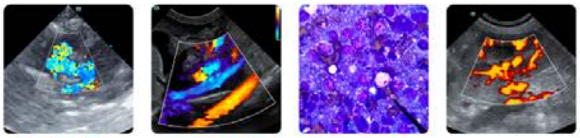


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Gracie McCauley

SPECIES

Canine

BREED

Maltese x

SEX

Spayed Female

AGE

10 Years

WEIGHT

7 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

St. Catharine's Animal Hospital

REFERRING VET

Dr. Collado-Torres

INVOICE

72166

DATE

1/13/26

PRESENTING CLINICAL SIGNS

Abdominal pain that occurs after eating. -persistent sensitivity to being touched or lifted around the abdomen and chest area. -concern for GB disease Current Medications - Ursodiol, Gabapentin: Long-term use for pain in her legs and back.

Abnormal PE/Chem/CBC/UA Results: BW: Elevated MVP - NSF vs inflammation Minimal decrease in Phosphorus - NSF, individual variance vs other Minimal decrease in Potassium - NSF, individual variance vs other Otherwise unremarkable labs attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (4.07 cm) with occasional small pinpoint nephroliths. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.96 cm) with occasional small pinpoint nephroliths. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.38 cm at the cranial pole and 0.43 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

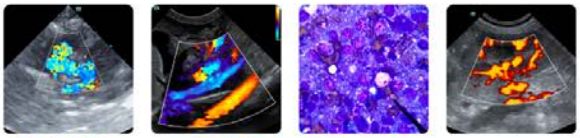
The right adrenal gland is normal in size measuring 1.03 cm at the cranial pole and 0.44 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.22 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.32 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mild age related changes and non-obstructive mineralizations noted associated with both kidneys.
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed associated with the liver are relatively mild. There is a small amount of intraluminal debris in the gallbladder, with a small amount adhered to the gallbladder wall, but no overt thickening or inflammation is noted. The patient is noted to currently be on Ursodiol. If cholecystitis is strongly suspected, you could consider a course of antibiotics. Recommend a repeat bilirubin screening on a non-hemolyzed sample to confirm the elevation noted and to reevaluate the red blood cell count, looking for any evidence of progressive anemia.

Consider the possibility of referred back pain or similar as a source for the cranial abdominal pain.

The stomach appears empty with no focal lesions visualized in the cranial abdomen. If cranial abdominal pain is persistent and/or progressive, repeat imaging in the future could be considered, looking for the development of/progression of a lesion. Upper GI endoscopy could be considered if there is any concern

