

PATIENT

Marco Pasquatti

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

AGE

10 Years

WEIGHT

13 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Casper

HOSPITAL NAME

Hometown Animal
Hospital (Florida)

REFERRING VET

Dr. Casper

INVOICE

75482

DATE

5/27/26

PRESENTING CLINICAL SIGNS

Prev AUS scan 4/20 showed gallbladder debris. P was placed on Ursodiol (client declined starting recommended Amoxicillin) and came for recheck today. Recheck AFAST scan concerning for mucocele development.

Abnormal PE/Chem/CBC/UA Results: 5/27 chem- mild inc ALP (326), otherwise wnl

LIMITED ULTRASONOGRAPHIC EXAMINATION

Liver/Gallbladder (2 sagittal views reviewed)

The liver has a generalized mildly non-specific heterogeneous pattern.

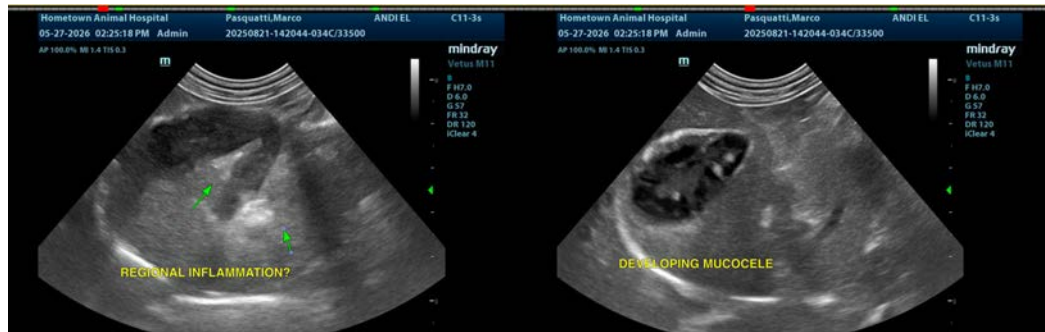
The gallbladder is large with a large amount of echogenic debris. Some of the debris appears to be adhered to the gallbladder wall, which appears mildly thickened, prominent and hyperechoic, measuring at 0.27 cm. A significant amount of the debris appears to be organizing into a stellate pattern, most consistent with a developing mucocele. Additionally, the proximal bile duct is dilated with intraluminal mucoid-type debris, and there is regional inflammation.

ULTRASONOGRAPHIC FINDINGS

- Gallbladder mucocele with evidence of wall thickening, bile duct dilation, and regional inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is concern based on today's evaluation for progression of the gallbladder changes previously described. There is persistence of large intraluminal debris. Some of this debris is starting to organize into somewhat of a stellate pattern, and the gallbladder wall appears thickened, hyperechoic and prominent with some regional reactive mesentery. Additionally, bile duct dilation is persistent with intraluminal debris. Treatment recommendations are challenging, as there may be both gallbladder and bile duct involvement. In this scenario ideally aggressive treatment for cholecystitis as well as bile cultures would be recommended, potentially along with advanced imaging to further evaluate the bile duct prior to considering cholecystectomy. Consider referral to a veterinary internist/surgeon for further evaluation.





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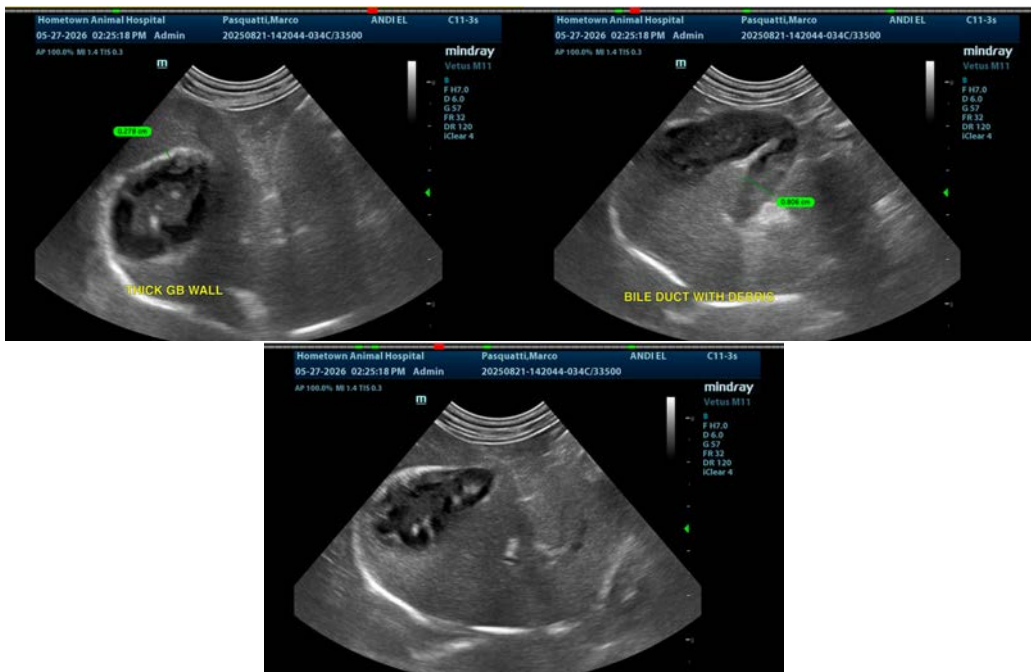
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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