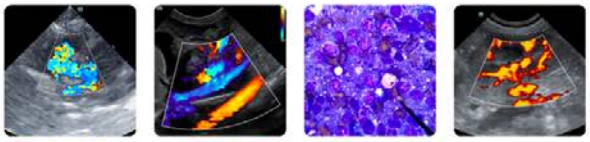

PATIENT

Brady Robitaille

SPECIES

Canine

BREED

Terrier x

SEX

Neutered Male

AGE

11 Years9 Months

WEIGHT

15.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Megan Cassels-Conway, DVM

HOSPITAL NAME

Central Broward Animal Hospital

REFERRING VET

Janeen Lezcano, DVM

INVOICE

71749

DATE

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PRESENTING CLINICAL SIGNS

P has had a hx of elevated ALP, no PU/PD/PP. P presented for biannual wellness exam and recheck of liver enzymes. P has been on ursodiol since 7/24 after an AUS was performed. P has no v/d/c/s, eating well. The ursodiol was increased to twice daily after the ALP increased in 4/25.

Abnormal PE/Chem/CBC/UA Results: PE: p has grade 2/6 systolic HM, SFP and grade 1-2 dental calculus. CBC: WNL, Chem: Chem: creat: 0.8; ALP: 1092H; ALT: 85N; alb: 3.9 gluc: 99; BUN: 15; choles: 310; TG: 109. UA: SG: 1.020, 2+ prot. 4/25: CBC: WNL; miniChem: 1+ hemolysis, no lipemia; ALP: 745H 8/24: CBC: WNL; Chem: ALT: 149H, ALP: 535H, choles: 322, triglyc: 106 7/24: • Large, heterogeneous liver with a small cystic lesion •Moderately distended gallbladder with hyperechoic debris and some early organization at the gallbladder wall – The gall bladder changes are most consistent with a developing mucocele.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is not visualized.

The prostate is not visualized.

The left kidney is not visualized.

The right kidney is not visualized.

Adrenal Glands

The left adrenal gland is borderline large, measuring 0.56 cm at the cranial pole and 0.65 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 borderline “plump” measuring 0.61 cm at the cranial pole and 0.68 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.

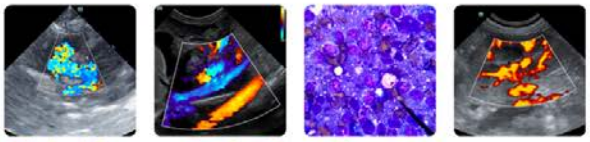
Spleen

The spleen is normal in size and shape, measuring 1.8 cm in width at the level of the hilus. The spleen is The echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. Rare discrete focal hyperechoic, perivascular parenchymal abnormalities are present. The appearance of these lesions is most consistent with benign splenic myelolipomas. The blood flow through the hilus and splenic parenchyma appears normal.

**Description based on a single still image.*

Liver

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a small cystic lesion visualized in the left side of the liver measuring 0.53 cm.



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The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris. Much of the debris appears mobile, and some is hyperechoic/possibly mildly mineralized with some organization at the gallbladder wall. There is no evidence of bile duct dilation.

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 0.18 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. **Visualization of the small intestine was limited.*

The large intestine was not visualized.

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 visible portions of peritoneal cavity did not reveal any evidence of free fluid or significant lymphadenopathy. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Borderline bilateral adrenomegaly – Findings could be consistent with anatomic variation or early hyperplasia.
- Hyperechoic foci in the spleen – Findings are most consistent with benign myelolipomas.
- Large, heterogeneous liver with a small, hypoechoic cystic lesion – Findings are most consistent with a vacuolar hepatopathy. Other hepatopathies are possible.
- Large, distended gallbladder with a large amount of primarily mobile intraluminal debris that is starting to organize at the gallbladder wall – Findings are most consistent with the early stages of a mucocele.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings on today's exam are similar to those previously described in 7/2024. The adrenals are borderline large. If signs of Cushing's are present, consider adrenal function testing. If there is concern for a more significant hepatopathy, a fine needle aspirate and a liver function test could be considered.

The gallbladder has a significant amount of debris with no evidence of surrounding inflammation at this time. Options would include continued monitoring and continued use of Ursodiol +/- a course of antibiotics to see if there are any changes resulting from this or if a very proactive approach is desired. Cholecystectomy could be considered, but it appears that this has been relatively stable for the last year.

