The liver presents enlarged , heterogenous with rounded margins and normal vasculature. No focal lesions are seen within the liver. Secondary causes such as infiltrative lymphoma or mast cell disease are possible.

Gallbladder is mildly overdistended with a moderate amount of non-dependent, mildly aggregated/inspissated sludge. Hypo to anechoic cystic areas are noted between the gallbladder sludge and luminal wall. The wall is otherwise smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion. The appearance of gallbladder mucocele potentially may indicate a disease process such as bacterial cholangitis.

Gastrointestinal

The intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness. The stomach wall diffusely appears normal in thickness and layering measuring 2.5 mm width. The stomach contains a moderate amount of fluid. NO obvious mechanical obstruction is seen.



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Pancreas

The visible left and right pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific gastritis pattern.
- Age-related renal changes.
- Suspect hepatopathy- consistent with patient's labwork.
- Emerging gallbladder mucocele.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend treating supportively for gastritis with prokinetics and antibiotic medications.

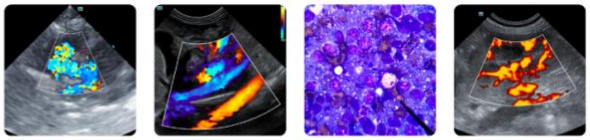
Recommend fine needle aspirates of the liver with submission for cytology to rule out infiltrative neoplasia. The patient may have primary hepatopathy such as copper storage disease from active hepatitis. Less likely an infectious disease such as leptospirosis. If patient has not vaccinated for leptospirosis, consider submitting for leptospirosis testing.

Consider fine needle aspirate of the gallbladder to obtain bile samples for aerobic, anaerobic, bacterial culture and cytology. Otherwise consider treating. If owners look not to pursue this diagnostic, recommend treating with Ursodiol and antibiotics such as amoxicillin for 6-8 weeks and then reassessing the appearance of gallbladder via ultrasound. It does not appear that the patient's elevated liver values and clinical illness is due to the gallbladder at this time.

No evidence of pancreatitis is seen at this time.

If infiltrative/infectious disease is ruled out as a cause of the patient's hepatopathy and a liver biopsy is pursued, recommend samples be submitted for histopathology, copper quantitation, aerobic and anaerobic culture. If surgical liver biopsies are performed, recommend performing cholecystectomy at same procedure.

Prognosis at this time appears guarded pending determination as to underlying cause of the hepatopathy.



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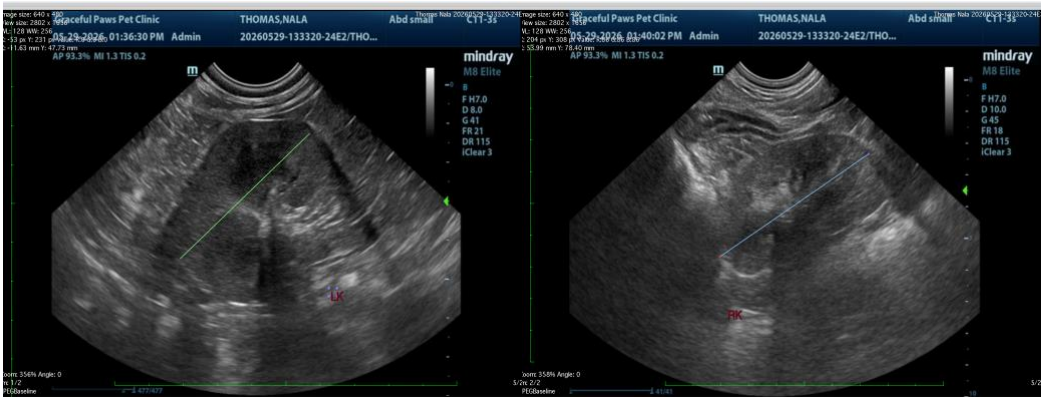

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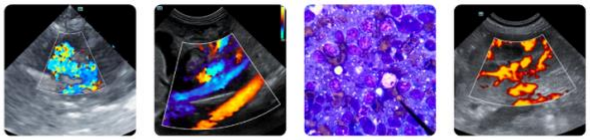

