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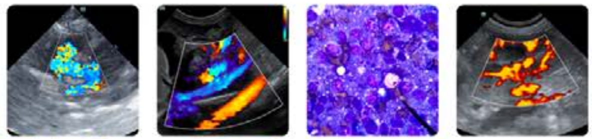


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT
Becca Morris

SPECIES
Canine

BREED
Miniature Poodle

SEX
Spayed Female

AGE
12 Years

WEIGHT
8.5 lbs

INTERPRETED BY
Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY
Emily Kirk

HOSPITAL NAME
Shiloh Animal Hospital

REFERRING VET
Dr. Chelsea Tabor

INVOICE
73451

DATE
3/5/26

PRESENTING CLINICAL SIGNS

Patient has a history of epilepsy and has been on phenobarbital, keppra, and zonisamide. She has had periodic urinary tract infections and was recently treated with Marbofloxacin (finished about one week ago). May 2024 an ultrasound was performed with a radiologist. Main conclusions included:

1. Diffuse hepatic parenchymal changes, rule out diffuse hepatopathy (toxic/drug induced, immune mediated, storage disease) vs hepatitis/cholaniohepatitis. To differentiate, histology is required.

2. Gallbladder sludge with moderate sediment and no evidence of extrahepatic biliary tract obstruction. Patient should be monitored for mucocele formation.

3. Hypoechoic pericholecystic nodule, diagnosis open and clincal significance is undetermined. Serial ultrasound monitoring can be considered.

4. Bilateral chronic nephropathy with small non-obstructive nephroliths.

5. Hyperechoic hepatic nodule, rule out vacuolar (hepatoma) vs regenerative nodule.

She has been on about 12mg/kd SID of ursodiol

Abnormal PE/Chem/CBC/UA Results: CBC/Chem last performed in November 2025 showed elevated ALP and GGT (full results attached). Urinalysis performed late February showed usg 1.020 w/ pyuria and rod bacteria. Culture performed showed E.coli susceptible to many antibiotics.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. The left kidney is normal in size at 4.34 cm. The right kidney is normal in size at 4.32 cm. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. Mild pyelectasia is present bilaterally.

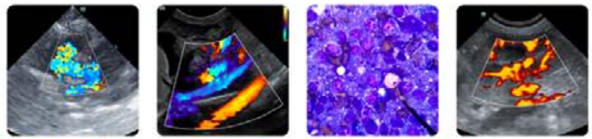
Adrenal Glands

The caudal pole of the right adrenal gland is normal in size (0.40 cm), shape and overall architecture, echogenicity and echotexture. The cranial pole is unable to be well visualized in these images. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.40 cm at cranial pole and 0.40 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal.



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Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is moderately heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

Pancreas is prominent (enlarged) in size and mildly irregular in shape with a slightly undulating contour. Parenchyma is coarse in echotexture and heterogenous to hypoechoic in echogenicity.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

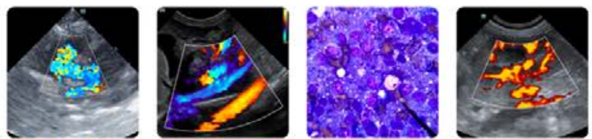
ULTRASONOGRAPHIC FINDINGS

- Moderately heterogenous liver – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.

- Moderate gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

- Chronic low-grade smoldering pancreatitis can't be ruled out and should be suspected in the face of appropriate clinical signs.

- Mild/subtle bilateral chronic kidney disease changes with mild bilateral pyelectasia and non-obstructive dystrophic mineralization.