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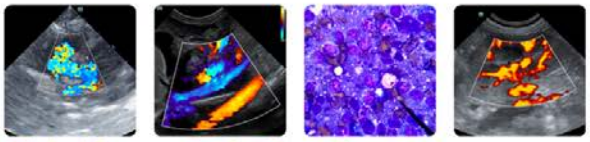

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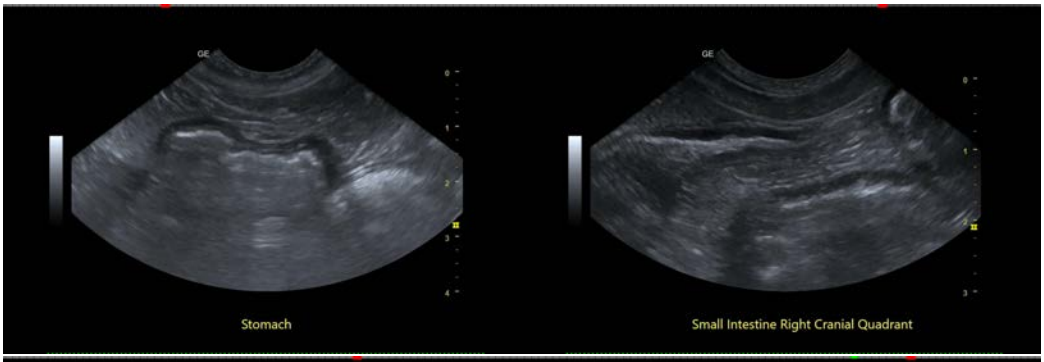

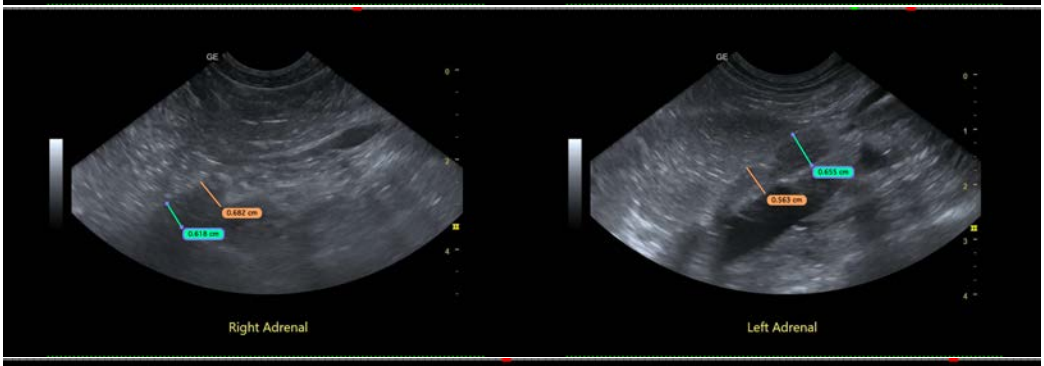

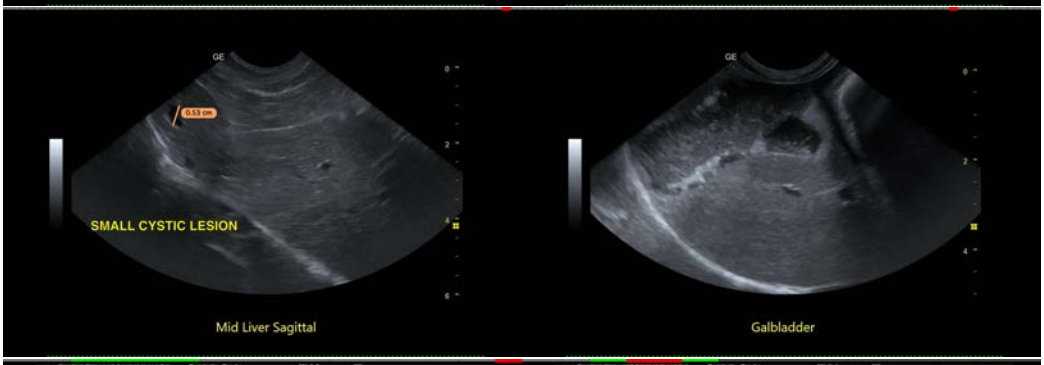

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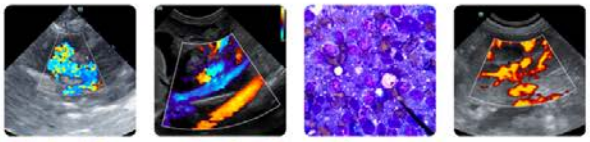

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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