



## PATIENT

Ella Morrissey

## SPECIES

Canine

## BREED

Maltese

## SEX

Spayed Female

## AGE

13 Years 7 Months

## WEIGHT

6.4 kg

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Dr. Brian Barnes

## HOSPITAL NAME

Westview Veterinary  
Hospital

## REFERRING VET

Dr. Brian Barnes

## INVOICE

74625

## DATE

4/21/26

## PRESENTING CLINICAL SIGNS

History of DMVD, DTVD. Nonspecific bilateral chronic renal changes with pyelectasia, proteinuria  
Tracheal collapse, Treats with Plavix 75mg/ml give 0.25 ml SID. Telmisartan (4mg/ml) give 1.5 ml SID  
M120 MI. Hydrocodone Syrup 1mg/ml, 2 ml BID Q8-12 hr for cough

Abnormal PE/Chem/CBC/UA Results: Heart is reg/reg with grade 3/6 murmurs and no Arrhythmias.  
PMI left hemithorax. Easily induced tracheal cough with digital palpation. Lungs are clear CBC WNL,  
except: pct 0.51 (N 0.14 - 0.46) high Chemistry WNL, except: Urea 15.6 (N 2.5-9.6) Previous 42.7 Creat  
90 (N 44-159) Previous 200 Phos 0.77 (N 0.81 - 2.2) Previous 1.73 alt 128 (N 10 - 125) high Previous 58  
alkp 711 (N 23 -212) high Previous 293 SDMA 13 (N 0 - 14) Previous 15 TT4 34 (N 13 - 51) UA Analyzer  
- free catch, straw, slightly cloudy sample USG 1.021 pH 8 leu, glu, ket, bil neg pro 500 ubg 1 bld 25  
SediVue Dx wbc 1/hpf rbc <1/hpf no bacteria or crystals detected epi squam <1/hpf, non squam 1 -  
2/hpf casts non-hyaline >1/hpf

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include  
primarily anechoic fluid with a mild amount of echogenic non-shadowing debris, most consistent with  
exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract  
infection can present with echogenic debris. No masses or cystoliths are observed. The trigone and  
visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex  
to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild  
increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age  
patient. There is no evidence of mineral or infarcts observed. Left kidney measures 4.86 cm. Right  
kidney measures 4.37 cm. Bilateral cortical cysts are present, as is mild pyelectasia.

### Adrenal Glands

The right adrenal gland is normal in size (0.38 cm at cranial pole and 0.63 cm at caudal pole), shape and  
overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.46 cm at cranial pole and 0.52 cm at caudal pole), shape and  
overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

### Spleen

The 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). No focal nodules or masses are observed. Splenic vasculature appears normal.

### Liver

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



## PATIENT

Ella Morrissey

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.

## SPECIES

Canine

### ***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.

## BREED

Maltese

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

## SEX

Spayed Female

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

## AGE

13 Years 7 Months

### ***Pancreas***

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

## WEIGHT

6.4 kg

### ***Free Abdomen***

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

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

There is no apparent pathologic lymphadenopathy noted in these images.

## ULTRASONOGRAPHIC FINDINGS

## IMAGING PERFORMED BY

Dr. Brian Barnes

- Mildly 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.
- Mild 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.
- Mild to moderate bilateral age related kidney changes with bilateral cortical cysts and mild bilateral pyelectasia.
- Mild amount of echogenic urinary bladder debris.

## HOSPITAL NAME

Westview Veterinary  
Hospital

## REFERRING VET

Dr. Brian Barnes

## INVOICE

74625

## DATE

4/21/26

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes described above are largely subtle/mild and non-specific without definitive further recommendations based on them. Having said that, given patient's history, reported proteinuria, etc., if not recently evaluated, and if proteinuria is persistent in an otherwise quiet sediment, quantification is recommended in the form of a UPC to help further investigate or potentially tweak treatments (if necessary).



