



PATIENT PRESENTING CLINICAL SIGNS

Lily Yeoman History: 6/7/23- presented for diarrhea for 3 days, PE unremarkable, BW= ALP 1746 (23-212), Chol 378 (110-320), 6/27/23- diarrhea resolved, Abd. US (full) - marked GB sludge, poss. thickening of GB wall, rechecked ALP- 971 (23-212), started ursodiol 250 mg 1/4-tab SID, 7/18/23 Doing well. stool sometimes soft but formed. Re-scan- less sludge in GB but still present. thickened walls, Re check ALP 1915 (23-212)

SPECIES

Canine

BREED

Bichon Frise

SEX

Female Spayed

AGE

12 years

WEIGHT

17.8 lbs

INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med),
PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Dr. Rita Kivircik

HOSPITAL NAME

Kings VH

REFERRING VET

Dr. Rita Kivircik

INVOICE

13732

DATE

7.18.23

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full, with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left kidney 4.50 cm / right kidney 5.10 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

Poorly visualized but appear to be of normal shape and appearance.

Spleen

Normal size (1.30 cm) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

Liver

Normal size, with an increased echogenic appearance, loss of portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full, containing moderate amount of nonadherent hyperechogenic sediment. Thickened and hyperechogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.



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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatopathy

Secondary Findings

- Gall bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

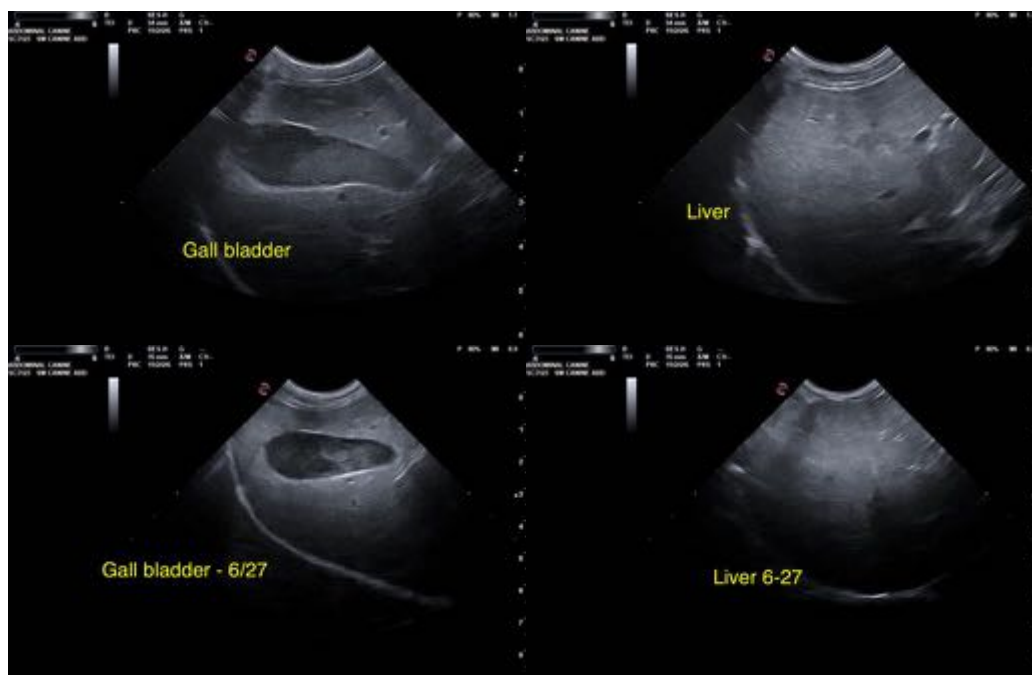
Both the liver and gallbladder have a similar appearance to the ultrasound done on the 27th of June.

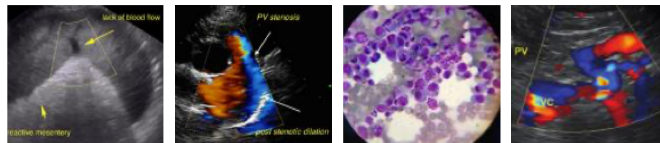
Etiologies for the hepatopathy would be reactive, vacuolar, hyperplasia, metabolic, chronic hepatitis, with infiltrative neoplasia an unlikely differential diagnosis.

Although the appearance of the gallbladder may be an incidental finding, cholecystitis needs to be considered.

Further assessment would be FNA cytology of the liver and possibly cholecystitis for cytology and culture. Additional testing that could be considered would be adrenal function testing (ACTH/LDDS test) and possibly Tru-cut or wedge biopsy of the liver.

Specific therapy would be dependent on an etiological diagnosis.





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

Lily Yeoman

SPECIES 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.

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