

**PATIENT**

Koda Tumalski

**SPECIES**

Canine

**BREED**

Border Collie Mix

**SEX**

Spayed Female

**AGE**

8 ½ years

**WEIGHT**

50 Pounds

**INTERPRETED BY**Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM**IMAGING  
PERFORMED BY**

Amy Mayhew LVT

**HOSPITAL NAME**

SVS Imaging Michigan

**REFERRING VET**

Family Pet Practice

**INVOICE**

99400

**DATE**

4/19/22

**PRESENTING CLINICAL SIGNS**

Presents for routine ultrasound for monitoring- history of moderate to large debris within gallbladder, hypothyroidism. Currently on Denamarin, Ursodiol, Levothyroxine. Patient has no clinical signs.  
 Abnormal PE/Chem/CBC/UA Results: See attached BW and previous AUS report

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder is very well distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

**Kidneys**

The **left** kidney measures 5.95 cm. The capsule is smooth. A mild loss of the normal definition of the cortico-medullary junction is present, and hyperechoic regions are observed in certain regions of the medulla, particularly at the cortico-medullary junction. Mineralizations of the diverticulae, pelvis and cortex are present, without evidence of nephroliths or pyelectasia. An accumulation of intrapelvic fat is noted. The surrounding mesentery is not hyperechoic.

The **right** kidney measures 5.59 cm. Findings are similar to the left kidney.

**Aortic bifurcation/trifurcation**

No abnormalities observed.

**Adrenal Glands**

The **left** adrenal gland measures 0.60 cm at the cranial pole, 0.48 cm at the caudal pole and 1.95 cm in length. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The **right** adrenal gland measures 0.51 cm at the cranial pole, 0.49 cm at the caudal pole and 1.13 cm in length. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable. In a different, slightly oblique view, it measures 0.57 cm in diameter.

**Spleen**

The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

**Liver**

There are no obvious signs of hepatomegaly and its borders are smooth, and vary between sharp to mildly rounded. The liver's echotexture is coarse and mildly to moderately heterogeneous, with multiple hypoechoic nodules of variable size dispersed haphazardly throughout the parenchyma. No abnormalities are observed with the hepatic vessels visualized.

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The gallbladder (GB) is not abnormally distended. It contains echogenic material (sludge) within the lumen. The sludge is free floating and gravity-dependent. Strings of mucus are also noted. The wall is not hyperechoic or thicker than normal. Its luminal surface is smooth. There is no evidence of edema or free fluid surrounding the GB. There are no obvious signs of an obstruction.

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**Gastrointestinal**

The gastric wall is within normal limits in thickness and the wall layers are well defined. The submucosa is mildly more prominent than what is considered normal, however, this may not be clinically significant. No obvious abnormalities are observed with its peristalsis.

The small intestinal wall thickness, including the duodenum, is within normal limits and the definition of the wall layers is preserved. A small to moderate amount of ingesta, gas and fluid are present within the small intestines. Abnormally dilated loops of bowel are not observed.

The colonic wall is not thickened and mural detail is considered normal.

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There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction in the gastrointestinal tract.

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**Pancreas**

The pancreas has a mildly coarse echotexture. Signs of active pancreatitis or neoplasia are not appreciated.

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ACVIM**Other**

**Lymph nodes** No abnormalities are observed

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**Abdominal effusion** is not visualized.

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**ULTRASONOGRAPHIC FINDINGS**

- The presence of sludge in the gallbladder is mild; there are no obvious signs of cholecystitis.
- Mild degenerative changes of both kidneys are present, which are suggestive of age related degeneration.
- The hepatic changes are most consistent with nodular regeneration, which is a benign, age-related change often observed in senior patients. There are no obvious signs of neoplasia.
- The mildly coarse echotexture of the pancreas is most likely due to nodular hyperplasia and areas of fibrosis, which are considered secondary to age. There are no signs of active pancreatitis or neoplasia.

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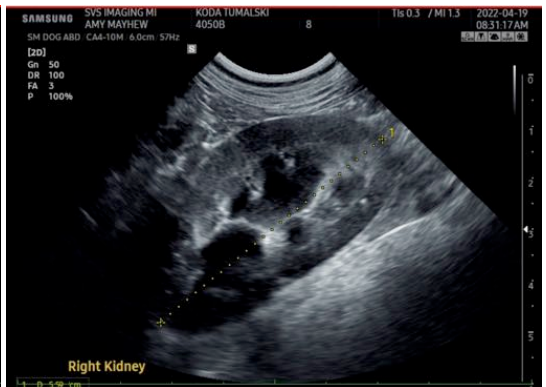
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Re-evaluations of Koda's CBC and liver enzyme activities, including the GGT, are suggested every 6 months to monitor for signs of suppurative cholecystitis.

Abdominal ultrasounds may be performed as needed depending on Koda's clinical signs, for example, if showing signs of gastroesophageal reflux disease.





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**IMAGING PERFORMED BY**

SVS Mobile Imaging MI 734-637-7711  
svsimagingmi@gmail.com



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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.

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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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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[Lisa.Carioto@sonopath.com](mailto:Lisa.Carioto@sonopath.com)

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