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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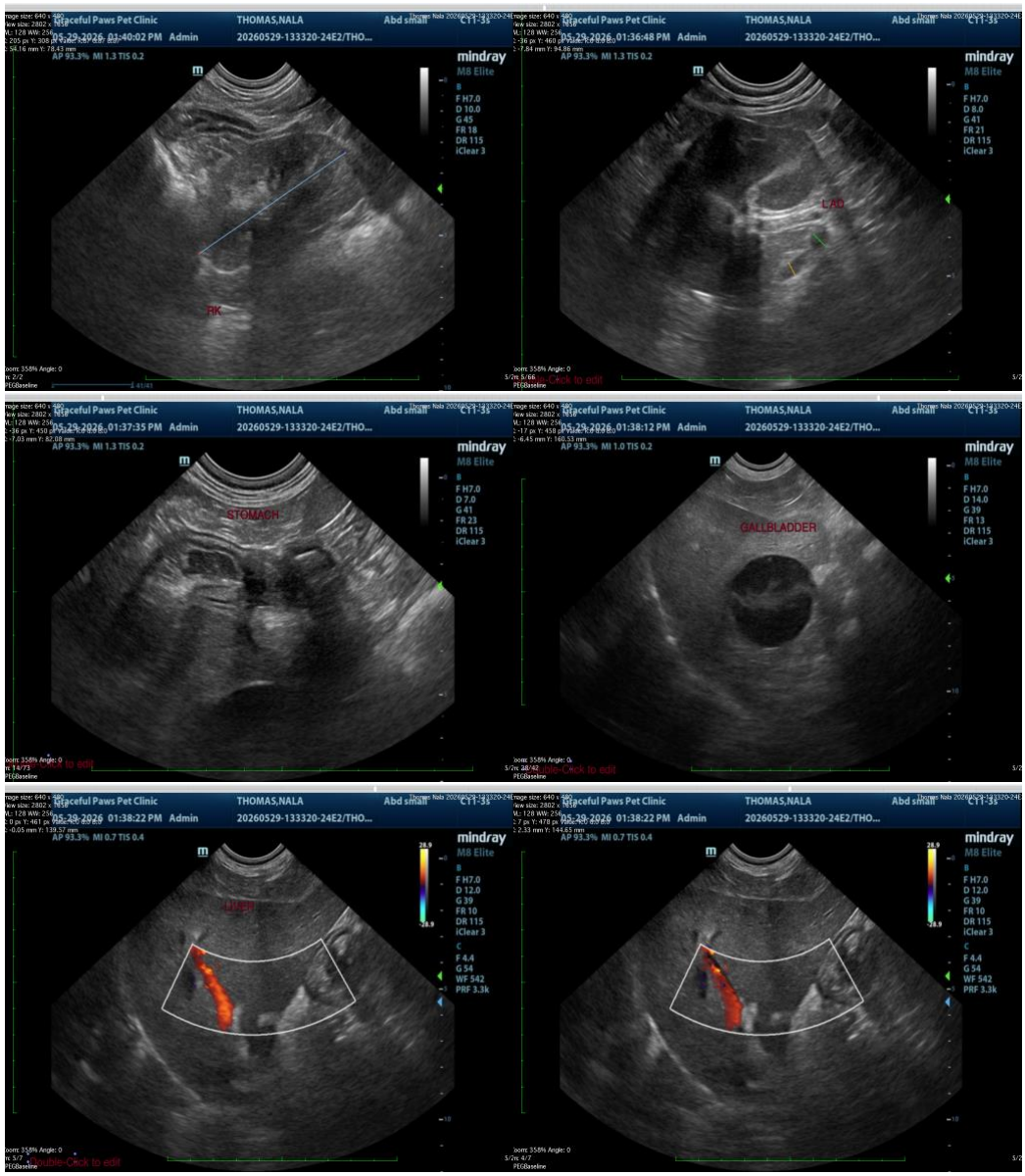

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)
Veterinary Internal Medicine Specialist
info@SonoPath.com