**PATIENT**

Ella Morrissey

**SPECIES**

Canine

**BREED**

Maltese

**SEX**

Spayed Female

**AGE**

13 Years 7 Months

**WEIGHT**

6.4 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Brian Barnes

**HOSPITAL NAME**

Westview Veterinary  
Hospital

**REFERRING VET**

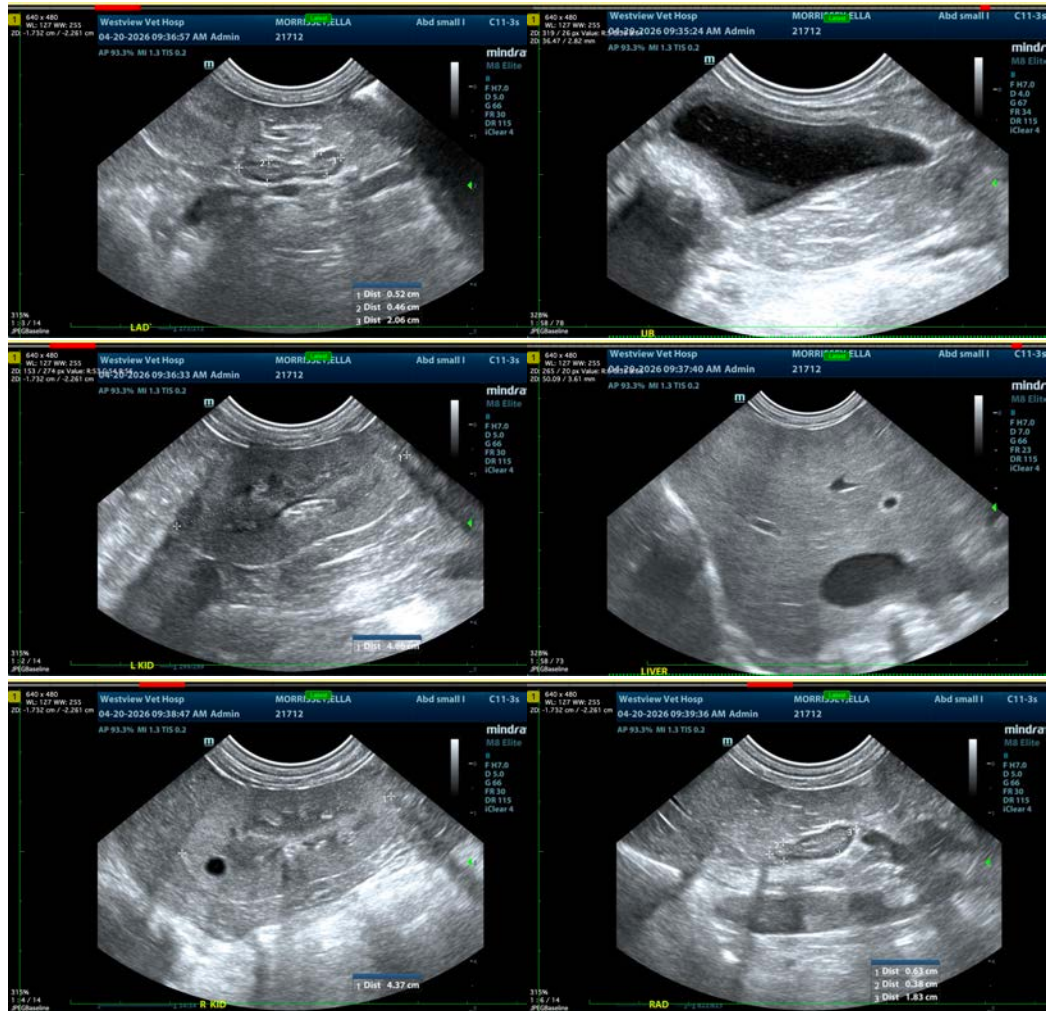
Dr. Brian Barnes

**INVOICE**

74625

**DATE**

4/21/26



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