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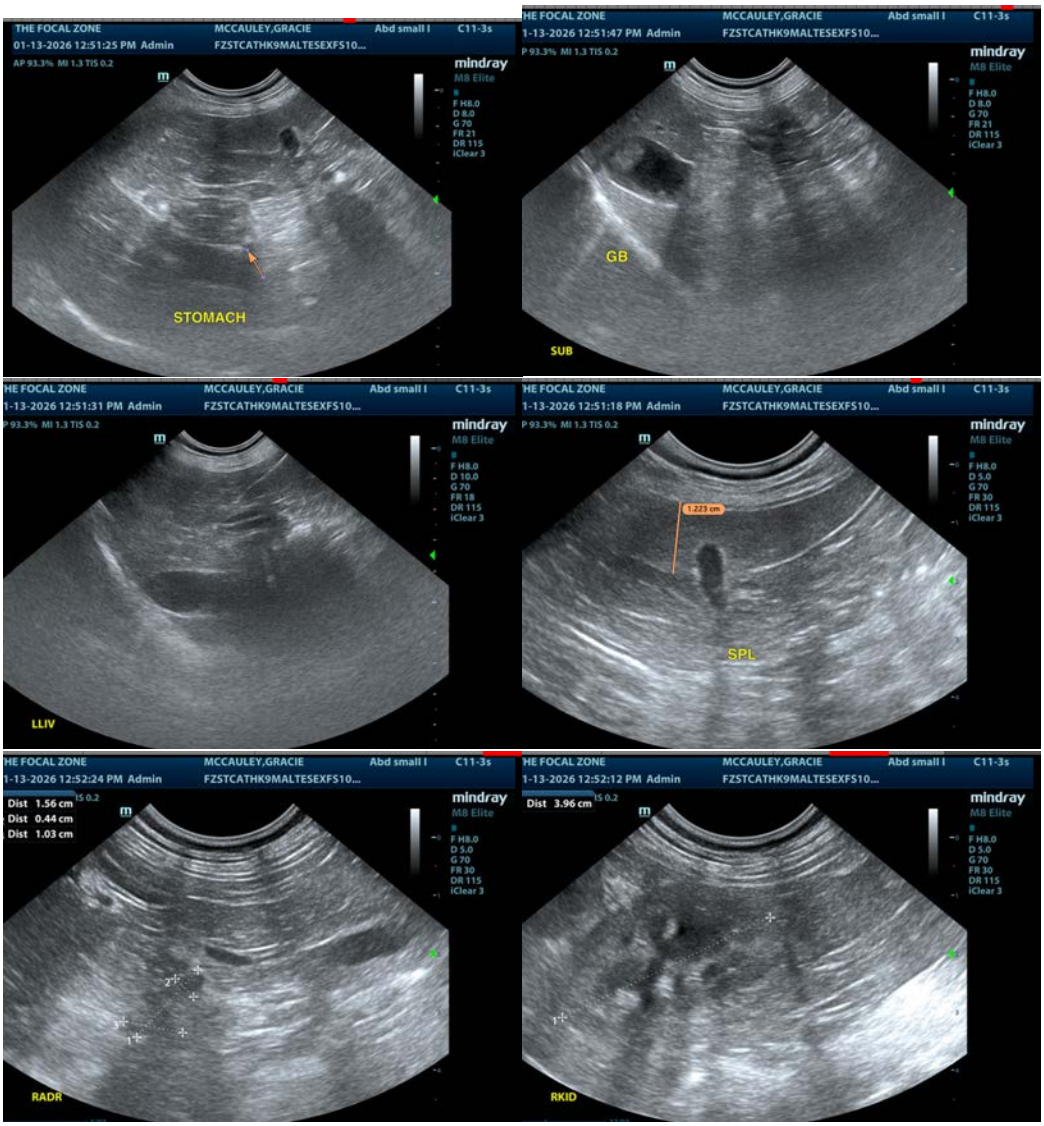
for upper gastrointestinal issues.

If a primary hepatopathy is strongly suspected, you could consider pre- and post-prandial bile acids to assess liver function +/- Leptospirosis screening (if clinically appropriate).



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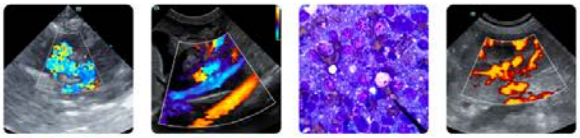

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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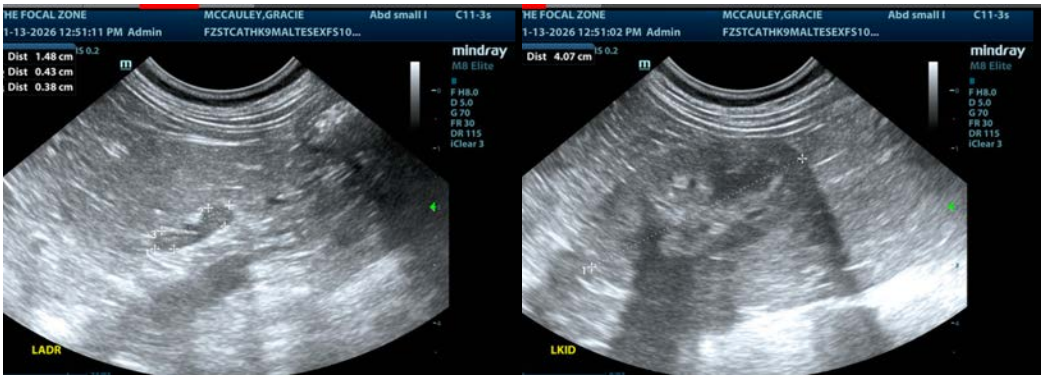

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com