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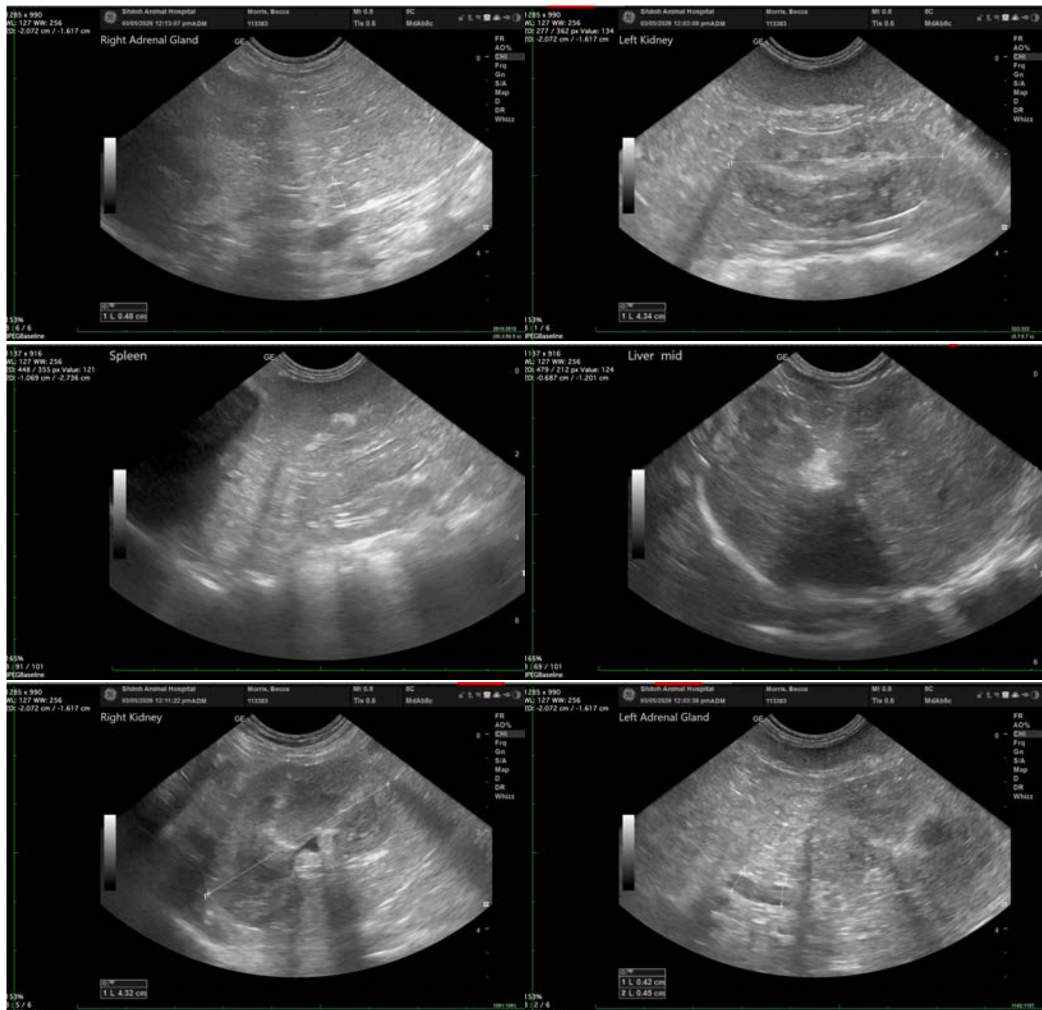
- Hyperechoic splenic nodules – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of this study sounds relatively static to the previously reported abnormalities. If not recently evaluated, fine needle aspirates of the liver could be considered if patient's coagulation status is appropriate.

Further pancreatic evaluation could be considered in the form of a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory for further evaluation of GI and pancreatic function.

Otherwise, further recommendations, both diagnostic and therapeutic, are largely dependent on patient's full clinical evaluation.



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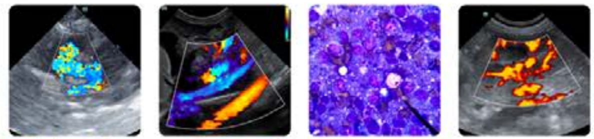

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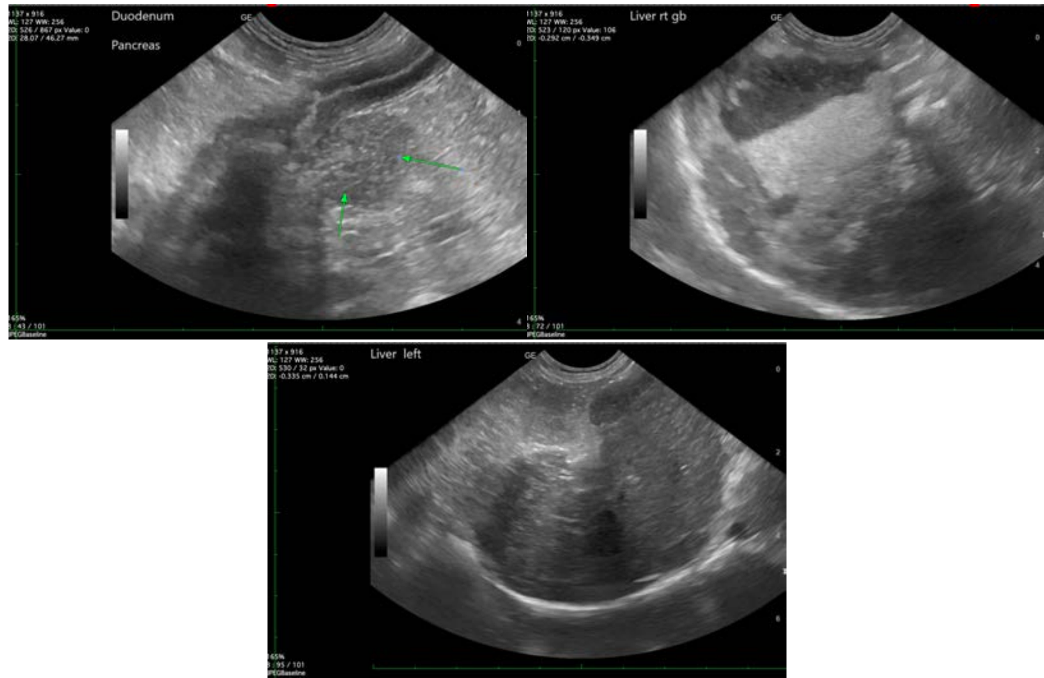

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
info@sonopath.com